

ROLE OF SELF-CONSCIOUS EMOTIONS IN DEVELOPING INTERNALIZING DISORDERS AMONG EDUCATED ADOLESCENTS



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**ABSTRACT**

# OBJECTIVE

To study the role of self-conscious emotions (shame, guilt and pride) in development of internalizing disorders (anxiety and depression)amongadolescents.

### STUDY DESIGN

Correlationalresearchdesign.

### PLACE AND DURATION OF STUDY

The Study was conducted in Public and Private sector higher secondary schools in Shah Rukan-e-Alam, Multan. It was approved at the Department of Applied Psychology, BZU

Multan.Data*werecollected* from*December,*2016toMay,2017.

### SUBJECTS AND METHODS

The sample consisted of 180adolescents; including 90 boys and 90 girls (Mean age= 14.97; SD=2.79) from Public and Private sector Higher secondary schools, Shah Rukn-e-Alam, Multan. Self-consciousemotionswereassessed by StateShameand Guilt Scale,while depression and anxiety wasmeasured through Beck YouthInventory -II.Convenient sampling technique was used.

### RESULTS

The result indicated that there was a positive correlation between self-conscious emotions and psychopathology (p <

.OS). Moreover shame and guilt significantly predicted internalizing disorderamongadolescents (p <.05).Pridewasnot

significantly related to depression and anxiety. Significant gender differenceswere foundin self-consciousemotions(pride and guilt) as well as internalizing disorders (anxiety and

depression) amongadolescents (p <.05).

# CONCLUSION

The present study concluded that shame as well as guilt enact substantially in development of anxiety as well as depression among adolescents. Therefore it is important to foster adaptive nurturing of these emotions amongadolescents for their better moraldevelopment.

### KEYWORDS

Shame, Guilt,Pride,Depression. Anxiety.

### INTRODUCTION

Throughout the lifespan emotions are supposed to play a fundamental partin the human functioning'.Joy, anger, feararecalled primary emotions; these arisein thefirst year of life and in secondyear of life child begins to focus on the self and it is the poi111t where self• conscious emotionsbeginto develop in children'.

Self-consciousemotionsarea setof different emotions which occur as a result of person's own characteristics and behavior. Positive emotions such as joy, happiness, pride occur when a person get success and knows that his/her success is the result of own positive attribute. When negative things happen person feels negative sentiments; for instance shame,guilt, disappointment and frustration, moreover person relate it to one's own negative attributes. Self• conscious emotions aredistinctive feelings which assist individuals to survive in communal settings efficaciously and to follow the rules, goals and also help us to maintain the social norms, values, morality and social acceptable behaviors'. Negative emotions like anger, frustration, shame and guilt; all these emotions contributes significantly in the mental health of a person which include social anxietydisorder',depression', andsuicidal ideation'.

Shame yields by multifaceted cognitive activities which assess peoples' actions in response to standards, rules and goals. Shame is associated with global self and this occurs when individual feels that what others will think about him/her and persons try to hide their actionsor behavior. Shame is not produced by the specific situation; it iscaused by the individualsown interpretations of the events'. Shame ischaracterized asnegativeself-judgment aboutone'sown self'·•.

The feelings of guilt emerge as a result of person's own negative self­ evaluation of his behavior in accordance with moral conduct and social norms and how these are important to person•. One of the symptoms of depression is considered as excessive ,guilt'0• Guilt experiences involve harmful self-evaluation". It is considered that various levels of guilt are linked with depression. According to researchers, unhealthy irrelevant guilt was significantly correlated withdepression but adaptive un-excessive guilt wasnots.

Pride Isconsidered as the positive emotions and it arises when person relates good outcomes as the consequence of their own positive behavior and gets social approval. These positive outcomes promote future achievements and encourage behavior'·".Pride is of two types;

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one is authenticpride whileother ishubristic pride. Authentic pride is the affirmative evaluation of one's own accomplishments and related to pro-social personality profile whereas hubristic prideisthe resultof great self that all theachievements are onlydue to *my* effort it is moreclosely related to antisocial profile".

According to investigators, self-conscious emotions involvepeople's behavior and actions. Emotions arise when a child learns about his own self and relates it to society norms and laws. The feelings of shame arisewhenindividualknowsthatthe behavioror action which he/she is performing will not be acceptable in the society. Children between 8-12 yearsknow theconcept of wrongand right.Parenting style also affects self-conscious emotions because if they give their children'sinsight about social norms, rules and the way they have to behave in a particular situation then a child is able to identify their emotions correctly and if child fails to identify then he may lead to developpsychopathology".

A study on'Bursts of self-conscious emotions in the daily lives of Emerging adults" consisting of 182 participants and resulted that guilt and hubristic pride affected the interpersonal communication and cooperative behavior. Authentic pride increased communication with other people and all other self-conscious emotions occurred occasionally because they burst out in some specific situations. Self-conscious emotions play important role in our daily livings be-cause in different situations we face different emotions and identification of these emotions accurately plays role in the process of communication with the other people because when individuals overly indulge in these emotions then they face problemsin theirlives".

Keeping in view the previous literature, present study aimed at exploringthe predictive roleof self-consciousemotions(shame,guilt and pride) in developing internalizing disorders amongadolescents in local settings. Another important objective was examining the mean differences on self-conscious emotions and internalizing disorders across gender.

# SUBJECTS AND METHODS

#### Participants

Total 180 adolescents (90 boys & 90 girls) from public and private schools of Shah Rukan-e-Alam, Multanparticipated in the study.The sample was selected through convenient sampling technique. The participants were 12-18 years old (Mean age= 14.97; SD=2.79). Adolescents with any physical disability or having diagnosed psychiatricillnesses wereexcluded.

**Instruments**

## *State Shame and Guilt Scale (SSCS)*

The 5SG5 consisted on 15 self-report items that assessed instant

sentiments of shame, guilt and pride. Partakers were instructed to rate their emotional state at trice on a 5-point Likert scale (1*=* Not

feeling thiswayat all, S= Feeling thisway verystrongly).The measure entailed three sub-scales: Shame(2, 5, 8, 11& 14 items), Guilt (3, 6,9, 12& 15 items) and Pride (1,4,7,10& 13items).TheCronbach's *a* for

the three sub-scales for shame ( *a =*.89),guilt ( *a* =.82) andpride( *a*

=.87)"wassatisfactory.

## *Beck Youth Inventory second edition (BYl-2)*

Internalizing disorders wereassessed through Beck Youth lnventory-

2. BYl-2 comprised of five self-report inventories which assess internalizing disorders(Depression & Anxiety),externalizing disorder (Anger & Disruptive Behavior) and Self -Concept. Moreover, these inventoriescanbe used separately or incombination.For the present study, Depression and Anxiety inventory was us.ed. Each inventory comprised of 20 descriptions of ones' thoughts, feelings and behaviors allied with emotional and social impairment in youth which allows answers ranging from never, sometimes, often, to always. Children and adolescents describe how frequently the statement hasbeentrue forthem.It isareliableand validmeasure".

#### Procedure

The study was approved from the Departmental Board of Studies, Bahauddin Zakariya University, Multan. The participants of the research were recruited from different public and private sector higher secondary schools of Shah Rukan-e-Alam Multan. Informed consent was taken from the parents in parent teacher meetings especially arranged for this study, since the participants were not under the legal age of giving consent. Adolescents were informed about the purpose of research. Instructions were given to the participants prior to the administration of tools with theassurance thattheir information would bekept confidential and would only be used for research purpose. Booklets containing demographic information, State Shame and Guilt Scale and Beck Youth Inventory were provided to the participants. They were requested to read the instructions careful.ly and respond accordingly. They were all thanked for their precious time.No compensation was offered. Data were analyzed using SPSS. Besides Pearson Product Moment Correlation for identifying interrelationship among variables, multiple regression was run to identify the potential predictors of internalizing disorders. Later, t-test was employed to assess gender differences for study variables.

# RESULTS

Total 180 Adolescents were selected for the study with equal numbers of boys (90) and girls (90), with agerange of 12-18 years, studying in elementary (85), secondary (69) and higher secondary classes (26).97 students were enrolled in Public sector schools while 83 students were taken from private schools of Sha Rukan-e-Alam, Multan.

Pearson correlation was used in order to check the relationship among variables. Regression analysis was used whether self­ conscious emotions predict anxiety and depression in adolescents. Gender differences wereidentified usingindependent sample t-test.

Tablel

Correlacion among Seif-Conscious Bmotions and Internalizing Disorders

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Variobte;** | '  **Pride** | **Sha.me** | **Guill** | **Anxiety** | **Oepre.sslon** |
| Pride | I | ,.04 | .018 | .106 | .041 |
| Shame |  | I | .259\* | .187\* | .315\* |
| Guill |  |  | I | * 723\*\* | .S63.. |
| Amde1y |  |  |  | I | *.515..* |
| Depression |  |  |  |  | I |

*•p* < *0.05: ••p* < *0.01*

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Results indicated that shame has significantly positive but weak relationship withanxiety(p<0.05)anddepression(p<0.05) whereas positively moderate relationship exists between guilt and anxiety (p

< 0.01). Moreover, guilt has strong positive relationship with depression (p<0.01).

**Table 2**

Regression Aual)•sis showiog Self-conscious Emolions as Predictor of ln1emalizing Disorders

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Prtdictors** | **Model** I (Anxlety) | | | **ModelJl**  (O.,pr«sion) | | |
| b | **SE** | **p** | **b** | **SE** | **p** |
| **Constant** | .954 | 1.179 |  | I.S93 | 1.403 |  |
| **Shame** | .019 | .082 | .012 | .290 | .097 | .189.. |
| Guilt | .911 | .068 | .718° | .658 | .081 | ,513'\* |
| R' | ,532 | | | .351 | | |
| .C.R' | .524 | | | .340 | | |
| F | 66.644 | | | 31.671 | | |

*•p<* = *0.05, ••p<* = *(!.OJ*

Table 2indicatedresultsofregression analysis for showing theroleof self-conscious emotions in developing psychopathology. Anxiety was significantly predicted by guilt while depression was significantly anticipated by bothshame andguilt.TheR'value is.532 foranxiety and.351 for depression that indicated that self-conscious emotions caused 53% variance in anxiety and 35% for depression.

Table 3

Means. Standard deviation and t slatistics of Boys (n = 90) and Girls

..

(n z 90) on Self-conscious F.motions ancl lniemalizing Disorders (N=IRO)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Variables** | **M(SDJ M(SD)** | | I | **95%CI** | | **co....** |
| **Bo)'S** | **Girb** | **LB** | **UB** |
| Pride | 9.90(2.3) | 10.68(1.84) | -2.49· | .1,413 | -.163 | 0.36 |
| **Shame** | 9.94(2,13) | I0.2(>(J.19) | -1.25 | -.830 | .186 | 0,18 |
| Guill | 9.41(1.79) | 10.61(2.14) | -4.29•· | -1.848 | -.685 | 0.60 |
| **Anxiety** | l0.12(2,71} | 12.82(1.68) | **.s.02•0** | -3.363 | -2.036 | 1.19 |
| **Depression.** | 10.98(2.95) | 13.26(1.7) | **-6.35\*\*8** | -2,Q84 | -1.570 | 0.94 |

• *p*< *(l.05; .. JJ* < *0.01: ·••p*< *0.001.*

Table 3 indicated significant gender differences in some of the self­ consciousemotionssuchaspride,t (178)=-2.491,p=0.014andguilt, t (178) = -4.29, p=0.003. For bothemotions, girls scoredhigher than boys, whileno significant differences emerged on shame, t (178) = • 1.25, p =0.213. Moreover, significant gender differenceswere found in internalizing disorders i.e. anxiety, t(l 78) = -8.02, p=0.000 and depression, t(l 78) = -6.35, p-=0.000. Girls felt more anxious and depressed thanboys.

### DISCUSSION

The present study provides valuable information about self­ conscious emotions that are shame; guilt, pride and their role in developing internalizing disorders include anxiety and depression. The results have indicated significant positive relationship of two self-consciousemotions i.e.shame and guilt with psychopathology l.e.anxietyanddepression.Theresults ofthepresentstudyarein line with the existing findings " that have found significant positive correlations between shame memories and depression. Shame is related toone's global self and the person believesthat everything is



related to ones' behavior or actions and also constantly engages in thinking as how others will think about him/her.This negativeself­ judgment leads to development of depression or anxiety. Sometimes children and adolescents are unable to correctly recognize their feelingsand thus cannot identify the reason behind theiractions.It makesthemmore consciousabout their self-imagein front of others, putting them at risk of developing psychological symptoms. Pride as an emotion was not significantly related toany other variable. However, existing studiesshowed that internalizing symptoms wereassociated withlowerlevelsofpride".

Results of regression analysis revealed that feelings of shame significantly predicted depressive symptoms. Although existing literature suggested that shamecould predict both depression and anxiety",however present study found support for theroleofshame in developing depressive symptoms only. Anxiety was not significantly predicted by shame. Most of the researchers have studied the relationship of shame and anxiety in social context and some havespecified certain types of shame (internal/external) with respect to its relationship with anxiety'. Hence, shame could not contribute in general proneness to anxiety that could have been investigated further withinspecific social context. Being inherently maladaptive in terms of self-evaluation and judgment, shame proved to be a significant predictor of depression. Studies have identified that shame-prone individuals*were* more likely to have a history ofdepression andrecommended thatincreased experiences of shame during early adolescence were linked to depressive indicationsinlateradolescence"".

Guilt was *a* significant predictor of both depression and anxiety amongparticipants, thusprovedtobemore stronglyassociated with internalizing symptoms than did shame. Association between guilt and psychopathological symptoms is ambivalent. Studies have shown that shame andlackofguilt could be related todefensiveand retaliatory reactions (externalizing problems),whereas presence of guilt had been related with reparative responses". Dysregulated guilt feelings could lead to internalizing problems otherwise this moral emotioncould foster constructivechangesin futurebehavior. The reciprocity and shared variance inpronenessto shameandguilt must be taken into considerationto further understand their role in developing internalizing symptoms because, shame free guilt was found to be psychologically less devastating'•". Slight differences between shame and guilt *were* found in the present study in predicting depression and anxiety suggests a more careful probein investigating the maladaptive role of moral emotions especially taking emotionregulationandruminationinto account.

Significant gender differenceswere found for pride and guilt as girls scoredhigher onbothof theseemotionsascompared withboys.No significant gender differences *were*identified for shame.Theresults are generally consistent with the typical gender stereotype of self­ consciousemotions'"with some contradictions.Shameandguilt are typically higherin girls however gender similaritiesare reported for shamein thecurrent study.Inarecent study, authorsfound support for gender differences in shame and guilt whereas similarities were reported for pride". Girls also typically scored higher on both depression and anxiety as compared with boys. Numerous studies have consistently reported similar findings". *Gender* could be a possible moderator ofrelationshipbetween self-consciousemotions and psychopathology.

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### CONCLUSION

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Investigation of the role of self-conscious emotions in developing psychopathology among adolescents found that depression was significantly predicted by experience of shame and guilt feelings; however anxiety was predicted by guilt only. General feelings of shame and guiltmay serve socialgoals, yetif taken maladaptive,can lead topsychopathologicaloutcomes.

### LIMITATIONS ANDSUGGESTIONS

The State Shame and Guilt Scale only measures 'at the moment' feelings of shame and guilt. It could be interesting to use other measures orexploretheself-consciousemotions usingexperimental paradigm. The sample was small and was drawn using convenient sampling technique. A randomly selected larger sample would better represent thegeneral population.Other age groupscould be included in future studies to obtain the detailed developmental account of self-conscious emotions. To fully understand the relationship between self-conscious emotions and psychopathology, externalizing symptoms should also be studied alongwithinternalizingones.

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