



Exploring Self-Conscious Emotions and Emotion Regulation in Depression and Bipolar Affective Disorder: Implications for Therapeutic Interventions

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Abstract

The study examined self-conscious emotions and emotion regulation in 80 participants ($M_{age} = 38.5$ years). In a 2x4 mixed factorial design, a between-subjects comparison of Gender (Men vs. Women) and Group (Non Psychiatric Control, Severe Depression without psychotic symptoms, Bipolar Affective Disorder- Depression and Mania without psychotic symptoms), and a within-subjects comparison was done on Self-Conscious Emotions (TOSCA-3) and Emotion Regulation (ERQ). The quantitative statistical analysis revealed that Severe Depression and Bipolar Affective Disorder-Depression group had significantly higher shame and guilt-proneness, and expressive suppression as compared to the other two groups. The findings have been explained in the light of self-discrepancy theory, the process model of self-conscious emotions and emotion regulation.

The study has important implications for therapeutic intervention programmes and prevention of depression.

Keywords: self-conscious emotions, emotion regulation, depression, mania

None of us are exempted from the various self-conscious emotions. The alternating, sometimes consecutive phases of these self-conscious emotions affect us throughout the day, sometimes ephemeral and other times, here to stay. “**Self-conscious emotions**” or “**moral emotions**” – such as shame, guilt, embarrassment, pride, etc. – undoubtedly constitute a distinct category of emotional experience that differ in important ways from basic emotions- such as anger, sadness, fear, etc. [23]. They influence information processing, self evaluation and self regulation across time and situations [33]. The research on self-conscious emotions in mood disorders has been sparse, therefore the present study aims at investigating the self-conscious emotions in Non-Psychiatric control group, Severe Depression, Bipolar Affective Disorder- Depression and Mania.

I. INTRODUCTION

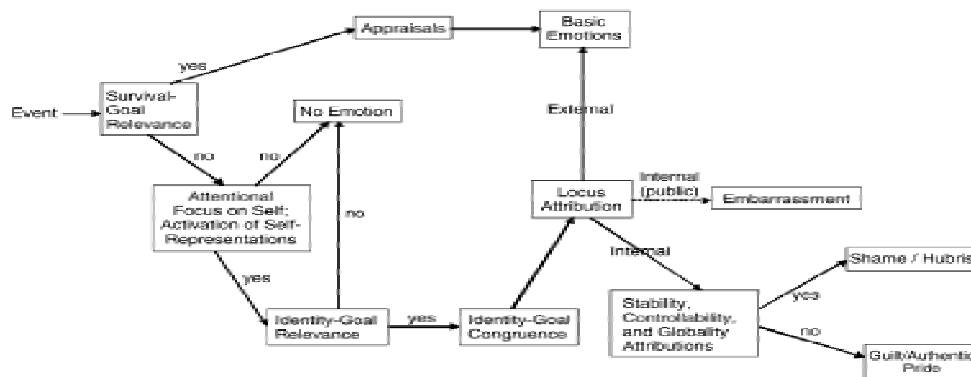
The Concept of Self-conscious emotions

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Self-conscious emotions relate to our sense of self and our consciousness of others' reactions to us [40]. They have social benefits such as reinforcing social behaviours, reparation of social errors, social harmony and healing. These emotions are products of human evolution and cultural scripts that are shaped by local values and meanings. This self-evaluation may be implicit or explicit, consciously experienced. The self is the object of these self-conscious emotions. Self-conscious emotions occur when people "become aware that they have lived up to, or failed to live up to, some actual or ideal self-representation [44]. Thus, these emotions help to promote adherence to one's actual or ideal self-representations and goal attainment. These emotions compel people to behave in ways that are socially valued and to avoid doing things that might lead to disapproval. Self-conscious emotions



always involve a real or imagined audience of other individuals. Thus, self-conscious emotions motivate and regulate people's thoughts, feelings, and behaviours [41].

The Process model specifies that internal, stable, uncontrollable, and global attributions lead to shame, whereas internal, unstable, controllable, and specific attributions lead to guilt. Individuals who make internal, unstable, controllable attributions tend to be prone to guilt, whereas those who tend to make internal, stable, uncontrollable attributions tend to be prone to shame [42]. Counterfactual statements about changing a stable, global aspect of the self concept lead to greater shame and less guilt [36].

Emotion Regulation

Emotion regulation refers to the processes by which we influence which emotions we have, when we have them, and how we experience and express

Figure 1. Process model of self-conscious

emotions. The dotted arrow connecting "Locus Attribution" and "Embarrassment" indicates that a public self-representation must be activated in order for embarrassment to occur.

them [12]. It involves changes in how response components are interrelated as the emotion unfolds, such as when increases in physiological responding occur in the absence of overt behaviour.

The Process Model of Emotion Regulation

suggests that emotions may be regulated at five points in the emotion generative process: 1)



selection of the situation; 2) modification of the situation; 3) deployment of attention; 4) change of cognitions; and 5) modulation of experiential, behavioural, or physiological responses. The first four of these are antecedent focused, the fifth is response focused. There are two specific emotion regulation strategies—reappraisal and suppression [15]. These strategies differ in their impact on the emotion-generative process. **Antecedent-focused strategies** refer to things we do before the emotion response tendencies have become fully activated and have changed our behaviour and peripheral physiological responding. It entails selection and modification of situations as well as attention deployment and cognitive change. These strategies are instituted before the emotion is elicited. A typical example is **cognitive reappraisal** of an event when a potentially emotion-eliciting situation is construed in non emotional terms. **Response-focused strategies** refer to things we do once an emotion is already underway, after the response tendencies have been generated. A typical example is **expression suppression**, which is a type of response modulation which inhibits ongoing emotion-expressive behaviour. By including a “no regulation” condition as a control condition, we can compare each regulation strategy to whatever participants do when they are not told to regulate.

Consequences of Emotion Regulation

Emotion Regulation involves the down regulation of emotion, which has significant consequences at the affective, cognitive and behavioural level. In particular, the ability to regulate emotion in a socially appropriate manner has important implications for interpersonal relationships and overall well-being [16].

II. PRESENT STUDY

The present study proposes to understand how the self conscious emotions vary and influence emotion regulation among individuals suffering from Severe depressive episode without psychotic symptoms; Bipolar affective disorder, current episode severe depression without psychotic symptoms; Bipolar affective disorder, current episode manic without psychotic symptoms as compared to the non-psychiatric control group. The study purports to establish a link between these variables and thus get an insight into how these variables interact with one another because this has implications for prevention and treatment of bipolar

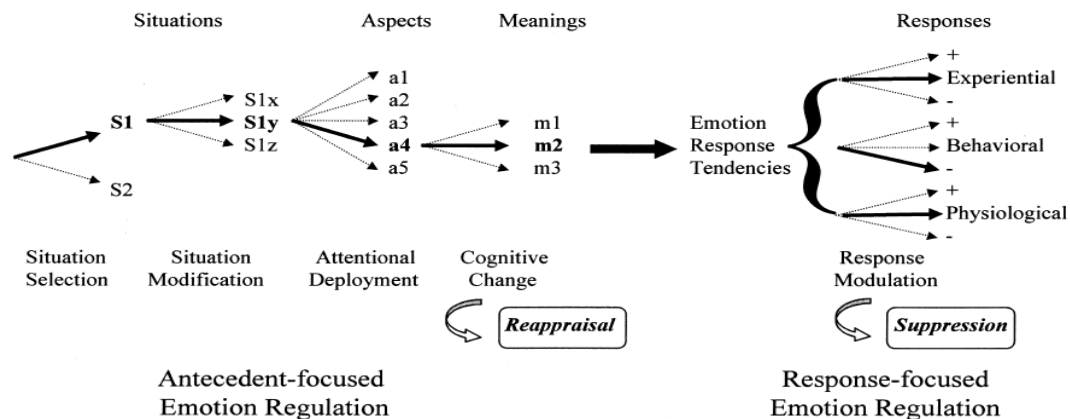




Figure 2. A process model of emotion regulation. affective disorder and depression.

There has been little research into the association of self conscious emotions in mood disorders. The present research intends to study self conscious emotions in severe depression and bipolar affective disorder in order to find the relationship between shame proneness and guilt proneness to depressive and manic symptoms.

III. METHOD

Participants

The sample consisted of 80 participants, with 20 participants in each group. There was one non-psychiatric control group (Group1) and three psychiatric groups (Group2, Group 3 and Group 4). Group 2 had individuals (10 men and 10 women) with a diagnosis of **Severe Depression without psychotic symptoms (Severe Depression)**, Group 3 had individuals with clinical symptoms of **Bipolar Affective Disorder- current episode Severe Depression without psychotic symptoms (BAD-D)**; **Group4** had individuals diagnosed with **Bipolar Affective Disorder- current episode Mania without psychotic symptoms (BAD-M)**, all diagnosed according to ICD-10 criteria (**International Statistical Classification of Diseases and Related Health Problems 10th Revision**). In India, the psychiatrists use **ICD-10 (International Statistical Classification of Diseases and Related Health Problems 10th Revision, Version for 2010)** for diagnosis of mental health related problems and not **DSM-IV-**

TR (Diagnostic of Statistical Manual for Mental Health- IV-Text Revision) (as per APA).

The participants were recruited through interview questionnaire method from Ursula Horsman Memorial (U.H.M.) Hospital, Kanpur, UP, India. **Purposive sampling technique** was used for data collection. No formal diagnostic assessment was carried out by the researcher; rather the diagnosis was confirmed by the local Consultant Psychiatrist allocated to the patient. The sample consisted of Indian men and women belonging to the region of Kanpur, Uttar Pradesh with age range 19-55 years ($M_{age} = 38.5$ years, $SD = 12.72$) from the lower-middle income socio-economic strata. Exclusion criteria included a learning disability or developmental disorder, significant co-morbidity, or if the diagnosis of bipolar disorder had not yet been confirmed by a psychiatrist. All the clinical group participants were under medication. In addition, a **Non-Psychiatric Control group (Group1, Control)** of 20 individuals (10 men and 10 women) was recruited from various residential areas of Kanpur. The non-psychiatric control group participants were matched with the psychiatric group participants with respect to age, educational qualification, marital status, socio-economic status and languages spoken. They were well conversant in either Hindi or English or both. The minimum educational qualification was high school.

Measures

Measure for Self Conscious Emotions: Test of Self Conscious Affect-3 (TOSCA-3)

The TOCSA-3 is composed of 11 negative and 5 positive scenarios yielding indices of Shame-proneness, Guilt-proneness, Externalization, Detachment/Unconcern, Alpha Pride, and Beta Pride. The test has 16 scenarios in all, with the



positive scenarios interspersed in between. The positive scenarios have 5 reaction themes, namely shame, externalization, guilt, alpha pride and beta pride.

Measure for Emotion Regulation Strategies: Emotion Regulation Questionnaire (ERQ)

The Emotion Regulation Questionnaire (ERQ; Gross & John, 2003) comprises 10 items assessing the ER strategies of cognitive reappraisal (CR: 6 items) and expressive suppression (Sup: 4 items).

Results

The study was conducted to explore Self-Conscious Emotions and Emotional Regulation among individuals in Non-Psychiatric Control group (**Group 1, Control**) as compared to individuals in psychiatric groups with Severe

higher than group 1 (M=36.05, SD=4.29), [F (1, 36) = 637.230, p<0.001]. In Combi2 significant group differences were reported while comparing group 1 and 3, Group 3 (M=63.15, SD=3.60) was significantly higher than group 1 [F (1, 36) = 711.102, p<0.001].

Section 1: Self-Conscious Emotions

Table 1
Summary of F values on Self-Conscious Emotions

TOSC A-3	F Values (df=1,36)	Group Combinations					
		Combi1 (1&2)	Combi2 (1&3)	Combi3 (1&4)	Combi4 (2&3)	Combi5 (2&4)	Combi6 (3&4)
Shame	A(Gender)	14.629***	20.488***	7.323**	42.773***	17.827***	30.119***
	B(Group)	637.230***	711.102***	31.423***	1.349	1620.810***	2143.386**
	AB(Interaction)	0.456	1.172	0.458	0.183	2.974	6.416*
Guilt	A(Gender)	18.717***	28.471***	8.305**	30.777***	1259.415***	18.662***
	B(Group)	271.007***	313.471***	422.957***	0.003	11.106**	1482.118**
	AB(Interaction)	0.533	2.118	1.716	0.365	3.722	7.813**

Depression without psychotic symptoms (**Group 2, Severe Depression**); Bipolar Affective Disorder, current episode severe Depression without psychotic symptoms (**Group 3, BAD-D**) and Bipolar Affective Disorder, current episode manic without psychotic symptoms (**Group 4, BAD-M**).

There were significant differences reported for **Factor B, i.e., Group**. In combi1, shame-proneness for group 2 (M=64.10, SD=3.85) was significantly

for different group combinations

*p<0.05=4.11; **p<0.01=7.39; ***p<0.001=12.90

Note. In all the ANOVA tables Combi1 represents combination of Group 1(Control) and Group 2(Severe depression without psychotic symptoms) on which 2X2 ANOVA has been done. Combi2 represents combination of group 2 and group 3(Bipolar Affective Disorder-Depression without psychotic symptoms), Combi3 comprises group 1 with group 4(Bipolar Affective Disorder-Mania without psychotic symptoms), Combi4 is the combination of group 2 with group 3, Combi5 represents combination of group 2 with group 4 and Combi6 represents combination of group 3 with group 4.



Here, Shame=Shame-Proneness; Guilt=Guilt-Proneness

(M= 81.19, SD=5.198) reported significant higher CR than women (M= 82.14, SD=4.383) . There were significant differences reported for **Factor B**,

Dimensions Of ERQ	F Values (df=1,36)	Group Combinations					
		Combi1 (1&2)	Combi2 (1&3)	Combi3 (1&4)	Combi4 (2&3)	Combi5 (2&4)	Combi6 (3&4)
Cognitive Reappraisal	A(Gender)	1.601	3.021	22.773***	79.513***	16.276***	12.017***
	B(Group)	407.236***	412.981***	18.174***	0.008	967.111***	983.931***
	AB(Interaction)	67.107***	60.131***	18.174***	0.414	22.154***	17.164***
Suppression	A(Gender)	31.016***	15.422***	0.655	80.048***	46.558***	22.787***
	B(Group)	356.717***	172.193***	18.308***	3.818	617.387***	299.433***
	AB(Interaction)	31.016***	15.422***	0.655	0.264	25.210***	11.433**

i.e., Group, for five of the six group combinations on CR. In combi1, CR for group 1(M=73.69, SD=10.938) was significantly higher than group 2(M=37.62, SD=7.513), thus significant group differences were reported [F (1, 36) =407.236, p<0.001].

Guilt-proneness

There were significant differences seen for **Factor A, i.e., Gender**, for each of the six group combinations with women reporting significantly greater feelings of guilt-proneness than men in all the group combinations. There were significant differences reported for **Factor B, i.e., Group**, for five of the six group combinations on guilt-proneness.

Expressive Suppression

There were significant differences seen for **Factor A, i.e., Gender**, for five of the six group combinations. Women as compared to men reported significantly greater feelings of expressive suppression than men in five group combinations.

Table 2
Summary of F Values on various dimensions of Emotion Regulation among the various group combinations

*p<0.05=4.11; **p<0.01=7.39; ***p<0.001=12.90

Section 2: Emotion Regulation

Cognitive Reappraisal

There were significant differences reported for **Factor A, i.e., Gender**, In Combi3, mean CR was significantly higher among women in Group 1(M=82.14, SD= 7.796) as compared to men in Group 1(M=65.24, SD=5.745), and in Group 4 men

Significant gender differences were there between Group 1 and 2, [F (1, 36) = 31.016, p<0.001].

There were significant differences reported for **Factor B, i.e., Group**, for five of the six group



combinations on expressive suppression. In combination, suppression for group 2 ($M=22.00$, $SD=2.62$) was significantly higher than group 1 ($M=14.20$, $SD=1.40$) [$F(1, 36) = 356.717$, $p < 0.001$]. While comparing group 1 and 3, Group 3 ($M=21.05$, $SD=2.76$) was significantly higher than group 1 [$F(1, 36) = 172.193$, $p < 0.001$]. Group 2 was also found to be significantly higher than group 4 [$F(1, 36) = 617.387$, $p < 0.001$] and group 3 was significantly higher than group 4 in reported suppression [$F(1, 36) = 299.433$, $p < 0.001$].

Discussion

The present study examined self-conscious emotions and emotion regulation among individuals in Non-Psychiatric Control group (**Group 1, Control**) as compared to psychiatric groups with Severe Depression without psychotic symptoms (**Group 2, Severe Depression**); Bipolar Affective Disorder, current episode severe depression without psychotic symptoms (**Group 3, BAD-Depression**); and Bipolar Affective Disorder, current episode manic without psychotic symptoms (**Group 4, BAD-Mania**).

Shame-proneness and Guilt-proneness in non-psychiatric control group and psychiatric groups

Shame-proneness was significantly higher in Group 2 (Severe Depression) and Group 3 (BAD-D) as compared to Group 1 (Control) and Group 4 (BAD-M) (see Table 1). Shame-proneness was highest for Group 2 (Severe Depression) while it was least for Group 4 (BAD-M) which probably explains that greater shame-proneness is associated with depressive symptoms and that individuals with

manic symptoms have very low shame-proneness.

Guilt-proneness was significantly higher in Group 2 (Severe Depression) and Group 3 (BAD-D) as compared to Group 1 (Control) and Group 4 (BAD-D) (see Table 1). Maximum guilt-proneness was found in individuals with severe depression, followed by BAD-Depression and least proneness to feelings of guilt was found in BAD-Mania. Hence, explaining that people displaying greater guilt-proneness are more likely to develop depressive symptoms as compared to those who have lesser guilt-proneness thus the latter could be an important precursor of manic symptoms.

Hence, **shame-proneness and guilt-proneness was significantly higher in Severe Depression without psychotic symptoms and Bipolar Affective Disorder, current episode severe depression without psychotic symptoms as compared to Bipolar Affective Disorder, current episode manic without psychotic symptoms and non-psychiatric control group.**

These findings are supported by the previous research studies which reported significant differences in shame-proneness in psychiatric patients with depression and anxiety disorders as compared to non-psychiatric control group [19, 37]. Also, shame-proneness and guilt-proneness was higher in unipolar depression and bipolar disorder as compared to non-psychiatric control [18].

According to **process model of self-conscious emotions** [43], there are differences in self-representations among psychiatric and non-psychiatric groups which can account for the variations in feelings of shame and guilt. **Self-focused attention** predisposes a person to make comparison between **self-representation and an**



external emotion eliciting event hence resulting in shame and/or guilt in response to **self-discrepancies** [39] as seen in Severe Depression and BAD-Depression group. The **Self-discrepancy theory** [17] proposes that the discrepancy between the actual self and various possible selves have implications for the type of psychological discomfort experienced. The participants' verbatim revealed that the discrepancies between the actual self and the ideal self which could have lead to dejection-related emotions and shame. He explains how he wanted to be a successful businessman but failed each time. He feels ashamed as he cannot give many comforts to his family. He further said that he could never become what he had always dreamt to be. If discrepancies existed between the actual self and the ought-to-be self, it can also lead to agitation-related emotions (e.g., anxiety, fear). Lindsay-Hartz, 1984 suggests that "What we realize about ourselves when ashamed is that we are who we do not want to be". However, it has been seen that the individuals in Severe Depression and BAD-Depression had feelings of shame associated with undesired self, as stated by [6]; with all types of self discrepancies [40].

Gender differences in Shame-proneness and Guilt-proneness

Shame-proneness was found to be significantly higher in women than men in all the four groups (see Table 1). Hence, indicating that shame-proneness is higher in women as compared to men irrespective of the fact whether they belong to psychiatric groups or non-psychiatric control group. Thus, it can be inferred that women are more prone to depression because they have greater

tendency for shame-proneness which predisposes them to greater depressive symptoms. Also, women in Group 3 (BAD-D) reported maximum **guilt-proneness** and men in Group 4 (BAD-M) reported least guilt-proneness. Women displayed more guilt-proneness than men in all groups indicate that probably they have a high moral conscience than men. This shows that gender differences do exist for shame-proneness and guilt-proneness. Thus, **there were significant gender differences in shame-proneness and guilt-proneness among the psychiatric groups (Severe Depression without psychotic symptoms; Bipolar Affective Disorder, current episode severe depression without psychotic symptoms and Bipolar Affective Disorder, current episode manic without psychotic symptoms) as compared to the non-psychiatric control group.**

The findings are also supported by [11, 35] who reported higher feelings of shame and guilt-proneness in women as compared to men. It indicates that shame and guilt show stronger associations with depressive symptoms among women as compared to men. Women construct their identities on the basis of their interpersonal relationships and social roles[31]. Since shame and guilt signal disruptions in the interpersonal relationships and/or social acceptance, with which women are reportedly more concerned, shame and guilt could show tighter links to depressive symptoms among women compared with men. Also, men are uniformly brought up with the idea of autonomy and power [24], so for them the processing of shame depends only on this gender-role specification.



In both Western and non-Western cultures, women report higher levels of shame and guilt than men depending on the target situation and the gender-role-relation relevant to it [2]. In the Severe Depression and BAD-Depression group, women show more shame and guilt-proneness than men, which probably reflects predetermined expectations and stereotypes about behaviour, identity, and emotions that are uniquely suited to male and female roles, internalized via the socialization process and reinforced throughout life in the Indian culture. Such stereotypes provide seminal models of appropriate behaviour that is habitually adopted by most people. High shame-prone individuals are inexorably perturbed by feelings of worthlessness and inadequacy. This undermines the ability to function and interact with others and may also cause psychopathology [1].

Differences in the use of Emotion Regulation Strategies

The findings reveal that the use of **Cognitive Reappraisal** as an emotion regulation strategy was highest in BAD-Mania, followed by the non-psychiatric control group. Significant group differences were found while comparing BAD-Mania to all other groups and also for control group as compared to all other groups (see Table 4). There were significant group and gender differences in the use of emotion regulation strategies and **there were significant group and gender differences in the reported use of emotion regulation strategies, i.e., cognitive reappraisal and expressive suppression among psychiatric groups as well as non-psychiatric control group.** Individuals in severe Depression and BAD-Depression group reported the least use

of cognitive reappraisal as an emotion regulation strategy, which throws light upon the fact that individuals with depression are not able to monitor and evaluate negative thoughts and replace them with more positive thoughts and images, leading to the maintenance of the depressive symptoms. However, individuals with mania are able to replace negative thoughts with more positive ones which probably accounts for their symptoms of elation and high positive affect.

Significant gender differences were also found in the reported use of cognitive reappraisal. In the control group and BAD-Mania group women reported significantly greater use of cognitive reappraisal strategy than men. However, in Severe Depression and BAD-Depression group, men were found to use cognitive reappraisal significantly higher than women (see Table 2). In accordance with the process model of emotion regulation, it seems that men in depression regulate their emotions in generative process as compared to women who have a higher tendency to be more response-focussed. Findings also reveal that men have a greater tendency to use Cognitive Reappraisal as compared to women in depression and may be that is the reason that women fall more in the trap of severe depression and are less likely to recover from depression than men. In the non-psychiatric control group, women were found to use more Cognitive Reappraisal strategy than men indicating that they can function adaptively using antecedent focussed strategy which may change their behavioural and cognition pattern.

Individuals in group with Severe Depression and BAD-Depression reported significantly higher use of expressive suppression as compared to the non-psychiatric control and BAD-Mania group. The



BAD-Mania group reported the least use of suppression while depression groups reported the maximum use of suppression, which is a response-focussed strategy for regulating emotion that involves the deliberate attempt to inhibit the outward manifestation of an emotion. This inhibition of an ongoing emotion-expressive behaviour is a maladaptive strategy if used too much by an individual and thus, probably explains the emotion dysregulation in individuals with Severe Depression and BAD-Depression. There were significant gender differences also in expressive suppression in Severe Depression group and BAD-Depression group as compared to control group and BAD-Mania group (see Table 4 and Table 5) with women using more expressive suppression as an emotion regulation strategy than men. Women in all groups except control group used more suppression than men, showing that they have a higher tendency for response-focussed emotion regulation and a higher tendency to construe emotionally and suppressing the urge to openly express emotions while dealing with negative emotions and incidents. This can also be accounted for in the context of Indian culture, which inhibits women to express themselves freely and are usually expected to suppress their emotions and inhibit an ongoing behaviour in order to conform to cultural and societal norms [20].

In the control group and BAD-Mania group, both men and women used reappraisal significantly higher than suppression (see Table 6) while in Severe Depression and BAD-Depression they used suppression significantly higher than reappraisal. Individuals with depression tend to suppress their thoughts, feelings. The participants who were interviewed clearly mentioned while answering the

ERQ questions that they do not like sharing their joy or sadness with others. One of the participants mentioned that her family is already worried because of her and they have to listen to a lot of things from others because of her. So, she did not want to annoy them further by sharing her thoughts, feelings and sadness with them. She would rather keep them to herself. This leads to further elevation and maintenance of depressive symptoms and perhaps the Indian culture and society indirectly promotes this emotion dysregulation strategy of expressive suppression in individuals with depression.

On the contrary, participants in the BAD-Mania were totally on an opposite extreme and were way too expressive in their emotions and used cognitive reappraisal more than suppression and scored relatively very low on expressive suppression. One of the participants clearly explained a manic perspective of thinking that how he is unaffected by what others have to say. He does whatever he wants to do and expresses his emotion freely. He does not suppress them as he believes it is just one life that he has and he cannot ruin it thinking about others. He says he is happy and wants to stay happy. This shows how individuals with BAD-Mania have low shame and guilt-proneness, are detached with others, externalize the blame to others or situations, and show low expressive suppression.

Conclusion

Self-conscious emotions and emotion regulation were examined in Severe Depression; Bipolar Affective Disorder-Depression and Mania; and Non-psychiatric control group. The findings from



the present study reveal that shame-proneness and guilt-proneness were significantly higher in Severe Depression and BAD-Depression group as compared to BAD-Mania and Non-psychiatric control group. It was also found out that feelings of shame-proneness and guilt-proneness are differentially involved in the experience of depressive symptoms with shame-proneness being strongly correlated with depressive symptoms than guilt-proneness. Women in psychiatric depression groups were found to report significantly higher feelings of shame-proneness, guilt-proneness and expressive suppression as compared to men in psychiatric depression groups. It was also seen that psychiatric group depression participants used more of expressive suppression as an emotion regulation strategy as compared to non-psychiatric control group and psychiatric manic group, who on the contrary used more of cognitive reappraisal strategy for emotion regulation.

Implications of the study

The findings can help the patients suffering from depression and bipolar affective disorder and thus help them in overcoming their problems by considering shame and guilt, in their psychotherapy. Therapeutic innovations such as compassionate mind training [10] may be applicable to these individuals and this deserves further consideration. It is very important for the therapist to consider aspects of shame and guilt among patients with depression for further therapeutic intervention and treatment. Compassion focussed therapy throws light upon this aspect and provide a better insight into the patients with severe depression and bipolar affective disorder-depression in their further treatment and

psychotherapy. Given the prevalence of shame and guilt, therapies that specifically focus on this element may be especially useful for some patients and can also be used for preventing depression among individuals with high shame-proneness and guilt-proneness. The ability to regulate emotion in a socially appropriate manner has important implications for interpersonal relationships and, in turn, overall well-being. This could provide insight into the prevention programmes which could help spread awareness and enhance coping skills.

Limitations and suggestions for future research

The present study was limited in several ways and some of the more critical directions for future research should involve the rectification of these limitations. Future research may include a life span perspective which could elucidate the development of depressive and manic symptoms and also explore how self conscious-emotions develop and operate. A cross cultural perspective would also reveal to what extent culture mediates in the development of shame, guilt and use of emotion regulation strategies so that newer therapeutic interventions can be planned out for treatment and develop programmes for prevention.

References

- [1] Cheung, M., Gilbert, P., & Irons, C. (2004). An exploration of shame, social rank and rumination in relation to depression. *Personality and Individual Differences*, 36, 1143–1153. doi:10.1016/S0191-8869(03)00206-X



- [2] Ferguson, T. J. & Crowley, S. L. (1997). Gender differences in the organization of guilt and shame. *Sex Roles*, 37, 19–43.
- [3] Ferguson, T.J., Stegge, H., Damhuis, I. (1991). Children's understanding of guilt and shame. *Child Development*, 62,827–39
- [4] Ferguson, T.J., Stegge, H., Miller, E.R., Olsen, M.E. (1999). Guilt, shame, and symptoms in children. *Dev. Psychol.* 35:347–57
- [5] Gilbert, P. (1992). *Depression: The evolution of powerlessness*. Hove, UK: Erlbaum.
- [6] Gilbert, P. (1998). What is shame? Some core issues and controversies. In P. Gilbert & B. Andrews (Eds.), *Shame: Interpersonal behavior, psychopathology, and culture* (pp. 3–38). New York, NY: Oxford University Press.
- [7] Gilbert, P. (2000). The relationship of shame, social anxiety and depression: The role of the evaluation of social rank. *Clinical Psychology and Psychotherapy*, 7, 174–189. doi:10.1002/1099-0879(200007)7:3_174::AIDCPP236_3.0.CO;2-U
- [8] Gilbert, P. (2004). A pilot exploration of the use of compassionate images in a group of self-critical people. *Memory*, 12(4), 507–516.
- [9] Gilbert, P. (2004). Evolution, attractiveness, and the emergence of shame and guilt in a self-aware mind: A reflection on Tracy and Robins. *Psychological Inquiry*, 15, 132–135.
- [10] Gilbert, P., & Irons, C. (2005). Therapies for shame and self-attacking, using cognitive, behavioural, emotional imagery, and compassionate mind training. In P. Gilbert (Ed.), *Compassion:*
- [11] Gilligan, C. (1982). *In a different voice*. Cambridge, MA: Harvard University Press.
- [12] Gross, J.J. (1998). Antecedent-and-response focused emotion regulation: divergent consequences for experience, expression, and physiology. *Journal of Personality and Social Psychology*, 74(1), 224-237. doi. 10.1037/0022-3514.74.1.224
- [13] Gross, J.J. (1998). The emerging field of emotion regulation: An integrative review. *Review of General Psychology*, 2, 271-299.
- [14] Gross, J.J. (2001). Emotion regulation: Affective, cognitive, and social consequences. *Psychophysiology*, 39, 281–291.
- [15] Gross, J.J., & John, O.P. (2003). Individual differences in two emotion regulation processes: implications for affect, relationships, and well-being. *Journal of Personality and Social Psychology*, 85(2), 348-362. doi.10.1037/0022-3514.85.2.348
- [16] Gross, J.J., & Munoz, R.F. (1995). Emotion regulation and mental health. *Clinical Psychology Science and Practice*, 2, 151-164.
- [17] Higgins, E. T. (1987). Self-discrepancy: A theory relating self and affect. *Psychological Review*, 94, 319–340. doi:10.1037/0033-295X.94.3.319
- [18] Highfield, J., Markham, D., Neal, A., & Skinner, M. (2010). An investigation into the Experience of Self-Conscious Emotions in Individuals with Bipolar Disorder, Unipolar Depression and Non-Psychiatric Controls. *Clinical Psychology and Psychotherapy*, 17, 395-405. doi.10.1002/cpp.674
- [19] Johnson, R. C., Kim, R. J., & Danko, G. P. (2010). Guilt, shame and adjustment: A family study. *Personality and Individual Differences*, 10, 71–74.



- [20] Khosla, M. (2001). Gender differences in coping with stress. *Journal of Research and Applications in Clinical Psychology, 4*, 63-72.
- [21] Khosla, M. (2005). Affect, cognition and behavior. *Indian Psychological Abstracts and Reviews, 12*, 1-43.
- [22] Khosla, M. (2006). Positive affect and coping with stress. *Journal of the Indian Academy of Applied Psychology, 32(3)*, 281-288.
- [23] Leary, M. R. (2004). Digging deeper: The fundamental nature of “self-conscious” emotions. *Psychological Inquiry, 15*, 129–131.
- [24] Lewis, H.B. (1971). *Shame and guilt in neurosis*. New York: International Universities Press.
- [25] Lewis, H.B. (1987). The role of shame in depression over the lifespan. In H.B. Lewis (Ed.), *The role of shame in symptoms formation*. Hillsdale, NJ: Erlbaum.
- [26] Lewis, M. (1992). Self-conscious emotions and the development of self. In T. Shapiro & R. N. Emde (Eds.), *Affect: Psychoanalytic perspectives* (pp. 45–73). Madison, CT: International Universities Press.
- [27] Lewis, M. (2000). *Self-conscious emotions: Embarrassment, pride, shame, and guilt*.
- [28] Lewis, M., & Brooks-Gunn, J. (1979). *Social cognition and the acquisition of self*. New York, NY: Plenum Press.
- [29] Lewis, M., Alessandri, S. M., & Sullivan, M. W. (1990). Violation of expectancy, loss of control, and anger expressions in young infants. *Developmental Psychology, 26*, 745–751. doi:10.1037/0012-1649.26.5.745
- [30] Lindsay-Hartz, J. (1984). Contrasting experiences of shame and guilt. *American Behavioral Scientist, 27*, 689–704. doi:10.1177/
- [31] Maccoby, E. E. (1990). Gender and relationships: A developmental account. *American Psychologist, 45*, 513–520. doi:10.1037/0003-066X.45.4.513
- [32] Maccoby, E.E. and Martin, J.A. (1983). *Socialization in the context of the family parentchild interaction*. In PH Mussen ed. & EM Hetherington vol. ed. Handbook of child psychology: vol. 4. Socialiation, personality, and social development (4th ed.),1-101. New York: Wiley.
- [33] Mesquita, B., & Karasawa, M. (2004). Self-conscious emotions as dynamic cultural processes. *Psychological Inquiry, 15*, 161–166.
- [34] Miller, J. B. (1976). *Toward a new psychology of women*. New York, NY: Beacon Press.
- [35] Miller, R. S. (1992). The nature and severity of self-reported embarrassing circumstances. *Personality and Social Psychology Bulletin, 18*, 190–198.
- [36] Niedenthal, P. M., Tangney, J. P., & Gavanski, I. (1994). “If only I weren’t” versus “If only I hadn’t”: Distinguishing shame and guilt in counterfactual thinking. *Journal of Personality and Social Psychology, 67*, 585–595.
- [37] O’Connor, L. E., Berry, J. W., & Weiss, J. (1999). Interpersonal guilt, shame, and psychological problems. *Journal of Social and Clinical Psychology, 18*, 181–203.
- [38] O’Connor, L. E., Berry, J. W., Weiss, J., & Gilbert, P. (2002). Guilt, fear, submission, and empathy in depression. *Journal of Affective Disorders, 71*, 19–27.



- [39]Phillips, A.G., & Silvia, P.J. (2005). Self-awareness and the emotional consequences of self-discrepancies. *Personality and Social Psychology Bulletin*, 31, 703-713.
- [40]Tangney, J. P., Dearing, R. L., Wagner, P. E., & Gramzow, R. (2000). *The Test of Self-Conscious Affect-3 (TOSCA-3)*. Fairfax, VA: George Mason University.
- [41]Tangney, J. P., Miller, R. S., Flicker, L., & Barlow, D. H. (1996). Are shame, guilt, and embarrassment distinct emotions? *Journal of Personality and Social Psychology*, 70, 1256–1269. doi:10.1037/0022-3514.70.6.1256
- [42]Tangney, J.P., Wagner, P.E., & Gramzow, R. (1992). Proneness to shame, proneness to guilt, and psychopathology. *Journal of Abnormal Psychology*, 101, 469– 478.
- [43]Tracy, J. L., & Robins, R. W. (2004). Putting the self into self-conscious emotions: A theoretical model. *Psychological Inquiry*, 15, 103–125. doi:10.1207/s15327965pli1502_01
- [44]Tracy, J. L., & Robins, R. W. (2006). Appraisal antecedents of shame and guilt: Support for a theoretical model. *Personality and Social Psychology Bulletin*, 32, 1339–1351. doi:10.1177/0146167206290212
- [45]Tracy, J. L., Robins, R. W., & Tangney, J. P. (Eds.). (2007). *The self conscious emotions: Theory and research*. New York, NY: Guilford Press.