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**Search details**

CBT interventions in people with high levels of shame and guilt in depressive presentation.

**Resources searched**

NHS Evidence; TRIP Database; Cochrane Library; PsychINFO; Google Scholar

**Database search terms:**

Shame; guilt; emotions; mental disorders; depression; major depression; symptoms

**Evidence search string(s):**

**Google search string(s):**

**Summary**

**Guidelines**

**Evidence-based reviews**

Shame, guilt, and depressive symptoms: a meta-analytic review.

Kim S, Thibodeau R, Jorgensen RS.

Abstract - Recent theoretical and empirical work has facilitated the drawing of sharp conceptual distinctions between shame and guilt. A clear view of these distinctions has permitted development of a research literature aimed at evaluating the differential associations of shame and guilt with depressive symptoms. This study quantitatively summarized the magnitude of associations of shame and guilt with depressive symptoms. Two hundred forty-two effect sizes were obtained from 108 studies employing 22,411 participants. Shame showed significantly stronger associations with depressive symptoms ($r = .43$) than guilt ($r = .28$). However, the association of shame and depressive symptoms was statistically indistinguishable from the associations of 2 maladaptive variants of guilt and depressive symptoms (contextual-maladaptive guilt, involving exaggerated responsibility for uncontrollable events, $r = .39$; generalized guilt, involving "free-floating" guilt divorced from specific contexts, $r = .42$). Other factors also moderated the effects. External shame, which involves negative views of self as seen through the eyes of others, was associated with larger effect sizes ($r = .56$) than internal shame ($r = .42$), which involves negative views of self as seen through one's own eyes. Depressive symptom measures that invoked the term guilt yielded stronger associations between guilt and depressive symptoms ($r = .33$) than depressive symptom measures that did not ($r = .21$). Age, sex, and ethnicity (proportion of Whites to Asians) did not moderate the effects. Although these correlational data are ambiguous with respect to their causal interpretation, results suggest that shame should figure more prominently in understandings of the emotional underpinnings of depressive symptoms.

Published research

1. Title: Shame- and guilt-proneness: Relationships with anxiety disorder symptoms in a clinical sample.
   Citation: Journal of Anxiety Disorders, 12 2010, vol./is. 24/8(811-815), 0887-6185 (Dec 2010)
   Author(s): Fergus, Thomas A, Valentiner, David P, McGrath, Patrick B, Jencius, Simon
   Abstract: Researchers postulate that both shame and guilt are emotions important to anxiety disorders. Extant data, however, indicate that guilt-proneness shares non-significant relationships with psychopathology symptoms after controlling for shame-proneness. To further investigate the relevance of shame and guilt to the anxiety disorders domain, the current study examined associations between shame- and guilt-proneness and anxiety disorder symptoms using data from patients (N = 124) with primary anxiety disorder diagnoses. Results indicated that only symptoms of social anxiety disorder (SAD) and generalized anxiety disorder (GAD) shared significant relations with shame-proneness after controlling for other types of anxiety disorder symptoms, depression symptoms, and guilt-proneness. Further, changes in shame-proneness during treatment were found to share significant relations with changes in obsessive-compulsive disorder, SAD, and GAD symptoms. The current results indicate that shame is more relevant to symptoms of the anxiety disorders domain than is guilt. The implications of these results for the conceptualization and treatment of anxiety.
disorders are discussed.

2. **Title:** Evoking Shame and Guilt: A Comparison of Two Theories.
**Citation:** Psychological Reports, 02 2006, vol./is. 98/1(99-105), 0033-2941;1558-691X (Feb 2006)

**Author(s):** Fromson, Paul M

**Abstract:** Self-discrepancy theory associates shame with deviations from ideals that significant others hold for us and guilt with deviations from one's own moral guides. By contrast, Tangney posits that, although transgressions may engender both of these emotions, the nature of focus determines the specific reaction. Focusing upon the action committed engenders guilt, whereas focusing on the self who committed the action engenders shame. Participants recounted one of four types of discrepant actions and responded to measures of shame, guilt, anxiety, and depression. Consistent with Tangney's theorizing, across all types of discrepant actions, guilt was rated significantly higher than shame.

3. **Posttraumatic Shame and Guilt.**
**Author(s)** Wilson, John P, Drozdek, Boris, Turkovic, Silvana
**Citation:** Trauma, Violence, & Abuse, April 2006, vol./is. 7/2(122-141), 1524-8380;1552-8324 (Apr 2006)
**Publication Date:** April 2006
**Source:** PsycINFO

4. **Title:** The phenomenology of shame, guilt and the body in body dysmorphic disorder and depression.
**Citation:** Journal of Phenomenological Psychology, 2002, vol./is. 33/2(223-243), 0047-2662;1569-1624 (Fal, 2002)

**Author(s):** Fuchs, Thomas

**Abstract:** From a phenomenological viewpoint, shame and guilt may be regarded as emotions which have incorporated the gaze and the voice of the other, respectively. The spontaneous and unreflected performance of the primordial bodily self has suffered a rupture: In shame or guilt we are rejected, separated from the others, and thrown back on ourselves. This reflective turn of spontaneous experience is connected with an alienation of primordial bodilyness that may be described as a "corporealization": The lived-body is changed into the objective, corporeal body or "body-for-others". The polarity of "bodiliness" and "corporeality" may further a phenomenological understanding of several mental disorders connected with shame and guilt. This is shown by the examples of body dysmorphic disorder and melancholic depression. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

5. **Title:** On shame, shame-depression, and other depressions.
**Citation:** Psychiatry: Interpersonal and Biological Processes, 2001, vol./is. 64/3(225-227), 0033-2747;1943-281X (Fal, 2001)

**Author(s):** Gottschalk, Louis A

**Abstract:** Comments on T. J. Scheff's article (see record 2001-05582-005) article which proposes that most cases of depression have a social component that is closely tied to the immediate situation and contends that shame and lack of community, in addition to biology and individual psychology, is a component of major depression. The author of this comment agrees with Scheff in that chronic shame and the lack of a sense of belongingness to a social community was probably responsible for the depression pervading his patients when asked to share their activities during WWII. The author believes that Scheff's article nicely discriminates the emotions of shame and guilt. Furthermore, that clearly, psychosocial factors have an influence of the causes, course, and treatment of mental disorders.
6. **Title:** An investigation of shame and guilt in a depressed sample.  
   **Citation:** British Journal of Medical Psychology, 09 1999, vol./is. 72/3(323-338), 0007-1129 (Sep 1999)  
   **Author(s):** Alexander, Barbara, Brewin, Chris R, Vearnals, Simon, Wolff, Geoffrey, Leff, Julian  
   **Abstract:** A self-report measure of proneness to shame and guilt was administered to 86 patients (aged 21 yrs and over) with moderate to severe depression, with the prediction that there would be a positive correlation of shame with severity of depression. Contrary to other, non-clinical studies, the authors found that guilt but not shame was associated with levels of depression. Shame-proneness demonstrated a unique association with a stable attributional style for negative outcomes, global negative self-evaluation, submissive behavior and internalized anger. Contrary to prediction, no relationship was found between shame- or guilt-proneness and a reported history of childhood sexual abuse.

7. **Title:** Guilt, shame, and depression in clients in recovery from addiction.  
   **Citation:** Journal of Psychoactive Drugs, 04-06 1996, vol./is. 28/2(125-134), 0279-1072 (Apr-Jun 1996)  
   **Author(s):** Meehan, William, O'Connor, Lynn E., Berry, Jack W., Weiss, Joseph  
   **Abstract:** In this article, 75 male and 33 female clients (aged 19-64 yrs old) recovering from chemical dependency in a residential treatment community were compared on levels of depression, guilt, and shame. The Beck Depression Inventory, The Test of Self Conscious Affect, The Guilt Inventory, and the Interpersonal Guilt Questionnaire were administered to the Ss. The 2 measures of guilt included subscales of State Guilt, Trait Guilt, Survivor Guilt, Separation Guilt, Omnipotent Responsibility Guilt, and Adaptive Guilt. It was found that women were significantly higher than men in depression. Recovering Ss were compared to nonaddicted Ss and established norms. The recovering Ss were higher on depression, shame, survivor guilt, separation guilt, omnipotent responsibility guilt, self-hate guilt, trait guilt, and state guilt. Both male and female Ss in recovery were significantly lower than norms in adaptive guilt. The results of this study support the theoretical assertion that drug-addicted clients suffer from problems related to shame and excessive guilt, particularly guilt derived from altruism and the fear of harming others.

The following 6 references are taken from the book:-  
9. Baumeister RF, Stillwell A, Heatherton T F  
   Guilt: An interpersonal approach  
10. Wicker FW, Payne G C, Morgan RD  
    Participant descriptions of guilt and shame  
    The phenomenology of shame and guilt: An empirical investigation  
    British Journal of Medical Psychology, 1994, 67, p23 – 26  
12. O’Connor L, Berry J, Weiss J et al  
    Interpersonal guilt: the development of a new measure  
Proneness to shame, proneness to guilt, and psychopathology

14. Kugler K, Jones WH
On conceptualizing and assessing guilt

15. An investigation of shame and guilt in a depressed sample
Barbara Alexander, Chris R. Brewin, Simon Vearnals, Geoffrey Wolff, Julian Leff

A self-report measure of proneness to shame and guilt was administered to
86 patients with moderate to severe depression, with the prediction that
there would be a positive correlation of shame with severity of depression.
Contrary to other, non-clinical studies, we found that guilt but not shame
was associated with levels of depression. Shameproneness demonstrated a
unique association with a stable attributional style for negative outcomes,
global negative self-evaluation, submissive behaviour and internalized
anger. Contrary to prediction, no relationship was found between shame-or
guilt-proneness and a reported history of childhood sexual abuse.

16. Compassionate mind training for people with high shame and self-
criticism: overview and pilot study of a group therapy approach
Paul Gilbert, Sue Procter

Abstract - Compassionate mind training (CMT) was developed for people
with high shame and self-criticism, whose problems tend to be chronic, and
who find self-warmth and self-acceptance difficult and/or frightening. This
paper offers a short overview of the role of shame and self-criticism in
psychological difficulties, the importance of considering different types of
affect system (activating versus soothing) and the theory and therapy
process of CMT. The paper explores patient acceptability, understanding, abilities to utilize and practice compassion focused processes and the effectiveness of CMT from an uncontrolled trial. Six patients attending a cognitive–behavioural-based day centre for chronic difficulties completed 12 two-hour sessions in compassionate mind training. They were advised that this was part of a research programme to look at the process and effectiveness of CMT and to become active collaborators, advising the researchers on what was helpful and what was not. Results showed significant reductions in depression, anxiety, self-criticism, shame, inferiority and submissive behaviour. There was also a significant increase in the participants' ability to be self-soothing and focus on feelings of warmth and reassurance for the self. Compassionate mind training may be a useful addition for some patients with chronic difficulties, especially those from traumatic backgrounds, who may lack a sense of inner warmth or abilities to be self-soothing.

17. Shame-Proneness, Guilt-Proneness, and Interpersonal Problem Solving: a Social Cognitive Analysis
Michelle Vowell Covert¹, June Price Tangney², James E. Maddux³, Nancy M. Heleno.

Abstract Research has found a negative relationship between proneness to experience shame and problematic relationships, but no relationship between proneness to guilt and relationship adjustment or maladjustment (Tangney, 1995; Tangney & Dearing, 2002). Social cognitive theory suggests that a reason for the interpersonal problem of shame-prone people is that shame impairs people's ability to generate effective solutions to interpersonal problems and/or diminishes confidence (self-efficacy) in one's ability to implement those solutions. In a study of 233 undergraduates, shame-proneness was negatively correlated with the quality of self-generated solutions to common interpersonal problems, self-efficacy for implementing these solutions, and with the expected effectiveness of those solutions. Guilt-proneness was positively correlated with quality of solutions, self-efficacy for implementing the solutions, the expected effectiveness of the solutions, and with the desire to solve the interpersonal conflict. Findings support and extend previous findings on shame-proneness, guilt-proneness, and interpersonal effectiveness.

18. Relation of Guilt, Shame, Behavioral and Characterological Self-Blame to Depressive Symptoms in Adolescents Over Time.
Carlos Tilghman-Osborne, David A. Cole, Julia W. Felton, Jeffrey A. Ciesla.

Abstract - In a two-wave, longitudinal study, 221 nonreferred adolescents completed measures of guilt, shame, Behavioral self-blame (BSB), Characterological self-blame (CSB), depressive symptoms measures, and attributional style. Goals were to examine similarities between Tangney's (1996) conceptualization of guilt and shame and Janoff-Bulman's (1979) conceptualization of BSB and CSB in adolescents. Specific aims were (1) to
examine the relation of depressive symptoms and depressive cognitions to shame, guilt, CSB, and BSB, (2) to estimate the longitudinal relations between depressive symptoms and measures of guilt, shame, BSB, and CSB, and (3) to assess the convergent and discriminant validity of shame/CSB measures and guilt/BSB measures. Results suggest that shame and CSB converge into a common construct, significantly related to depressive symptoms and cognitions. Convergence of guilt and BSB, however, was limited to particular pairs of measures.

19. Tangney, June Price
Conceptual and methodological issues in the assessment of shame and guilt

Behaviour Research and Therapy, 1996, Vol 34, Issue 9, p741 – 754

Abstract - Although shame and guilt are prominently cited in theories of moral behavior and psychopathology, surprisingly little research has considered these emotions. A key factor hindering research in this area has been a need for psychometrically sound measures of shame and guilt. Fortunately, a number of new measures have been developed in recent years. In this article, I describe the current status of the assessment of these long-neglected emotions, highlighting both conceptual and methodological issues that arise in the measurement of shame and guilt. I begin with a discussion of several definitions of and distinctions between shame and guilt, summarizing the degree to which these alternative conceptualizations have been empirically supported. This background is important when evaluating the relative strengths and weaknesses of a given measurement strategy (e.g. the degree to which a strategy is grounded in a sound conceptual framework). I then describe specific measures of shame and guilt, including dispositional measures (i.e. assessing individual differences in proneness to shame and proneness to guilt across situations) and state measures (i.e. assessing feelings of shame and guilt in the moment), offering my observations on their respective strengths and weaknesses and some suggestions for future measurement development.

20. Williams, Chris, Garland, Anne
A cognitive behaviour therapy assessment model for use in every day clinical practice


This is the first in a series of five papers that address how to offer practical cognitive–behavioural therapy (CBT) interventions within everyday clinical settings. Future papers will cover identifying and challenging unhelpful thinking, overcoming reduced activity and avoidance, offering CBT in busy clinical settings and the evidence for the effectiveness of CBT approaches.

http://apt.rcpsych.org/content/8/3/172.full.pdf+html
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