

**RECOGNITION OF SELF-CONSCIOUS EMOTIONS IN RELATION TO
PSYCHOPATHOLOGY**

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ABSTRACT

RECOGNITION OF SELF-CONSCIOUS EMOTIONS IN RELATION TO PSYCHOPATHOLOGY

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The aim of this study is to discover nonverbal, bodily gestures and contextual cues indicating self-conscious emotions and use these clues to examine personal differences and psychopathological symptoms. Moreover, possible effects of cultural differences on self-conscious emotions' recognition and their relation to psychopathology are meant to be discussed.

To achieve aforementioned goals, the study is partitioned into three separate but interdependent phases. The aim of the first study is scale adaptation for which the State Shame and Guilt Scale, Test of Self-Conscious Affect-3, Guilt-Shame Scale, State-Trait Anxiety Inventory, and Beck Depression Inventory are applied to a group of 250 university students. The second study's objective is to determine the nonverbal expressions used in recognition of self-conscious emotions. To meet this goal, 5 TAT cards, whose compatibility with the research questions is verified, are applied to 45 university students in separate sessions by using close ended questions. In the third part of the study, 9 TAT cards, which include clues about recognition and nonverbal expressions of self-conscious emotions, adapted corresponding scales, and a psychopathological symptoms measuring scale (SCL-90) in self-report format are applied on a group of 250 university students.

Factor and correlation analyses done in the first part reveal that adapted scales are reliable and valid, while group comparisons and measurements of the second part

indicate differences in emotions. Findings reveal that shame can be recognized by nonverbal expressions whereas for guilt contextual clues are facilitated. In the third part, group comparisons and regression analyses, which are done in order to reveal self-conscious emotions' recognition and their significant relationships with psychopathology, display that state self-conscious emotions and shame-proneness have very important roles on psychopathology. All these findings are discussed in the light of cultural effects.

Keywords: Self-conscious emotions, guilt, shame, nonverbal expressions, TAT, shame-proneness, psychopathological symptoms

ÖZ

MORAL DUYGULARIN TANINMASI VE PSİKOPATOLOJİ İLE İLİŞKİLERİ

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Bu çalışma, moral duyguların tanınması konusunda yardımcı olan sözsüz, bedensel ve/veya durumsal ipuçlarını tespit etmeyi, böylece bu ipuçlarını kullanarak moral duyguları tanıma açısından oluşabilecek bazı kişilerarası farklılıkları kişilik özellikleri ve psikopatolojik belirtilerle ilişkiler bağlamında yorumlamayı hedeflemektedir. Ayrıca, moral duygular, bu duyguların tanınması ve psikopatoloji ile ilişkileri konusunda kültürün olası etkilerinin tartışılması amaçlanmaktadır.

Bu araştırma ana hedeflerine ulaşmak için, birbiriyle ilişkili ancak bağımsız yürütülen üç ayrı aşamadan oluşmaktadır. Ölçek uyarlaması amacıyla yapılan ilk aşamada üniversite öğrencilerinden oluşan 250 kişilik örnekleme, Durumluk Utanç ve Suçluluk Ölçeği, Moral Duygulanım Testi, Suçluluk-Utanç Ölçeği, Durumluk-Sürekli Kaygı Envanteri ve Beck Depresyon Envanteri ölçekleri uygulanmıştır. Moral duyguların tanınmasında kullanılan sözsüz ifadelerin tespiti amacıyla yapılan ikinci aşamada araştırma sorularına uygunluğu belirlenen 5 TAT kartı, amaca yönelik hazırlanmış kapalı uçlu sorularla 45 üniversite öğrencisine ayrı oturumlarda uygulanmıştır. Üçüncü aşamada, moral duyguların sözsüz anlatımlarını ve bu duyguların tanınabileceği bazı durumsal ipuçlarını içeren 9 TAT kartı ile uyarlaması yapılmış ilgili ölçekler ve psikopatoloji semptomlarının düzeylerini belirleyecek bir ölçüm (SCL-90) anket biçiminde 250 üniversite öğrencisine uygulanmıştır.

İlk aşamada yapılan faktör ve korelasyon analizleri uyarlanan ölçeklerin güvenilir ve geçerli olduğu; ikinci aşamada yapılan grup karşılaştırmaları ve oranlamalarla, duyguların farklılıkları olduğu anlaşılmıştır. Bulgular utanç duygusunun sözsüz ifadeden tanınabildiğini, suçluluk için ise durumsal ipuçlarından yararlandığını işaret etmektedir. Son aşamada moral duyguların tanınması ve psikopatoloji arasındaki anlamlı ilişkileri ortaya koymak için yapılan çeşitli grup karşılaştırmaları ve regresyon analizleri, durumsal moral duyguların ve utanca yatkınlık özelliğinin psikopatoloji konusunda çok önemli rolleri olduğunu ortaya koymuştur. Tüm bulgular ilgili literatür ışığında, kültürel etkiler göz önüne alınarak tartışılmıştır.

Anahtar kelimeler: Moral duygular, suçluluk, utanç, sözsüz ifadeler, TAT, utanca yatkınlık, psikopatolojik belirtileri

To Blacky

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Life is a story which has lots of chapters. Everything we do is a new chapter. We live our life stories throughout different new chapters but with the same themes, over and over again. The chapters have morals based on heroism, dignity, respect, reputation, power and most of all, love. This is the end of a chapter in my life story. If we change one little aspect of such a chapter, we may change the whole story. Such a chapter, if we allow it, can trap us. For example, it can easily become the treadmill which is a monotonous and seemingly endless task; or, rather than put us wise and powerful, it can destruct and reduce us. Happy endings reunite us all together until everything fits. Therefore being the main character does not mean to be the hero in this story. The will and determination of the main character are necessary but not sufficient for dissertation process. This end is created by the help of a number of people with a great deal of support. These people were very generous to give their support to me to achieve the happy ending, now it is my pleasure to acknowledge them.

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This chapter has begun with a captivating interest in emotions, continued with enlightening ideas and ended with wisdom after creating a challenging but authentic story. For me, the moral of this chapter is that no victory can be won without precious companions, even it is, it would be bleak and empty one.

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CHAPTER I

INTRODUCTION

Emotions are the life forces of the soul, the source of most our values.

R.C. Solomon, The passions

1. Introduction

1.1 Statement of the Problem

The study of emotion has recently become as important as other psychological phenomena such as the study of behavior and cognition, in empirical studies, emotions are being investigated as primary motivators of behaviors due to the functional role that they play in regulating normative development and in organizing social interactions.

A vast literature has been gathered in the field of emotion particularly on emotion expression and recognition. Although there are numerous studies on basic emotions, self-conscious emotions which are the subject of this study have not been studied extensively and they are relatively rare in literature. Generally, basic emotions like happiness, sadness, anger, surprise, disgust, and fear have been studied worldwide including Turkey. Although there are few significant studies on self-conscious emotions, no similar studies have been initialized on self-conscious emotions in Turkey. Besides, it is always crucial to investigate the general and culture-specific aspects of self-conscious emotional expressions because they are different from basic emotions. In the light of all these remarks, the primary goal of this study is to provide a background on the recognition of self-conscious emotions namely shame, guilt, and pride. In order to study the differences of personality characteristics or psychopathological tendencies, this common comprehension is

examined in terms of the deviating attributions for the bodily gestures and/or facial expressions of others from the majority. It is definitely necessary to discuss the possible culture-specific dimensions since the study will be conducted in a different culture other than in which the concept was coined.

1.2 Purpose of the Study

In this study, the comprehension of self-conscious emotions is defined in Turkish population. Some personality characteristics are questioned in individuals who have different perceptions in terms of the bodily gestures and/or facial expressions of self-conscious emotions from the majority of population. In other words, this study aims to discover specific facial expressions and/or gestures which are commonly used for recognition of self-conscious emotions and to find out certain characteristics of individuals who are markedly different in terms of benefiting from the cues to recognize these emotions. Further investigation is made on the relationship between psychopathology and deviation from common comprehension on the recognition of self-conscious emotions. The study will point out culture-specific dimensions that may determine both the common comprehension of the population and possible characteristics of the distinct individuals.

1.3 Significance of the Study

It is necessary to study self-conscious emotions in terms of their expression and their experience in order to gather information for future behaviors of humans. In this regard, whether they are universal or culture-specific, or whether they are subjective or relative, self-conscious emotions are crucial in human life.

It was argued that emotions, in general, could not be studied scientifically because of the relativity of their nature but recently a vast literature of emotion has been accumulated on this topic. The study of self-conscious emotions can be conducted by using the same systematic and comprehensive methods used in the emotion studies. However, while studying self-conscious emotions, previous

shortcomings of research such as measurements and statistical techniques should be reconsidered.

Regarding clinical psychology, the most important influence of self-conscious emotions may be seen on the areas of assessment and classification of certain psychological disorders. For instance, dispositional self-conscious emotions can be taken into account during the diagnosis process. By using this knowledge, professionals can make more accurate decisions on the antecedents of such disorders. Furthermore, the findings of the present study may encourage preventive studies by explaining the relationship between self-conscious emotions and psychopathology.

The findings of this study contribute a great deal to the literature as well as to the applied studies of clinical psychology. Since there are no previous studies on the recognition and expression of self-conscious emotions, this very first study is a starting point. Due to the fact that cultural dimensions of these kinds of emotions may be very important in terms of their nature and their function, the knowledge on this issue will be discussed accordingly. The concept of self-conscious emotions that has been introduced into the clinical psychology in recent years was examined scientifically, with a cultural insight.

1.4 Method of the Study

Initially by administering a battery including State Shame and Guilt Scale-SSGS (Marshall, Sanftner and Tangney, 1994), Test of Self-Conscious Affect-TOSCA-3 (Tangney, Dearing, Wagner and Gramzow, 2000), Guilt-Shame Scale (GSS-TR; Suçluluk-Utanç Ölçeği- SUTÖ; Şahin and Şahin, 1992), State-Trait Anxiety Inventory (Spielberger, Gorsuch and Lushene, 1970; Öner and Le Compte, 1983) and Beck Depression Inventory (Beck, Rush, Shaw, and Emery, 1979; Hisli, 1988) to a total of 250 university students, a scale adaptation study is conducted.

In the second step, an investigation on recognizing self-conscious emotions is done by separate individual sessions with each participant. The sample consists of 45 university students. Each participant answers closed-ended questions while looking

at a selected set of five Thematic Apperception Test (TAT) cards that are selected based on their relevance to the topic.

In the third step, the aim is the evaluation of personality characteristics and psychopathological symptoms of the individuals who deviate from the common comprehension on recognition of the self-conscious emotions by the way of recognition of self-conscious emotions from nonverbal expressions. This study is conducted with a total number of 250 participants who answer some close-ended questions while looking at an extended set of 9 TAT cards and self-report measures.

1.5 Research Questions

Present study addresses these major questions:

- What is the common comprehension on recognition of others' self-conscious emotions?
- Are there any specific indicators that allow recognizing others' self-conscious emotions?
- What are the personality characteristics of the individuals who deviate from the common comprehension on recognition of others' self-conscious emotions?
- Do these individuals show any psychopathological symptoms?

Thus, the present study is designed to obtain a common comprehension on recognition of others' self-conscious emotions by specific indicators that can allow recognizing these emotions. Both the personality characteristics such as dispositional self-conscious emotion features and the possible psychopathological symptoms are the predictors of the deviation from the common comprehension on recognition of others' self-conscious emotions.

1.6 Overview of the Study

This study explores the common comprehension on recognizing self-conscious emotions of others through possible specific facial expressions and/or bodily gestures, which can help individuals, recognize these emotions. The focus is

placed on dispositional characteristics and psychopathological symptoms of individuals who deviate from the common comprehension on recognizing other people's self-conscious emotions. Self-report measures and selected TAT cards are utilized to gather information from participants. The first step is an adaptation study of self-report measures of self-conscious emotions. Then, specific facial expressions and/or bodily gestures that allow recognizing others' self-conscious emotions are investigated to establish a common ground. Finally, the deviation from the common comprehension is analyzed in terms of personality characteristics and psychopathological symptoms.

It is assumed that the current study extends the frame of the affective-cognitive approach, and it is going to be an important milestone by providing an insight to the studies and scientific applications of clinical psychology. The validity of the approach needs to be validated by further studies, and the existing knowledge must be supported by scientific facts. Finally, through the examination of the expressions of self-conscious emotions, culture-specific factors should be taken into consideration.

The generalization of the findings may not be strictly accurate since the sample population consists of university students, although the results will certainly provide a broad idea about the comprehension and recognition of self-conscious emotions of others particularly in Turkey where the majority of the population is below the age of 26. Hence, the findings of the present study should be replicated within different samples in clinical population both in Turkey and in other cultures. The relativity of self-conscious emotions while preferring related TAT cards, and the possible inefficiency of these cards for recognizing self-conscious emotions may be seen as limitations of the present study. However, the card sets in the study are according to the literature review and clinical knowledge of the related field. Cultural differences may be a limitation in terms of reaching a common ground of the self-conscious emotions expressions, but it is possible to take advantages of this limitation of the study for drawing important conclusions.

CHAPTER II

REVIEW OF LITERATURE

1. Introduction

The emotions did not find a central place in psychology literature until the last quarter of the 20th century despite their important position in human life. Even since their rise to importance, a lot of researchers have considered emotions as epiphenomena of cognition. Main emotion theories provide an explicit and detailed account of the processes that give rise to emotions. As a result, how these processes affect interpersonal relations may be explained.

Different approaches attribute different meanings to emotional processes. For example, psychodynamic approach views emotions as a product of diverted psychic energy, which can take the form of neurotic symptoms. According to that view, dysfunction is the result of frustrated emotions, and inadequate discharge of psychic energy. On the other hand, behavioral approach proposes that emotions are learned responses. Therefore, dysfunction is seen as the result of lack of skills or the conditioning of undesirable responses. According to cognitive approach, different cognitive processes, such as causal attributions and/or goals influence emotions. Also the presence of emotion alters cognitions, so that cognition and emotion are related to one another through a kind of circular feedback process. In cognitive view, dysfunction is caused by distorted cognitions. For humanistic and experiential approaches, emotions are valuable source of information that guide an individual's experience. Dysfunction occurs when individuals deny, suppress or interrupt emotional experiences.

The term "self-conscious emotions" is originally defined by Michael Lewis (1988) who uses it to mention guilt, shame, pride and their many possible variations. According to Lewis and his colleagues (1989), self-conscious emotions engage appraisal of oneself regarding some contextual or comprehensive criteria (Lewis, Sullivan, Stanger, and Weiss, 1989). Thus, self-conscious emotional states differ

from other emotional ones in that they require self-evaluation. In addition, self-conscious emotions function to motivate the person to act in a socially appropriate way (Tangley & Dearing, 2002). The person internalizes his social beliefs with the actual and ideal self-representations, so self-conscious emotions prompt the person towards the goals embodied in these self-representations. Hence, the incongruence between self-conscious emotions and self-representations results in experiencing maladaptive affects. Many psychopathological symptoms may be observed in individuals who cannot cope with their maladaptive affects. Therefore, self-conscious emotions may have some crucial roles in the development of some forms of psychopathology (Andrews, Brewin, Rose and Kirk, 2000).

1.1. Self-conscious Emotions in Fundamental Approaches on Emotion

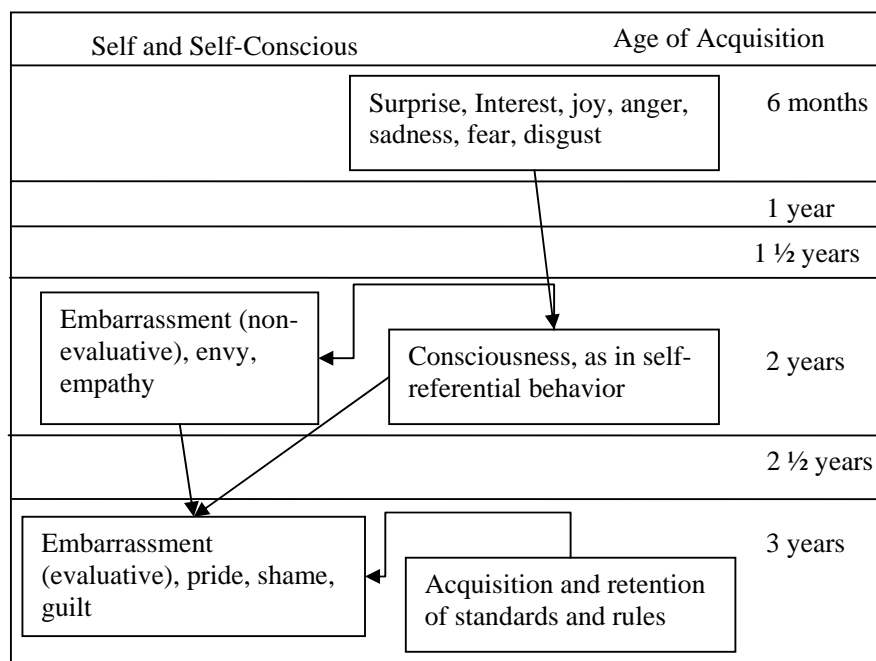
Self-conscious emotions are the feelings which the individual feels as a result of social comparison about one's situation. These emotions (i.e. shame, guilt and pride) are defined as more complex compared to basic emotions (e.g. anger, sadness, joy, fear, disgust, and surprise). This is due to the fact that self-conscious emotions are based on social concern, they are not automatized like basic emotions forced by survival motive (Johnson-Laird & Oatley, 1989). In order for the individual to experience self-conscious emotions, a cognitive process where there is social comparison is needed (Oatley & Johnson-Laird, 1987).

Emotion	Appraisal	Internal Reaction and Bodily Experience	Motive-action Tendency
Pride	Self is responsible for a socially valued outcome or for being socially valued person.	Increase in the heart rate and skin conductance, erratic respiration. Body experienced as taller, stronger, or bigger.	Show worthy self to other, smile broadly, stand erect, make celebratory gestures, and call attention to accomplishments.
Shame	Self has fallen short of standards of worth in the eyes of others.	Blushing diminished heart rate. Body experienced as heavy or small.	Hide the self, avert gaze, bury face in hands.
Guilt	Self is responsible for a wrong doing.	Increase heart rate. Body experienced as heavy.	Correct wrongdoing, apologize, confess, make reparations, fix situation, seek forgiveness.

*Source: Tangney and Fischer, 1995.
Figure 2.1 Scripts for Pride, Shame, and Guilt.*

These kind of emotions motivate and regulate people's thoughts, feelings, and behaviors in more socially appropriate ways (Campos, Campos & Barrett, 1989; Fischer & Tangley, 1995). Because of their internal standards, people feel shame or guilt while making evaluations of the situation in terms of their social positions. According to a view, the main function of these emotions is to help the individual get socialized by regulating his/her thoughts and behaviors (Campos, Mumme, Kermoian, and Campos 1994).

Unlike basic emotions, self-conscious emotions display weaker evidence of universality because their antecedent, phenomenological experience and consequences differ across cultures (Kitayama, Markus, & Matsumoto, 1995; Eid & Deiner, 2001). Moreover there is less evidence that they have pan-culturally recognized facial expressions (Ekman, 1992b). In addition, self-conscious emotions are subsumed by basic emotions in linguistic hierarchical classifications (e.g., sadness subsumes shame, joy subsumes pride; Shaver, Schwartz, Kirson, and O'Connor, 1987).



Source: Tracy, Robins, Tangney, 2007
 Figure 2.2 A model of emotional development

The emergence of self-conscious emotions is observed later than that of basic emotions (Izard, 1971). Self-conscious emotions do not develop until around 18-24 months just like self-awareness. In fact, some theorists claim that they emerge at the end of the third year of life (Abe and Izard 1999; Lewis, 1995). Later development of self-conscious emotions may be the result of the incomplete neurobiological development or rather psychosocial development to understand social rules and standards for appropriate behaviors (Tracy & Robins, 2004a).

Understanding social rules and behaving appropriately require consciousness. Since Freud wrote about “unconscious guilt”, the psychoanalytic interpretation of emotion raised the question of whether a self-conscious emotion could be unconscious. That is, whether an individual could experience an evaluative emotion and not be aware of it. In *The Unconscious* (1915), he wrote, “It is surely of the essence of an emotion that it should enter consciousness. So for emotion, feelings, and affects to be unconscious would be quite out of the question. But in psychoanalytic practice we are accustomed to speak of unconscious love, hate, anger, etc., and find it impossible to avoid even the strange conjunction, “unconscious consciousness of guilt”. . . . Strictly speaking . . . there are no unconscious affects in the sense in which there are unconscious ideas” (p. 110). He finally concluded that the evaluation of an event can be unconscious even though the response process is not.

A second implication concerns the question of how to recognize emotion in others. If emotions are repressed, how can the analyst identify something that even the patient cannot? Freud assumes that various displacements and transformations may occur in the expression of an emotion but indirect signs of its presence are always noticeable. He relies heavily on dreams, free associations, slips of the tongue, postures, facial expressions, and voice quality to arrive at judgments about a person’s repressed emotions. An emotion is not synonymous with a verbal report of a supposed introspective state.

A third implication of the psychodynamic tradition is that emotions are rarely found in a pure state. Any emotion has a complex history with elements going as far back as infancy. An emotion may have several drive sources and may include a

mixture of feelings and reactions. The very idea of psychoanalysis implies an attempt to determine the elements of the complex state. The psychoanalytic affect theory is derived from Freud (1915) and is based on the main assumption that affects are constant and identifiable mental phenomena, so they are the same for every person. This means an individual knows which feeling is experienced and is able to differentiate one from another; even when they are very similar to each other such as shame and guilt.

While Freud discusses unconscious nature of guilt, Darwin emphasizes evolutionary aspect of shame. Although Charles Darwin is known as the creator of the theory of evolution, he built a theory of emotion as well (Darwin, 1872/1965). Based on studies of animals, human infants, and adults in various cultures, he concludes that expressive behaviors have adaptive functions. Evolutionary theory supposes that most emotional expressions are unlearned. Darwin is the first person who claims that emotional expressions act as signals and preparations for actions; that is, they communicate information from one person to another about what is likely to happen. Therefore, emotional expressions affect the chances of survival demonstrating the behavior. Of all the self-conscious emotions, Darwin mostly mentions shame in the context of submissive behaviors. Darwin emphasizes that as an expression of submissiveness, shame enables individuals to survive within a dominance hierarchy (Gilbert, 2000). According to evolutionary theory nonverbal expressions of shame characterized bodily gestures of submission. These are looking downwards, hunching the body, averting or lowering the gaze, and immobility. Moreover, they are inherited universals for human beings. In fact, evolutionary theory claims that the nonverbal expression of emotions set up a certain kind of social relationship.

Inspired by Darwin's view, Tomkins, the founder of the Affect Theory, suggests that affects are the primary human motives and that the face is the primary site of action for the affect system. Relations between physiological correlates, specific facial muscles and specific affects are sources of behaviors. Tomkins (1984) hypothesizes that there are eight basic emotions. The positive ones are interest, surprise, and joy; the negative ones are anguish, fear, shame, disgust, and rage. These

affects are identified with names which indicate a continuum from mild to intense. Each affect must be activated by a specific group of neural stimulation, thus the stimulus triggers the appropriate affect existing in a subcortical center of the brain. Tomkins states that primary affects are innate and humans have the ability to control them by respond to the circumstances appropriately. The ultimate goal would be to maximize positive affect and minimize negative affect. Tomkins believes shame to be innate and to be an inhibitor of the positive affect of interest-excitement and enjoyment-joy. As his theory developes, he comes to believe that shame and guilt are identical as affects, but they are experienced differently because of differences in perceived causes and consequences. He argues guilt involves moral transgression, and shame involves inferiority (Tomkins,1984).

Lazarus, who is one of the pioneers of the cognitive theory, treats guilt, shame, and pride in the context of the core relational themes (CRT). The CRT is defined as the central harm or benefit that occurs in each emotional encounter. In Lazarus's view, the CRT for guilt is having transgressed a moral imperative, the CRT for shame is self-blame, and the CRT for pride is self-satisfaction (Lazarus & Lazarus, 1994). The difference between shame and guilt in terms of CRTs is that individual fails to fullfil the standards of society in the case of guilt and fulfill the standard of oneself in the case of shame. In this context, pride is also a product of appraisal and it occurs when the perception of self-importance increases. In fact, the central idea of the cognitive theory is not just CRTs but also the concept of appraisal, which refers to a decision-making process through which an individual evaluates the personal harms and benefits existing in each interaction with the environment. In fact, appraisals determine emotional states. Lazarus (1991) classifies two types of appraisals: Primary appraisal and secondary appraisal. Primary appraisal concerns the relevance of the interaction for one's goals, to the extent which the situation is goal congruent and the to extent of one's own ego involvement. Secondary appraisal is an emotional state in which the individual makes decisions about blame or credit for one's own coping potential and future expectations. Generally, self-concious emotions by their nature seem to be the products of secondary appraisal. According to cognitive theory, although each emotion involves a specific action tendency,

several emotions can occur at the same time because of the multiple motivations and goals (Lazarus, Kanner, and Folkman, 1980). For example, an individual who shouts because of his anger may also feel ashamed or guilty because of his behavior.

Although there are lots of emotion theories, only more recent ones discuss self-conscious emotions in clinical settings sufficiently. For instance, in Greenberg's dialectical-constructivist view, he argues that the goal of psychotherapy is primarily to understand the emotional experiences of a client (Greenberg, Rice, & Elliott, 1993). From his point of view, emotions are considered to be adaptive and their biological function is to increase the chances of survival. Emotions are based on appraisals made by each individual in accordance to his/her encounters. Emotions act to establish, maintain, or disrupt an individual's relations with the environment and with other people. Greenberg classifies emotions as basic (e.g. sadness, anger, fear, and shame) and complex (e.g. pride, guilt, embarrassment, compassion, envy, and ecstasy) emotions. While basic emotions have facial expressions or action tendencies, complex emotions do not (Greenberg & Korman, 1993). Greenberg adds that whether an emotion is basic or complex, it may be primary or secondary. He designates emotions like remorse, resentment, embarrassment, love, wonder, and compassion as well as guilt as more complex feelings. They develop while an individual gains greater cognitive abilities. According to Greenberg (2002), these complex emotions give more information about oneself and the world by blending with the cognitions. Greenberg emphasizes that these emotions are a source of information rather than action tendencies of basic emotions. Therefore, he underlines that although clients often find secondary emotions troublesome and want to get rid of them, these emotions are symptoms of primary feelings that are being obscured. Among the emotion theories, only the ones which advocate the importance of self-conscious emotions will bring forth new understandings in clinical psychology.

1.2. Expression of Self-Conscious Emotions

There is a vast literature in the fields of psychology on emotion expression and recognition (Camras and Fatani, 2004). Results of several studies tend to provide

support to the idea that emotion recognition depends on information received through both verbal and nonverbal channels. Individuals seem to be able to recognize emotion with a fair level of accuracy, but this accuracy may decline when information is restricted to a single channel of communication such as only to nonverbal channels like facial expressions or only to vocal cues. Moreover, the accuracy level of recognition seems to be affected by the contradictory information provided by one or more than one channels.

There are two types of study in emotion recognition, one is encoding study and the other one is decoding study. Encoding studies try to identify the differential nonverbal characteristics of a particular emotion expression. Researchers have tried to identify what is unique about a specific emotion in terms of nonverbal cues, facial expressions and vocal quality. Decoding studies have tried to assess how accurately independent observers can identify emotions when they have access to a particular set of discrete features of emotional expression (Ekman and Rosenberg, 1997).

The results of both types of studies allow some broad generalization about the current knowledge on emotional expression and recognition. There is a large body of support for the existence of nonverbal cues that differentiate emotions, both through facial-bodily expression and vocal characteristics. The research reviewed so far reemphasizes the importance of nonverbal communication in the process of social interaction. Universal emotion expressions serve as a tool via which the phylogenetic roots can be studied and can be understood the connection between biological and cultural influences on behavior. Some researchers aim to find out universal expressions of self-conscious emotions (Beer and Keltner, 2004).

Review of literature on the development of emotion recognition in infants indicate that they can discriminate between positive and negative expressions by about 3 months. They can discriminate among negative expressions by 6 or 7 months. Ludemann and Nelson (1988) demonstrate that although infants of 7 months cannot discriminate joy and surprise expressions from the fear expression, they can represent them categorically. However, Serrano, Iglesias, and Loeches (1992) conclude that infants of 4 to 6 months recognize and discriminate anger, fear, and

surprise expressions. These findings are strong support for the innateness-universality hypothesis (Izard, 1994).

Nevertheless, the studies on the development of emotion recognition have not focused on self-conscious emotions particularly. In fact, these findings do not draw conclusions about when or how an infant come to derive information from an expression that motivates appropriate behavior. The categorization and representation of some types of expressions may require extensive social learning. Izard (1994) concludes that infants of only a few months of age can display a lot about the recognition and categorical representation of facial expressions, but they cannot recognize emotions or label them. Regarding the late development of self-conscious emotions, it may be proposed that recognition of these complex emotions need more time to be achieved. In addition, the confusion of labeling shame and guilt may persist until adulthood.

1.2.1 Facial and Other Nonverbal Expressions

Facial expression of an emotion serves to communicate it with other people. In fact, certain facial expressions are considered to have a universal meaning. This means, regardless of the culture, all people in the world can recognize the expression of anger, happiness, sadness, disgust, fear, and surprise (Ekman, 1982). Since studies which aim to discover universal expressions of specific emotions continue, information on this topic has been accumulated. For instance, recently, contempt has been found as the seventh universal expression which is recognized in Western and non-Western cultures (Ekman & Heider, 1988). In addition, self-conscious emotions such as embarrassment (Keltner, 1995) and pride (Tracy and Robins, 2007a) have nonverbal expressions that can be recognized universally.

However, facial expressions do not always show the emotion that is felt. For instance, a social smile may not be related to happiness. Besides, emotions that are closely associated with both a person's own and those of others evaluations such as self-conscious emotions are more prompt to be masked. To uncover the masked emotions, Ekman and Friesen (1978) develop the Facial Action Coding System

(FACS) that allows researchers to identify face muscles as well as their combinations. Greenberg (2000) points out that in psychology, the first major breakthrough in the study of emotion occurred when Ekman and Friesen developed a reliable way of measuring facial expressions of basic emotions. Such a coding method would be very useful in identifying nonverbal expressions of self-conscious emotions. In fact, there have been some attempts to establish valid coding systems (e.g. Izard, 1977; Kudoh and Matsumoto, 1985; Tracy and Robins, 2004b; Zahn-Waxler and Robinson, 1995) but all these attempts were limited because their aim is to discriminate one emotion from others and so they focus their attention on identifying the nonverbal expression of that emotion.

Although an accurate coding system for broad category of self-conscious emotions is achieved, the system may not function well because the nature of self-consciousness requires inhibition of negative emotions. It is well-known that the regulation of negative emotion is learned prior to that of positive emotion, because its expression suggests that the individual is vulnerable. Therefore, negative emotions' expressions are inhibited by social display rules that are taught early in the course of mother-infant social interaction and infants appear to manage expressive behavior more thoroughly by adulthood (Lewis et al., 1989).

Display rules define a codified system of acceptable interpersonal interactions between individuals (Lewis and Saarni, 1985; Saarni, 1993). In other words, display rules are cultural agreements or unique personal coping responses to the demands of adapting expressive behaviors in various situations. Display rules determine behaviors namely facial expressions, bodily gestures, and verbal expressions that assemble the expressive communication of a felt emotion. They are tacit rules that impose the kind of emotions, the form of those emotions and the conditions that these emotions will be felt or expressed. Therefore, display rules with their cultural bonds, are likely to influence facial expressions of self-conscious emotions because face is the central focus of attention during social interaction and it is the most visible aspect of nonverbal behaviors (Philippot and Feldman, 1990).

1.2.2 Vocal Expressions

In his pioneering work, Darwin (1872/1965) places equal emphasis on the vocal and facial expression of emotion. Darwin underlines that the primary significance of voice is its being a channel of affective signals (Banse and Scherer, 1996). In contemporary emotion studies, in addition to facial expression, tone of voice, eye contact, gestures, posture and bodily positions are also significant. Furthermore, nonlinguistic vocalizations such as laughs, cries, sighs, yawns, and vocal outbursts are considered to be good examples of expressions of some discrete emotions (Banse and Scherer, 1996).

Loudness of voice, pitch of voice, and time are regarded as vocal cues. According to Scherer (1986), evidence of differential cues can only be found in emotional states that are characterized by high arousal and low arousal. On the other hand, absence of distinctiveness among vocal cues should not be taken as evidence since discrete emotions are not differentiated by vocal cues. Accuracy in the recognition of emotion from verbal cues is seen to be far better than chance (Scherer, 1986). As a result, studies on vocal cues are not achieved by chance rather it depends on certain variables such as gender, training-experience, and emotional awareness.

Nevertheless, compared to face, the voice has received much less interest as a focus of research on emotional expression. Because of some methodological limitations such as the difficulty of storing temporary sound for analysis before the initiation of tape recorders, the difficulty of the parameters, the problem of graphic representation; and the distinction between the linguistic and paralinguistic domains (Scherer, 2003). However, whatever the reasons, there has been neither a beginning nor a continuity in the area of the vocal communication of self-conscious emotions.

Basic emotions are identified quickly through the observation of action tendencies or through nonverbal and vocal expressions. Whereas, self-conscious emotions may be more clearly identified when there is more access to the contextual cues in addition to nonverbal and vocal expressions (Ferguson, Stegge, Eyre, Vollmer, and Ashbaker, 2000). In fact, although nonverbal expressions are the most important factors on the communication of emotions, individual's sensitivity to nonverbal communication is also important (Buck and VanLear, 2002).

1.3 Individual Differences in Interpreting Self-Conscious Emotions

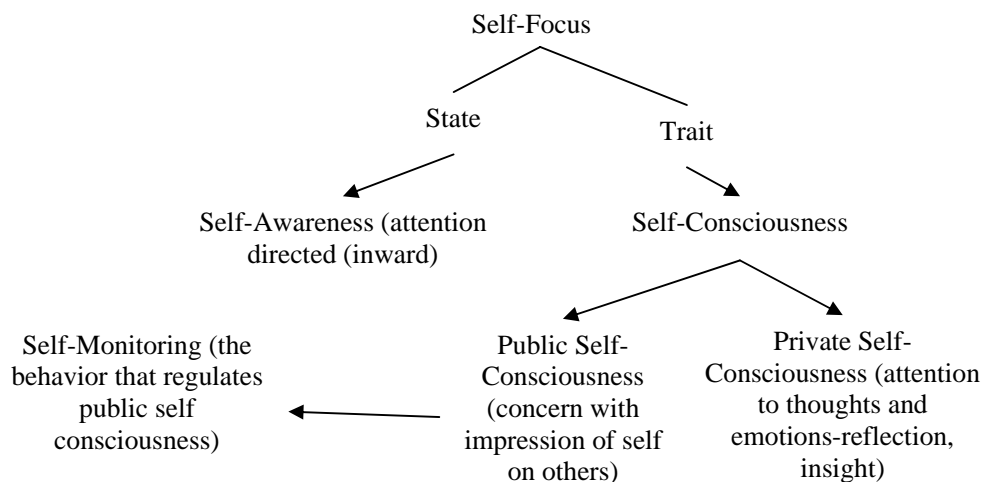
Exploration of individual differences in both recognition and expression of emotions has important implications for understanding how humans regulate their social behaviors (Adolphs, 2002). There is both theoretical support and some research evidence for individual differences in the ability to accurately recognize and express emotions. Emotional awareness shows heuristic value on identifying individual differences. Individuals who are able to identify their own emotional processes are also able to identify those of others.

Appraisal theories suggest that different appraisals of the situation lead to the subjective experience of emotion in individuals (Lazarus, 1991; Lazarus, Kanner, and Folkman, 1980). In other words, individual differences in appraisal of situations may evoke different emotions in different individuals. Moreover, it is claimed that self-conscious emotions require both self-awareness and self-representations which are unique. In fact, people tend to experience self-conscious emotions only when they become aware of whether their ideal self-representation is satisfied or not. A gain which depends on abilities makes a person feel proud; on the other hand, a gain that comes by chance makes a person feel joy. The reason of this difference between emotions is the self-evaluation process. Moreover, this process is subjective for each person.

Furthermore, it is claimed that emotions blocked from awareness are avoided and unwanted painful emotions. For example, Kennedy-Moore & Watson (1999) state that becoming more aware of increasing shame could be maladaptive depending on the context. However, emotional awareness also involves overcoming avoidance and the promotion of emotional processing (Foa & Kozak, 1986; Greenberg & Safran, 1987). Greenberg (2002) emphasizes the importance of emotional awareness by mentioning it to be the first and most generally accepted principle of change in the affective domain. According to him, emotional awareness is not thinking about feeling but rather it engages feeling the emotion. Individual differences in emotional

awareness have been found to predict recovery of positive mood (Salovey, Mayer, Golman, Turvey, & Palfai, 1995).

Several appraisal theories indicate that appraisals are related to "self-relevance" or "self-compatibility", therefore it is expected that they are closely related to self-conscious emotions among all groups of emotions. Other theorists classify appraisals in terms of whether the cause of the eliciting event is located within self or not (Ellsworth & Smith, 1988; Roseman, 1991). The appraisals about causal locus are considered to distinguish between self-conscious and non-self-conscious emotions, but they do not distinguish among self-conscious emotions (Ellsworth & Smith, 1988). Thus, although existing appraisal theories suggest some potentially relevant appraisal dimensions, they do not have a clear picture of the precise set of appraisals and individual differences that generate and interpret these emotions.



Source: Tangney and Dearing, 2002

Figure 2.3 Self awareness, self-consciousness and self-monitoring

1.4. Cultural Differences in Interpreting Self-conscious Emotions

Many researchers have argued that although emotions are biologically wired, the way they are expressed is shaped by cultural standards. As the nature of the self may vary across cultures, cross-cultural differences in experience and expression of "self-conscious" emotions are expected.

The most well known remark on understanding cross-cultural differences in the frame of “self-conscious” emotions is by Benedict (1946) and Mead (1937). They agree on the view that the Western culture is “guilt culture” and the Eastern culture is “shame culture”. This difference between cultures are because of the cultural ecology of secular and religious beliefs, social relationship patterns, and historical legacies.

Wallbott and Scherer (1995) point out that cultures may be classified as “open” and “closed” cultures. The former are more lenient in terms of social rules while emphasizing individualism and their social hierarchy is less strict. On the other hand, “closed” cultures value collectivism, and hierarchical power. Therefore, while in “open” cultures, the prominent emotion is guilt, in “closed” cultures it is shame. The way individuals experience shame is different in “open/individualistic” cultures and “closed/collectivistic” cultures. In “closed” cultures, shame has unique and identifying characteristics like shorter duration, more laughing and smiling behavior, and association with inappropriateness. In the “open” cultures on the other hand, shame experience shows similar characteristics as guilt experience in the sense that it is associated with immorality.

Regardless of which emotion is dominant, every society has display rules that govern how and when emotions can be expressed (Ekman & Friesen, 1975). Individuals learn to express or suppress their emotions without being aware of the rules they conform (Wade & Tavis, 1993). Nevertheless, some cross-cultural emotion studies have found that almost the same emotions are induced by the same situations for people all over the world. For example, sadness is evoked by the perception of loss, fear is evoked by the perception of threat, and anger is evoked by perception of insult and injustice (Scherer, 1988).

However, recent cross-cultural research on self-conscious emotions illustrate that unlike basic emotions, these emotions vary in function as well as expression in different cultures. For example, in Japan, it is questionable whether the feelings of shame, guilt, and pride generate the same consequences as they do in the United States. In fact, Okano (1994) points out that shame has positive functions in Japanese culture, in the sense that its expression which inhibits envy and competitiveness.

These two emotions may destroy social harmony. Therefore, shame may not carry the same negative psychological and social consequences such as withdrawal, denial, externalization of blame in Japan as it does in the United States.

Guilt found to be related with more constructive behaviors, such as confession, apology, and/or undoing the harm done to others in the U.S. (O’Conner, Berry, & Weiss, 1999; Tangney, 1995; Tangney, Barlow, Wagner, Marchell, Borenstein, Sanftner, Mohr, & Gramzow, 1996). Although Japanese people feel badly about things they have done, they are more concerned about their betrayal toward others because group membership is highly valued in Japanese community.

Rodriguez, Manstead, and Fischer (2000) studied the difference in experiencing pride and shame in Spain and Netherlands. They arrived at similar conclusions that in Spain, interdependent values are more prominent whereas in the case of Netherlands, individualistic values are more important in terms of both shame and pride.

Self-criticism is encouraged as a means to improve the self and as an expression of modesty in the Japanese culture (Kitayama, Markus, & Matsumoto, 1995). Experiencing shame might be desirable for Japanese people who tend to maintain chronic self-critical views. On the other hand, experiencing or expressing pride is considered as undesirable in Japan, and may not have as strong functional values as it does in the United States. Eid and Diener (2001) add several findings on the cultural differences in desirability to experience and expression of self-conscious emotions, with an emphasize on guilt which is found to be more desirable in China and Taiwan while to be undesirable in Australia and the United States. Therefore, in the literature findings on the topic are consistent.

Consequently, recent studies have shown the importance of cultural differences in terms of interpretation of self-conscious emotions (Elfenbein and Ambady, 2002). Therefore, further studies would shed more light on this issue.

1.5. Self-conscious Emotions and Psychopathology

Although self-conscious emotions are considered to regulate moral values, as an old saying goes “Enough is as good as a feast”, a person should not have more of

something than he/she needs. Shame and guilt are detected as problematic concepts at the individual level even though they are assumed to have adaptive functions at the community level. Pride is supposed to be a positive self-conscious emotion (Lewis, 1993). However, some theorists mention that the type (alpha pride) or the intensity (hubris) of this emotion may be related to psychopathology (Lewis, 1992; Tangney and Dearing, 2002). As a result, self-conscious emotions have been examined as having features contributing to various types of psychopathology which range from emotional disorders to personality disorders (Bradshaw, 1988; Fossum & Mason, 1986; Kohut, 1971; Rodin, Silberstein, & Striegel-Moore, 1985, Tangney, Wagner, & Gramzow, 1992).

Previously, a lot of concentration has been focused on the role of guilt in psychopathology (Pineles, Street & Koenen, 2006). Guilt is assumed to stem from unacceptable impulses and allows a range of self-punitive processes that result in symptoms of psychopathology. Tangney et al. (1992) mention that Freud more focuses on the guilt, particularly on its connection with obsessional neuroses, masochism, and depression. Freud (1915) refers shame as a reaction formation against sexually exhibitionistic impulses. However, the role of shame in psychopathology has been better comprehended with the emergence of self psychology. H. B. Lewis (1971) mentions that shame sets up conditions in which the boundaries of self become permeable.

Some theorists have suggested that Freud's failure to distinguish between the ego and the self lead to misinterpretations of his patients' guilt and shame experiences (Lewis, 1987; Nathanson, 1987). Lewis (1971) underlines the differential roles of shame and guilt in psychopathology. Moreover, H. B. Lewis (1971, 1987) assumes that the proneness to shame and guilt lead to development of specific psychopathological symptoms. This view may point out that while shame feeds the tendency to develop an emotional disturbance; guilt leads to tendency to develop thought related disorders.

Shame has been assumed to be a vulnerability factor for the case of depression (Tangney, Wagner, & Gramzow, 1992). Several researchers have found that even in non-clinical samples, depression is associated with both state shame

(Ferguson, Stegge, Miller, & Olsen, 1999) and trait shame (Andrews, Qian, & Valentine, 2002). However, regardless of the empirical findings that point out shame as a characteristic of depression, it is remarkable to see that the *Diagnostic and Statistical Manual IV-TR* (DSM-IV-TR; American Psychiatric Association, 2000) classifies guilt, rather than shame, as a symptom of a Major Depressive Episode. In fact, guilt has been found to be associated with depressive disorder by some researchers empirically (Baumeister, Stillwell, and Heatherton, 1994; Ferguson et al., 1999). Still Tangney (1991) suggests that a reasonable amount of guilt is functional rather than being maladaptive. On the other hand, some other researchers insist that guilt has dysfunctional aspects in addition to its relationship with depression (Gilbert, 2000).

In fact, shame and guilt may have functional and dysfunctional aspects, and both have common and specific characteristics which are related to psychopathology. Although many researchers have tried to differentiate these two emotions in order to obtain their unique characteristics related to psychopathology; it is useful to differentiate the types of shame or guilt in itself in order to determine functional and dysfunctional characteristics. A lot of definition has been made for both shame and guilt, and classifications have been made by physiological, behavioral, and cognitive components in terms of their intensity, functionality, or motivation.

To define shame, Fowler (1995) has placed shame experiences on a continuum. At one end, there is healthy shame which serves as protective factor for the harmony of society and for the personal worthiness. In the middle, there is perfectionist shame that is internalized based on social discrimination. At the other end, there is toxic shame which is the result of persistent abuse or objectification. The extreme point is the shamelessness which is related to narcissism and sociopathy. Interestingly, for Broucek (1991), individual manifestations of shamelessness are a defense against shame.

Harder (1995) attempts to define guilt by making the distinction between chronic psychopathological guilt and mild transitory guilt which is common in many people's lives. Similarly, according to Tangney et al. (1992), there exist two types of guilt: Ruminative (anxious) guilt and Non-ruminative (empathic) guilt (Tangney et

al., 1992). The first one refers to pathological guilt and the latter to empathic guilt and it is experienced by everyone.

Several studies (Tangney et al., 1992, 1996; Keltner & Buswell, 1996) have found empirical support for the distinctions between shame and guilt in terms of their unique characteristics in relation to psychopathology. Drawing on Lewis's notion that certain individuals are prone to shame, while others are more prone to guilt, Tangney and her colleagues (1992) find significant correlations between shame-proneness and general psychosocial maladjustment. In addition, some specific dimensions of psychopathology such as somatization, obsessive-compulsive traits, paranoid and idiosyncratic ideational styles, proneness to hostility and anger, interpersonal sensitivity, both trait and state anxiety, and depression are also found to be related to shame-proneness. However, guilt-proneness is generally demonstrated as moral rather than pathological. Therefore, it is found to be inversely related to hostility and anger, phobic anxiety, and depression.

Some explanations have been made to attempt to solve the conflicting results in mental health issues about the dysfunctional aspects of guilt. For example, as Tangney (1996) argues, guilt is related to psychopathology only when it is fused with shame or when it reflects general negative affect. In the same way, Eysenck and Wilson (2000) define guilt as a component of neuroticism which is considered to be a general negative affect. In fact, shame is also a negative affect, but the focus of the negative affect differs in two emotions, leading to distinct phenomenological experiences. Another explanation may be the fact that guilt is always measured in a mild, empathic form. Hence, it is not related with psychopathology by Tangney as she consistently emphasizes "shame-free guilt" as a favourable human emotional experience.

Initial methods of "measuring" guilt may be another explanation for controversial findings of existence of pathological aspect of guilt. There is little direct empirical verification that supports theoretical discussion on the issue. The lack of empirical research may stem from the difficulties in the discrimination in measurement of shame and guilt. Especially, the first guilt scales (e.g., Buss &

Durkee, 1957; Mosher, 1966) were always criticized about the low discrimination reliability between shame and guilt (Tangney, 1996).

Consequently, although shame may be assumed to have stronger associations with psychopathology than guilt does, researchers should not stop searching the potential important role of guilt. There has been very limited study on the specific relationship between “shame-free-guilt” and psychopathology. For example, in their study Kubany and colleagues find that combat-related guilt appears to be positively related to post-traumatic stress disorder severity, which may contribute to the maintenance of other trauma-related psychopathology (Kubany, Haynes, Abueg, Manke, Brennan, and Stahura, 1996).

While, in the majority of studies, guilt-proneness which is independent of shame-proneness has been demonstrated to have no relationship or to have a negative relationship with psychopathological symptoms, shame-proneness (which is independent of guilt-proneness) has been linked to symptoms of anxiety, depression, proneness to narcissistic and borderline personality disorders, and posttraumatic stress (e.g., Tangney et al., 1992). As it is a psychological stressor, shame may have implications on physical health. In addition, research on the consequences of sexual abuse provides further support for the contributing effect of shame (Feiring, Taska, and Lewis, 1996; 1998; Feiring, Taska, and Chan, 2002). Similarly, in social anxiety, fear of negative evaluation is considered to be the result of feelings of shame (Gilbert, 2000). According to Sanftner and Crowther (1998), while shame-proneness is associated with eating disorder symptomatology, guilt-proneness is not. However, considering the difficulty women with eating disorders has in confused emotional states (Johnson and Connors, 1987) measurement of two such closely related emotions may be particularly challenging.

As another self-conscious emotion, pride has a lot of definitions that have been made in terms of its intensity, functionality, or motivation. For instance, Lewis (1991) describes excessive amount of pride as hubris which is a consequence of the evaluation of success in regards to one's standards and rules (see Figure 2.4). Hubris is highly positive and emotionally rewarding because individual feels good about himself. However, it is difficult to sustain, since no specific action precipitates it.

Lewis refers to hubris as “addictive” (Lewis and Haviland-Jones, 2000). Because of the “addictive” nature of this positive self-attribution, those prone to hubris derive little satisfaction from the feeling. Consequently, they must seek out or invent situations likely to produce this emotional state. Hubristic people have difficulty with interpersonal relationships since their self-absorption is likely to interfere with the wishes, desires, and needs of others. Given the contemptuousness associated with hubris, other people are likely to feel ashamed by the actions of a hubristic individual (Rathvon and Holmstrom, 1996; Wink, 1991).

- A. STANDARDS AND RULES
- B. EVALUATION
- C. ATTRIBUTION OF SELF

SUCCESS	FAILURE	
HUBRIS	SHAME	GLOBAL
PRIDE	GUILT/ REGRET	SPECIFIC

Source: Tracy, Robins, and Tangney, 2007

Figure 2.4 Structural model for the elicitation of self-conscious evaluative emotions

Many theorists (Broucek, 1991; Morrison, 1989; Lewis, 1992) argue that the relationship between shame and pride is related to psychopathology. For example, inability to cope with shame and humiliation underlies pathological narcissism in which the dominant emotion is pride (Campbell, Foster, and Brunell, 2004). Lewis’s (1971) notion of shame-proneness, as elaborated by Tangney (1992) is helpful in thinking about narcissism and shame. Because of this focus, failure is likely to produce shame, and success is likely to result in hubris. The tendency to make global evaluations affects both these standards and the evaluative process of failure in regards to these standards. A person can avoid shame by never experiencing failure; she can avoid failure by setting her standards low so as never to risk the possibility of failure to meet them. Low standards, because they’re easily met, create a feeling of

hubris. Persons who are prone to making global attributions also set unrealistically high standards, which are difficult if not impossible to meet, and thus create more shame for them.

It is interesting to note that Lewis's (1971) statements are nearly in direct opposition to those of Erikson (1950) who has a stage theory of personality. Erikson studies the stages of development of personality throughout life. Each of Erikson's stages of psychosocial development is marked by a conflict. This theory suggests that each individual has to cope with both extremes of each life-stage. In a brief discussion of shame, guilt and psychopathology, Erikson suggests that shame-related problems emerging from Stage II (autonomy vs. shame and doubt) are likely to be associated with paranoid ideation, compulsive behaviors, a defiant shamelessness, rage toward the self, or a combination of these characteristics. In contrast, he suggests that guilt-related problems emerging from Stage III (initiative vs. guilt) are likely to be associated with anxiety, denial, psychosomatic symptoms, jealousy, grandiosity, and self-righteous anger toward others. Unfortunately, Erikson does not fully develop his ideas on the relationship between self-conscious emotions and psychopathology.

Since most of the related studies' findings are correlational in nature, causal relationships between self-conscious emotions and psychopathological symptoms cannot be uncovered. Nonetheless, it is becoming clear that psychopathological symptoms cannot be understood without taking into account the self-conscious emotions involved (Zahn-Waxler, 2000). Consequently, most important influence of self-conscious emotions may be seen on the areas of assessment and classification of certain psychological disorders and psychotherapeutic alliance in clinical settings. By using this knowledge, clinicians can diagnose more accurately the antecedents of disorders. Furthermore, the findings of every new study on this issue would encourage preventive studies by illuminating the relationship between self-conscious emotions and psychopathology.

CHAPTER III

ADAPTATION OF SELF-CONSCIOUS EMOTIONS' SCALES: TEST OF SELF-CONSCIOUS AFFECT-3 (TOSCA-3) AND STATE SHAME AND GUILT SCALE (SSGS)

1. Introduction

It is considered that individual differences in proneness to self-conscious emotions may have important implications for the development of both interpersonal and intrapersonal processes. However, not much empirical research has gone into these issues. This is mainly because of insufficient reliable and valid instruments for assessing and differentiating proneness to shame and guilt.

This study was carried out to investigate the reliability and the validity of the most crucial instruments in the self-conscious emotion field, namely Test of Self-conscious Affect-Version 3 (TOSCA-3; Tangney, Dearing, Wagner, & Gramzow, 2000) and State Shame and Guilt Scale (SSGS; Marschall, Sanftner, & Tangney, 1994). These measures have been found to have high validity and reliability across cultures. In addition, the distinct validity of shame and guilt is very noticeable in both scales.

TOSCA is mainly regarded as a measurement device on proneness to shame and guilt, whereas SSGS is considered as measurement of situational shame and guilt status. Both instruments have a subscale of pride which is another known self-conscious emotion. Due to their negative nature, shame and guilt are considered to be more related to psychopathology. It is recently realized that pride is another critical self-conscious emotion related to psychopathology (Tracy and Robins, 2007b). In addition, studies proneness to all defined self-conscious emotions and their relations with other concepts becomes much popular, especially in personality, social and clinical psychology issues.

Shame Versus Guilt Inducing Situations

Assesses reactions to shame- inducing versus guilt-inducing situations. Ratings for shame-inducing versus guilt-inducing situations are aggregated to create indices of shame proneness and guilt proneness, respectively.

- Limitations: Assumes that shame and guilt are distinguished by differences in the content of eliciting situations. Much research challenges this notion; thus researchers would be well advised to carefully examine the assumptions underlying such measures before selecting this type of assessment.

Global Adjective Checklists

Checklists of shame and guilt related adjectives. Respondents rate how well each adjective describes the self or how frequently they experience such feelings.

- Advantages: High face validity; easy to administer.
- Limitations: May require very advanced verbal skills; respondents must be able distinguish between the terms “shame” and “guilt” in the abstract; poses respondents with a shame like task in the absence of any specific situational context, so it is difficult asses guilt about specific behaviors separate from the global self.

Scenario-based Measures

Respondents are presented with a series of specific common situations, followed by brief phenomenological descriptions of shame and guilt in the specific context.

- Advantages: Structure of the measure is more conceptually consistent with current notions of guilt; does not rely on the terms “shame” and “guilt” that may confuse lay persons; less likely to arouse defensiveness.
- Limitations: Relatively low internal consistency; constraints on the range of shame- and guilt-inducing situations; potential confound with moral standards.

Source: Tangney and Dearing, 2002

Figure 3.1 Pros and Cons of Various Approaches to Measuring Shame and Guilt

Both the form and the content of any measure are important in the assessment of emotions (see Figure 3.1). Therefore, instruments can be categorized in terms of how they measure emotions as well as what they measure. In addition, measuring self-conscious emotions may be possible through either self-report scales or coding of nonverbal behavior. However, the latter approach is not very established and some researchers still try to find certain nonverbal expressions functioning to identify self-conscious emotions accurately. This approach is based on observations of individuals’ nonverbal behaviors which are coded during the emotional experience. Photographs of posed face expressions are showed to individuals and they describe which emotion is portayed by each expression. In fact, self-conscious emotion expressions seem to include more than the face; thus these emotions cannot be accurately identified without the perception of head movements, postural positions, or hand-arm positions (Haidt and Keltner, 1999). Having a nonverbal coding system

encourages the power of studying particular emotions without having limitations of self-report measures.

Self-report measures may not be so accurate because they require to be filled with awareness of emotions and emotions are often experienced at an implicit level. Participants should be able to distinguish different emotional experiences from similar ones as well as choose to disclose their emotions. On the other hand, suggestion of nonverbal coding has also some drawbacks to be solved. One of the aspects of this approach is being able to assess only state emotions. Besides emotion expressions occur very quickly and serially, they usually are difficult to detect and required to be recorded very carefully.

Due to the drawbacks of nonverbal coding system, self-report measures are more accepted in the literature. Self-report measures of emotions can be categorized into two groups in terms of what they measure: (1) those which assess emotional trait, and (2) those which assess emotional state. Trait measures of shame and guilt are focused on assessing individual differences in predisposition to experience these emotions across a variety of situations. The fundamental idea behind the measurement of affective traits is to find out individual differences in the degree to which people are prone to experience certain affects across a variety of situations provoking self-evaluation (Tangney, 1996). However, measures of state emotions serve to examine emotions felt at the moment and they usually have a role as manipulation check for induced emotion.

Although some scales are able to assess either trait or state emotions with different instructions emphasizing the time, like “in general” or “at this moment”, in terms of their format all scales can be classified into four categories (Tangney & Dearing, 2002). The first category is situation-based designed scales which are composed of a set of situations eliciting specific emotions. Participants are asked to rate their particular emotions in each situation. In adjective-based designed scales, participants rate which they experience in terms of different feelings such as shame, guilt and pride. In the third category, participants rate the degree to which they experience as different feelings, cognitions, and/or related behaviors specified in sentences, so these measures are called statement-based designed scales. Lastly, in

scenario-based scales category, participants read hypothetical scenarios and rate the likelihood that they would perform for each response.

1.1 Situation-based measures of self-conscious emotions

Situation-based measures assess self-conscious emotions with the help of a set of emotion evoking situations. These measures require the respondent to evaluate the degree to which they would feel self-conscious emotions in the given situations.

The first example of a situational-based measure in the field may be the Dimensions of Conscience Questionnaire (DCQ; Gore & Harvey, 1995; Johnson, Danko, Huang, Park, Johnson & Nagoshi, 1987). This measure assesses individuals' recalled negative affect in particular social situations with a seven-point scale. Items are made of collected stories from students, and used items from related measures. The first version of the questionnaire (Johnson et al., 1987) has two dimensions: shame and guilt. On the other hand, the second one (Gore & Harvey, 1995) has two shame subscales and three guilt subscales respectively: Social impropriety and exposed inadequacy; impersonal transgression, harm to another person, and trust/oath violation.

The second example of situational-based measures may be Situational Guilt Scale (Klass, 1987) which is mainly used in clinical literature. In this scale, participants rate their anticipation of how guilty they would feel in response to guilt-inducing situations. It has 22 items for total guilt dimension consisting subscales such as interpersonal harm guilt, norm violation guilt, and self-control failure guilt. The participants evaluate their own emotions for each situation on five-point scale in four terms including regretful, disappointed in myself, guilty, and ashamed.

All self-reported measures have some advantages like being brief, structured, and highly reliable. However, they are also vulnerable to the distortion of self-serving or social desirability biases (Paulhus, 1991). Situation-based measures reduce the disadvantages of the questionnaire method and at the same time, they share the advantages of self-report measures. Nonetheless, forced-choices of situations and predefined solutions limit this method. This kind of restriction may also increase the tendency to answer in a socially-desirable way in the given situation and data may become confounded.

1.2 Adjective based measures of self-conscious emotions

Another approach to assessing self-conscious emotions involves the use of global adjective checklists which require the respondent to endorse whether or not a word or phrase describes them.

As first, adjective-based measure in the field the Personal Feelings Questionnaire (PFQ; Harder & Lewis, 1986) may be considered. It is developed to assess affective tendencies in clinical settings, and is found to differentiate between clinical shame and guilt. The questionnaire is an adjective/statement measure with a five-point scale on two main dimension namely, shame (10 items: embarrassed; feeling ridiculous; self-consciousness; feeling humiliated; feeling stupid; feeling childish; feeling helpless/paralyzed; feelings of blushing; feeling laughable; feeling disgusting to others); and, guilt (6 items: mild guilt; worry about hurting/injuring someone; intense guilt; regret; feeling you deserve criticism for what you did; remorse). For the second generation of the scale, a set of items were put in to the earlier version of PFQ and several original items were improved (Harder & Zalma, 1990).

Still, the first version of the questionnaire is found to be more promising than subsequent versions. Although the first PFQ Shame and Guilt scales are based on a very small number of items, the scales appear fairly reliable and there is some evidence for their divergent validity. Nevertheless, the efficiency of the shame scale with highly defensive individuals has been found to be questionable (Harder and Lewis, 1986). Furthermore, the assumption of inaccurate usage of the terms guilt and shame is still uncertain, because findings indicate that even well-educated individuals have difficulty defining and distinguishing between shame and guilt conceptually (Lindsay-Hartz, 1984; Tangney, 1990).

The second generation of Personal Feeling Questionnaire (PFQ-2; Harder & Zalma, 1990) is a 22 item scale, measuring feelings of shame and guilt. Participants are asked to rate in a four-point scale the extent to which they experience feelings of shame and guilt. According to Harder (1995), this scale has a very good internal reliability and factor structure.

As another adjective-based measure, Brief Shame Rating Scale (BSRS; Hibbard, 1994) is worthy of mentioning. The scale consists of items rated with a five-point scale and two main subscales: 1) Disgraced/humiliated (disgraced, mortified, helpless/paralyzed, abashed, humiliated, ashamed, and depressed), 2) Bashful/shy (bashful, shy, embarrassed, blushing/near blushing). To facilitate studying offensive and aggressive aspects of shame, a set of items are taken from Hoblitzelle's (1987) Adapted Shame/Guilt Scale (ASGS) and from Harder and Lewis' (1987) Personal Feelings Questionnaire (PFQ).

In addition, there are some scales which focus on assessing both shame and guilt and both as trait and state measure. For instance, Differential Emotions Scale (DES; Izard, Dougherty, Bloxom, and Kotsch, 1974; Mosher & White, 1981) can be used as either a trait or a state measure. This scale has been revised a number of times. A well-known revision (Mosher and White, 1981) is an adjective measure with a five-point rating scale. It has two scales as shame and shyness (3 items: ashamed, humiliated, disgraced) and additional adjectives as a new scale for embarrassment (3 items: embarrassed, self-conscious, blushing). Since inclusion both emotions into a common cluster was the underlying problem of DES, modified versions of DES were developed. Even though these versions are able to classify emotions into different clusters and are more useful for researchers, they are not preferred as much.

The most frequently used version of DES, is the Izard's most recent version which includes separate scales to assess shame and shyness, but not embarrassment (Izard, Libero, Putnam, & Haynes, 1993). DES-IV has a set of items which are generated from cross-cultural labels for emotion expressions, and later expanded into short statements for ease of use with varied groups. The guilt scale measures self-blame, regret, and wrong-doing. The shame scale seems conceptually closer to current conceptions of embarrassment than shame, whereas the hostility-inward scale seems closer to clinical conceptions of shame.

Another well-known adjective-based measure is Adapted Shame Guilt Scale (Hoblitzelle, 1987) which has 30 items, with a seven-point scale. This scale was designed as a trait measure of shame and guilt, but it could be used as a state measure as well. The adjectives on shame dimension are bashful, mortified, shy, humiliated,

abashed, embarrassed, depressed, chided, reproached, and ashamed. Adjectives on guilt dimension are condemned, unethical, immoral, delinquent, unconscionable, inappropriate, wicked, criminal, liable, indecent, unscrupulous, and imprudent.

Positive Affect-Negative Affect Scale's Guilt and Self-assurance subscales (Watson & Clark, 1994) can be also used as both a state and trait measure. This adjective-based measure is used very frequently. It was developed through factor analyses of a set of 60 mood adjectives from Zevon and Tellegen (1982) and 16 additional positive mood terms. On this form, each dimension has 6 items: Guilt dimension (guilty, ashamed, blameworthy, angry at self, disgusted with self, dissatisfied with self), and Self-assurance dimension (proud, strong, confident, bold, daring, fearless).

Drawbacks of the adjective checklist format include: (1) asking respondents differentiate between shame and guilt feelings in an abstract context, while, in fact, they frequently co-occur; (2) requirement of advanced verbal skills; (3) assessment of general negative self-directed affect rather than specific emotions; (4) their face validity which is considered as provoking a defensive, self-preservative response set involving denial, repression, and avoidance (see Figure 3.1; Tangney and Dearing, 2002).

1.3 Statement-based measures

There are more statement-based measures than in other format measures. For example, Internalized Shame Scale (ISS; Cook, 1994) is widely used, especially in the clinical literature. It is composed of a set of statements describing the phenomenology of the shame experience. One subscale assesses internalized shame but another which consists of items from the Rosenberg Self-Esteem Scale assesses negative global evaluations of the self internalized shame.

Another widely used scale is the Other As Shamer Scale (OAS; Goss, Gilbert, & Allan, 1994). In fact, it is a modified group of the items from the Internalized Shame Scale (Cook, 1994). Eighteen descriptions of feeling or experience statement were modified to reflect a person's perception of what others feel about him/her rather than what he/she feels about oneself. The scale consists of items which are about inferiority, emptiness and perceptions of others' reactions when they see one's

mistakes rated on a five-point scale. This scale is different from other popular measures such as TOSCA and PFQ, because it was designed to measure external shame, that is how one thinks one appears to others rather than internal self-judgements (Gilbert, 1998). Unlike OAS, TOSCA and PFQ assess internal or self-evaluative shame (Gilbert, 2000).

The Experiential Shame Scale (ESS; Andrews, Qian, & Valentine, 2002) is another statement-based scale focusing on only shame. This is a brief scale which aims to summarize a state shame reaction with its physical, emotional and cognitive factors. This scale is developed with the help of clinical interviews with depressed populations. Since the ESS does not emphasize shame explicitly, some shortcoming of the self-report measures such as avoidance to report shame and the impact of self-representational distortions could be reduced. However, its discriminative validity to differentiate state of shame from other related negative emotional states such as state anxiety is open to discussion. Findings of a recent study (Rüsch, Corrigan, Bohus, Jacob, Brueck, and Lieb; 2007) show that the measure of state shame (ESS) has a large overlap with state anxiety.

Mosher Forced-Choice Guilt Inventory (Mosher, 1966) is a commonly used as a measure of guilt. It is composed of three subscales: Sex Guilt, Hostility Guilt, and Morality-Conscience Guilt. This inventory has two formats: a true-false format and a forced-choice format. While Mosher Forced-Choice Guilt Inventory is considered as a guilt measure, it is underlined that this inventory can be utilized for both shame and guilt experiences because it is considered that its items measures both shame and guilt experiences (Tangney, 1990).

Interpersonal Guilt Questionnaire (IGQ-45 and IGQ-67; O'Connor, Berry, Weiss, Bush, & Sampson, 1997) is another statement-based measure which is developed by clinicians. The goal is detection of irrational and harmful aspects of guilt. This questionnaire has two versions with same subscales namely Survivor guilt, Separation/Disloyalty guilt, Omnipotent responsibility guilt, and Self-hate guilt. However, the two versions differ in amount of items.

Guilt Inventory (GI; Jones & Kugler, 1993) is frequently used especially in clinical and personality research. The inventory, as a statement-based measure with a five-point scale, assesses maladaptive forms of guilt and regret both as recent

experiences and general tendencies to experience. It has three dimensions: trait guilt, state guilt, and moral standards.

As a similar measure, Guilt Scale (GS; Berrios, Bulbena, Bakshi, Denning, Jenaway, Markar, Martin-Santos, & Mitchell, 1992) is developed through the clinical observations to assess the guilt that sometimes accompanies clinical depression but it seems to measure aspects of both guilt and shame. The Guilt scale as a statement-based measure with a four-point scale has dimensions such as cognitive/attitudinal guilt (4 items: been ashamed of something done; feeling as if you committed a sin; feeling you must die to pay for your sins; feeling like praying to God for forgiveness) and, mood/feeling guilt (3 items: feeling wicked for no reason; feeling guilty for no reason; feeling people know that you're a bad person).

Another statement-based measure, the State Shame and Guilt Scale (SSGS; Marschall, Sanftner, & Tangney, 1994), is based on Lewis's (1971) theory and developed to assess phenomenological aspects of shame and guilt. It has 15-items and assesses the level of shame, guilt, and pride a person is experiencing at the moment. It has three subscales with 5 items each, rated on a five-point Likert scale. This scale is initially developed as a manipulation check for the shame induction in an experimental study of shame and empathy. As the results of the study, participants reported higher levels of shame following the shame induction, than nonshamed control participants did. In addition, participants who were shamed also reported greater levels of guilt than control participants did.

Validity for the subscales is supported by their correlations with measures of empathy in theoretically predicted directions. Other studies which assess state shame and guilt with SSGS have similar results in terms of psychometrical properties of the scale. While developing SSGS, Marschall and her colleagues tried to eliminate the interchangeable use of "shame" and "guilt" terms by respondents, by making them to rate brief phenomenological descriptions of shame and guilt experiences (Tangney & Dearing, 2002).

1.4 Scenario-based measures

Scenario-based measures seem to focus mostly on shame. For example, the scale named Shame and Embarrassment Scenarios (Sabini, Garvey, & Hall, 2001) is

composed of two sets of scenarios which are likely to elicit shame and embarrassment. For all scenarios, participants rate their expected levels of anger, fear, guilt, and regret as well as shame and embarrassment. Although the measure is designed to distinguish the eliciting conditions of shame and embarrassment, it can also be used as a trait measure of shame and embarrassment.

There is a new measure named the Compass of Shame Scale (COSS; Elison, Lennon, & Pulos, 2006). This scale is developed to assess use of the four shame-coping styles described by Nathanson (1992). For each scenario, participants indicate the frequency with which they tend to make each of four responses, representing each of the four subscales: Withdrawal, Attack Other, Attack Self, and Avoidance.

Still the most frequently used scenario-based measures have been developed by Tangney and her colleagues: The Self-Conscious Affect and Attribution Inventory (SCAAI; Tangney, Burggraf, Hamme, & Domingos, 1988). For assessing the psychometric characteristics of the SCAAI, with an emphasis on the construct validity of the Shame and Guilt subscales, together with the SCAAI, the Hostility Guilt and Morality-Conscience Guilt subscales of the Mosher Forced-Choice Guilt Inventory (Mosher, 1966), and the Revised Shame-Guilt Scale (RSGS; Hoblitzelle, 1987) were administered. Tangney (1990) mentioned SCAAI Shame and Guilt scales both correlate significantly with the two general guilt scales of the Mosher Forced-Choice Guilt Inventory because Mosher's items overlap on both shame and guilt phenomena.

The positive valence scenarios are followed by responses indicating shame, guilt, and externalization, as well as two types of pride: Feelings of pride in the entire self, "Alpha pride" and Feelings of pride stemming from evaluation of the specific behavior, "Beta pride".

Positive valence scenarios are included into measure because it seems important to assess the degree at which an individual is prone to respond with shame or guilt solely, in negative situations or in situations regardless of valence. The social and emotional implications of relatively stable tendencies to experience pride, and the distinction between alpha pride and beta pride, are of interest in their own right.

In fact, TOSCA is a second generation measure derived from SCAAI (Tangney, 1990). Proneness to shame in this measure is considered to be a tendency

to make global negative evaluations of the whole self; guilt-proneness is considered to be a tendency to make negative self-evaluations about specific time and situation limited behaviors. Apart from shame and guilt proneness subscales, externalization subscale measures attributing the wrongdoing outside causes; detachment-unconcern subscale measures the trait of remaining calm, seeming not to care or avoiding emotional involvement, the state of being isolated, the act of releasing from an attachment or connection. In addition, pride dimension is divided into two subscales as alpha pride and beta pride, while alpha pride subscale measures the pride focusing on “self”, beta pride subscale measures the emotion which stems from the focus on the “self’s behavior”.

Participants are asked to rate their likelihood of reacting in each manner indicated on a five-point Likert type scale. This allows the possibility that some participants may experience both shame and guilt in connection with a given situation (Tangney, Barlow, Wagner, Marschall, Borenstein, Sanftner, Mohr, & Gramzow, 1996). The scenarios and the response options are derived from written accounts of personal shame, guilt, and pride experiences provided by a sample of several hundred college students and non-college adults.

Although TOSCA is the revision of SCAAI, it has several advantages over the original scale. First, as the items are participant-generated rather than experimenter-generated, ecological validity is improved. Second, the items are appropriate for adults of all ages, not specifically for college students. Third, in terms of reliability and validity, preliminary analyses indicate that the TOSCA is psychometrically stronger than the SCAAI.

Although the majority of TOSCA-3 items are identical to the original TOSCA, Tangney and Dearing (2002) recommend the use of TOSCA-3 instead of other versions because of the successful elimination of the Maladaptive Guilt items. Therefore, discriminant validity of the scale was ensured with this latest version (Tangney, Dearing, Wagner & Gramzow, 2000).

Authors suggest dropping positive scenarios and therefore eliminate the Pride subscale for some conditions. They indicated that in a recent study, short versions of the TOSCA-3 shame and guilt scales highly correlated with their corresponding full-

length versions, thus supporting the utility of the abbreviated form (Tangney & Dearing, 2002).

When shame and guilt are measured distinctly, they each show different and divergent relationships to adjustment and maladjustment. In fact, moderate levels of shame and guilt very likely serve adaptive functions in the healthy individual. More extreme patterns of self-conscious affect, either high or low, may result in psychopathological features. As a matter of fact clinical evidence suggests that repressed shame and guilt are theoretically linked to sociopathic and antisocial patterns of behavior. On the other hand, exaggerated feelings of shame and guilt have been implicated in depression, low self-concept, social withdrawal, and obsessive reactions (Hoblitzelle, 1987, Lewis, 1971, 1987; Morrison, 1987; Prosen, Clark, Harrow, & Fawcett, 1983). Tangney and her colleagues who develop very promising measures on the self-conscious emotions mainly work on proneness to shame and guilt because of their relevance to psychopathology.

In sum, measurement issue in self-conscious emotions is still a controversial endeavor regarding the conceptualization and the operationalization of emotion constructs. The current literature has a few self-conscious emotions' measures to assess and differentiate between proneness to shame and proneness to guilt. For the most part, existing measures have not attempted to differentiate these two affective experiences or could not achieve it. However the discriminant validity of TOSCA-3 is approved with lots of studies (Tangney, Dearing, Wagner & Gramzow, 2000). SSGS is also accepted as a valid and reliable instrument in assessing state shame, guilt, and pride emotions (Tangney and Dearing, 2002). Therefore, this study aims to adapt TOSCA-3 and SSGS, in order to assess situational and dispositional shame and guilt.

2. Method

Translation of the TOSCA-3 and SSGS from English into Turkish was done according to the guidelines specified by the International Test Commission (Hambleton, 1994). A committee of psychologists participated to the process of translation and back-translation. Some of them translated the scales into Turkish and then others who had not seen the English version back-translated them. To conclude a couple of bilingual person proposed the final Turkish version based on the English content of the scales. The final version was filled out by a couple of university students and some unsuccessfully chosen words were edited in order to correct the intended meanings. This process should be done carefully because shame and guilt terms could easily be confused with each other. The Turkish versions of the scales can be seen in the Appendix A.

2.1 Participants

250 students from different departments at METU were administered the Turkish version of TOSCA-3 and SSGS for investigating the reliability and the validity of the scales. They were 180 female (72 %) and 69 male (% 28) subjects (1 missing gender information) in the study. The average age was 22.34 (SD = 3.40) which ranged from 18 to 43. The detailed information of the demographic variables can be seen in the Table-3.1. The students either got credit for their participation or they were volunteers.

Table-3.1: The Demographic Characteristics of the Participants

Variables	<u>Frequency</u>	Percent.	Variables	<u>Frequency</u>	Percent.
<i>Gender</i>			<i>Department</i>		
Female	180	72.00	Psychology	180	72.00
Male	69	27.60	Other	69	27.60
No information	1	0.40			
<i>Residence</i>			<i>Class</i>		
Big city	151	60.40	Preparatory	3	1.2
City	78	31.20	Freshman	65	26.0
Town	12	4.80	Sophomore	22	8.8
Village	5	2.00	Junior	82	32.8
No information	4	1.60	Senior	35	14.0
			Master	22	8.8
			Doctorate	17	6.8
<i>Mother's Education</i>			<i>Father's Education</i>		
Illiterate	7	2.80	Illiterate	0	0
Primary school	63	25.20	Primary school	29	11.60
Middle school	27	10.80	Middle school	23	9.20
High school	66	26.40	High school	59	23.60
University	79	31.60	University	118	47.20
Master/PhD.	8	3.20	Master/PhD.	19	7.60
	<u>Min.</u>	<u>Max.</u>	<u>Mean</u>	<u>Std. Deviation</u>	
<i>Age</i>	18.00	43.00	22.34	3.40	

2.2 Measures

Ten pages consisting of six questionnaires and a cover page of demographic information were applied to participants. The questions of demographic information section included gender, age, department, class, major settlement area, education level of mother and father.

After they responded to the demographic information questions, the participants filled out questionnaires including TOSCA-3, BDI, STAI-S, STAI-T, SSGS, and GSS-TR. The scales' order was counterbalanced randomly for the purpose of avoiding sequential bias.

2.2.1 Test of Self-conscious Affect–3 (TOSCA-3)

The TOSCA-3 is composed of 11 negative and 5 positive scenarios. The responses in each scenario generate subscales of Shame-proneness, Guilt-proneness, Externalization, Detachment/Unconcern, Alpha Pride, and Beta Pride. At each scenario, the participants rate each response with a likelihood of five-point Likert type scoring from low to high. Scale scores are the sum of responses to relevant items (e.g. the score for the shame-proneness scale equals the respondent's answer to shame-proneness items only). The order of responses was already randomly determined by Tangney and her colleagues (Tangney and Dearing, 2002).

Some of the scenarios are about some situations that may be perceived as transgressions such as making a friend wait for you; destroying something and then hiding it; postponing your project and consequently failing it; making a mistake and standing by as your co-worker is blamed for it; hitting a friend during a game; hitting a small animal while driving; failing an exam although you thought it went well; witnessing as a group of friends are making fun of an absent friend; making a mistake on a project and being criticized for it; losing a friend's dog while it is in your care; making a stain on a friend's white carpet but no one sees it. On the other hand, some positive scenarios such as finding out that your friend's spouse likes you, putting off an important phone call and at the last minute manipulating your way out off it, borrowing money from your family and paying it back right away, taking

credit for a successful project although it was a team work, thinking volunteer work is too consuming but seeing that you are making people happy can evoke pride feelings.

Tangney and Dearing (2002) tested the internal consistency of TOSCA-3 with three different studies conducted with university student samples. The Alpha coefficients' of the subscales were reported as .88, .76, .77 for shame-proneness; .83, .70, .78 for guilt-proneness; .80, .66, .75 for externalization; .77, .60, .72 for detachment; .72, .41, .48 for alpha pride; and, .72, .55, .51 for beta pride respectively. Rüsç and his colleagues (2007) sum up these findings for only shame-proneness and guilt-proneness subscales and report internal consistency of scales as ranging from .77 to .88 for shame and from .70 to .83 for guilt. However, their own findings on the subscales differed from the original findings as .91 for shame-proneness and .57 for guilt-proneness. Tracy and Robins (2007a) also present original finding as .80 and .81 for shame-proneness and guilt-proneness respectively. They point out test-retest reliability of the two subscales and give the findings as .72 for shame-proneness and .76 for guilt-proneness. As a final point, Tracy, Robins and Tangney (2007) conclude the findings based on the three studies that are given by Tangney and Dearing (2002) that is, .77 for shame-proneness, .78 for guilt-proneness, .75 for externalization, .72 for detachment, .48 for alpha pride and, .51 for beta pride.

The findings of analyses related to the factor structure and reliability-validity coefficients of the scale in the present study are presented in the results section.

2.2.2 State Shame and Guilt Scale (SSGS)

The State Shame and Guilt Scale (SSGS; Marschall, Sanftner, and Tangney, 1994) is a 15-item state measure designed to distinguish shame, guilt and pride at that moment. "I feel small.", "I want to sink into the floor and disappear.", "I feel worthless, powerless." are examples of shame subscale items. "I feel remorse, regret.", "I feel tension about something I have done.", "I feel like apologizing, confessing." are examples of guilt subscale items. "I feel good about my self.", "I feel capable, useful.", "I feel pleased about something I have done." are examples of pride subscales.

Tangney & Dearing (2002) stated that although they aimed to obtain a strong

discriminative validity while developing the scale, without explicitly referring to a specific behavior, phenomenological shame-about-self versus guilt-about-behavior distinction could not be achieved. They report the inter-item reliability of the shame subscale as 0.89, guilt subscale as 0.82, and pride subscale as 0.87.

The findings of analyses related to the factor structure and reliability-validity of the scale in the present study are presented in the results section.

2.2.3 State-Trait Anxiety Inventory (STAI)

The State-Trait Anxiety Inventory (STAI) was initially conceptualized as a research instrument for the study of anxiety in adults. The measure is developed by Spielberger, Gorsuch, and Lushene (1970). It is a self-report assessment device, which includes separate measures of state and trait anxiety with 20 items at each part. According to the authors, state anxiety reflects a transitory emotional state which is characterized by subjective, consciously perceived feelings of worry and nervousness with a heightened autonomic nervous system activity. State anxiety may fluctuate over time and can vary in intensity. In contrast, trait anxiety indicates rather stable individual differences in predisposition of anxiety and refers to a general tendency to respond with anxiety to perceived threats.

High scores on the STAI's respective scales indicate more trait or state anxiety and low scores indicate less trait or state anxiety. The test-retest reliability of the scale displayed that for the Trait-anxiety scale the coefficients ranged higher scores than the range for the State-anxiety scale was; because State-anxiety scale reflects the influence of whatever situational factors exist at the time of testing (Spielberger and Vagg, 1984).

The Turkish adaptation of the scale was conducted by Öner and Le Compte (1985). Reliability and validity coefficients of the scale were found as ranging from .83 to .87 for the internal consistency coefficients; ranging from .71 to .86 for the test-retest reliability; and ranging from .34, to .72 for the item-total correlations.

2.2.4 Guilt-Shame Scale-Turkish (GSS-TR)

This self-report measure consists of 24 items; each having five-point Likert type scoring from 1 to 5. The scale is scored separately for guilt and shame

emotions. High scores indicate high guilt or high shame emotions, depending on the dimensions of items represent. The minimum possible score is 0 and the maximum possible score is 60 for one sub-scale. The measure is developed by Şahin & Şahin (1992), the Cronbach alpha values were found as .81 for "Guilt" sub-scale and as .80 for "Shame" sub-scale. The correlation of the two sub-scales is reported as .49 ($p < .001$).

2.2.5 Beck Depression Inventory (BDI)

This self-report measure consists of 21 items; each of which has four multiple-choice sentences. The sentences are scored from 0 to 3. The minimum score is 0 and the maximum score is 63. The higher the scores are, the higher the depression symptoms exist. BDI was first developed by Beck, Ward, Mendelson, Mock, & Arbaugh (1961) but then Beck, Rush, Shaw, & Emery revised it in 1979. The revision process was done in Turkish version too. First, Tegin (1980) adapted the 1961 version of BDI but then Hisli (1988, 1989) made the reliability and the validity studies with the newest version (1979). In this study, Hisli's version of BDI was used. The split-half reliability of this inventory was found to be .86 by Beck. That of the Turkish adapted version was found to be .74.

2.3 Procedure

Some participants were administered the test battery during their regular class hours and they got bonus points for their participation; whereas other participants were administered the test battery in their spare time as they volunteered to participate. The administration took about 30 minutes for each participant. Together with TOSCA-3 and SSGS, Beck Depression Inventory (BDI), Guilt Shame Scale-Turkish (GSS-TR; Suçluluk-Utanç Ölçeği), and State-Trait Anxiety Inventory (STAI-T/S) were administered (see Table-3.2 for Means and Standard Deviations of the scales).

At the beginning of the administration, informed consents were obtained and the participants were provided with information regarding the procedure of the study. All participants completed the battery by a unique nick name in order to take part in retest procedure. However, 10 % of the participants in the study ($n = 25$) returned 4

weeks later for the re-administration of the scales. This sample completed not only the related scales but the whole battery once again.

3. Results

3.1 Descriptive Statistics, and Bivariate Correlations

3.1.1 Descriptive Statistics

Means standard deviations, and possible ranges of variables are demonstrated in Table-3.2.

Table-3.2 Descriptive Information for the Measures of the Study

Measures	Mean	Std. Deviation	Min.	Max.
TOSCA-3:				
Externalization	38.90	7.91	17	69
Detachment	36.88	5.74	22	52
Beta Pride	20.27	2.93	8	25
Alpha Pride	19.92	3.02	9	25
Guilt	62.64	7.01	40	77
Shame	41.97	9.34	17	68
GSS-TR:				
Shame	42.75	8.10	18	59
Guilt	51.15	6.39	27	60
SSGS:				
State Pride	17.85	4.27	5	25
State Guilt	9.26	4.89	5	25
State Shame	7.42	3.44	5	21
STAI-S:				
State Anxiety	38.32	11.56	20	71
STAI-T:				
Trait Anxiety	42.52	10.28	23	70
BDI:				
Depression	9.87	8.47	0	44

3.1.2 Bivariate Correlations among the Variables

Bivariate correlations among the variables of the present study are demonstrated in Table-3.3.

3.2 Factor Analyses

Factor analyses were conducted to examine the factor structures of newly adapted scales. In addition, to determine the level and direction of the relationship between the subscales and other variables, Pearson's correlations were examined. Statistical analyses of the study performed with Statistical Package for Social Scientists (SPSS11.5).

Table-3.3 Correlation among the Variables

	State Anx.	Trait Anx.	GSS- TR/G	GSS- TR/S	Shame- Pron.	Guilt- Pron.	External	Detach.	Alfa P.	Beta P.	Depress.	SSGS/G	SSGS/P	SSGS/S
State Anx.	1	.625(***)	-.075	.255(***)	.372(***)	.023	.122	-.067	.072	.114	.614(***)	.558(***)	-.642(***)	.579(***)
Trait Anx.		1	.048	.357(***)	.450(***)	.067	.164(**)	-.151(*)	.049	.108	.686(***)	.495(***)	-.560(***)	.601(***)
GSS-TR/Guilt			1	.387(***)	.124(*)	.457(***)	.007	-.016	-.103	-.118	-.028	-.144(*)	.048	-.082
GSS-TR/Shame				1	.399(***)	.352(***)	.192(**)	-.046	.141(*)	.104	.224(***)	.111	-.210(***)	.202(***)
Shame-Pron.					1	.479(***)	.408(***)	-.144(*)	.125(*)	.085	.378(***)	.287(***)	-.318(***)	.420(***)
Guilt-Pron.						1	.142(*)	-.077	.199(**)	.221(***)	.005	-.025	.078	-.027
External.							1	.294(***)	.140(*)	.095	.104	.113	-.055	.149(*)
Detachment								1	.261(***)	.243(***)	-.087	-.063	.024	-.122
Alfa Pride									1	.768(***)	.080	.069	.038	.077
Beta Pride										1	.135(*)	.146(*)	.019	.099
Depression											1	.546(***)	-.633(***)	.669(***)
State Guilt												1	-.490(***)	.689(***)
State Pride													1	-.620(***)
State Shame														1

* $p < .05$, ** $p < .01$, *** $p < .001$

3.3 Psychometric Properties of TOSCA-3

A Principal Component Analysis with varimax rotation was carried out in order to confirm the subscales of TOSCA-3, with the inclusion criteria which take into account items loading of .30 or higher. If an item had a loading of .30 or higher on more than one factor; the highest loading was taken into account.

Although the original scale was composed of six dimensions (shame proneness, guilt proneness, externalization, detachment, alpha pride, and beta pride), as a result of present analysis, five-factor solution was obtained. Some dimensions had mixed items loaded. Therefore, while some dimensions were named as the original dimensions of TOSCA-3 such as “Shame-proneness”, “Externalization”, and “Detachment”; some others namely guilt and pride dimensions were renamed as “Dutifulness/Feeling responsible”, and “Situational/contextual guilt”.

In addition, the graphic distribution of the eigenvalues (scree plot) supported the findings. The eigenvalues of these dimensions were 6.31, 4.59, 4.22, 3.35, 2.41, which accounted for 7.60 %, 6.63 %, 6.05 %, 5.18 % and 4.79 % of the variance for shame-proneness, externalization, dutifulness/feeling responsible, situational/contextual guilt, and detachment respectively. Therefore, these 5 dimensions totally accounted for 30.25 % of the variance.

Table 3.4 Factor Structure TOSCA-3

				Explained Variance: 7.60 %	Eigenvalue: 6.31
Factor I: Shame-proneness			Alpha: .81		
				Explained Variance: 6.63 %	Eigenvalue: 4.59
Factor II: Externalization			Alpha: .75		
				Explained Variance: 6.05 %	Eigenvalue: 4.22
Factor III: Feeling responsible/Dutifulness			Alpha: .73		
				Explained Variance: 5.18 %	Eigenvalue: 3.35
Factor IV: Situational/Contextual Guilt			Alpha: .71		
				Explained Variance: 4.79 %	Eigenvalue: 2.41
Factor V: Detachment			Alpha: .67		
	Factor I	Factor II	Factor III	Factor IV	Factor V
TOSCA 13B	.624	.051	.060	-.075	-.120
TOSCA 9B	.597	.096	.078	-.064	-.188
TOSCA 4A	.520	.170	.098	-.016	.027
TOSCA 10D	.516	.320	.036	-.096	-.239
TOSCA 15C	.503	-.100	.275	-.052	.146
TOSCA 4C	.502	.019	-.101	-.074	-.170
TOSCA 7A	.502	.256	-.061	-.098	-.091
TOSCA 15A	.489	-.016	.082	.049	-.088
TOSCA 11B	.484	.127	-.102	.196	.238
TOSCA 9D	.478	-.198	.090	.066	-.104
TOSCA 1A	.464	.062	.000	.176	.022
TOSCA 14A	.429	.137	.163	.116	-.060
TOSCA 6C	.417	.309	-.083	.090	.104
TOSCA 16C	.397	.313	.030	.013	-.315
TOSCA 10C	.352	-.034	.111	.050	-.017
TOSCA 1C	.266	.249	.078	.105	-.059
TOSCA 5B	.236	.200	.136	.079	.229
TOSCA 10B	.097	.542	-.190	-.064	.011
TOSCA 8B	-.010	.502	.001	-.028	-.145

Table 3.4 Continued

	Factor I	Factor II	Factor III	Factor IV	Factor V
TOSCA 7B	-.033	.491	.079	-.020	.043
TOSCA 16D	-.038	.489	.048	-.050	.093
TOSCA 2C	.060	.472	.104	-.020	.078
TOSCA 8A	.130	.456	-.105	.018	-.087
TOSCA 5A	.121	.446	-.033	.064	.263
TOSCA 5D	.165	-.439	.295	.081	.043
TOSCA 3D	-.097	.415	.306	.002	-.263
TOSCA 4B	.194	.406	.121	-.105	.099
TOSCA 15B	.137	.403	-.040	-.060	.064
TOSCA 5C	.254	.375	-.229	-.173	.146
TOSCA 6E	-.013	.375	-.104	.064	.000
TOSCA 9A	-.148	.365	.027	-.135	.240
TOSCA 1D	.198	.350	.040	-.073	-.015
TOSCA 13A	.108	.326	.177	.100	.321
TOSCA 3E	-.013	.287	.233	.278	-.245
TOSCA 15D	-.017	.268	-.012	.181	.073
TOSCA 14B	.221	.258	-.232	-.222	.176
TOSCA 6B	.206	.211	-.038	.085	.093
TOSCA 14E	.006	-.148	.651	.061	.062
TOSCA 14D	.031	-.219	.601	.175	.016
TOSCA 8C	.030	.118	.595	.063	-.004
TOSCA 8E	.063	.065	.586	-.146	.107
TOSCA 8D	-.011	.066	.553	-.049	.112
TOSCA 6D	-.010	.085	.494	-.218	.124
TOSCA 13C	.273	-.226	.468	.039	.012
TOSCA 7D	.029	-.246	.458	.125	.193
TOSCA 14C	.327	-.039	.417	.252	-.153
TOSCA 2A	.316	.036	.381	.038	-.183
TOSCA 3A	.121	.243	.326	.206	.095
TOSCA 6A	.158	.269	.324	-.216	-.007
TOSCA 16B	.212	-.058	.294	.244	-.132

Table 3.4 Continued

	Factor I	Factor II	Factor III	Factor IV	Factor V
TOSCA 11D	.139	.157	.147	-.699	.097
TOSCA 11C	.177	.148	.193	-.646	.102
TOSCA 11E	.037	-.085	.033	.601	.007
TOSCA 12C	.247	.007	.143	.547	.098
TOSCA 12D	.160	-.034	.231	.531	.059
TOSCA 11A	.114	.031	.088	.521	.271
TOSCA 12A	-.021	.011	.076	-.419	.124
TOSCA 12B	.133	.270	.108	.352	-.100
TOSCA 3C	.279	-.167	-.075	-.313	.572
TOSCA 4D	-.237	.141	-.018	.047	.554
TOSCA 3B	.304	-.178	-.011	-.363	.541
TOSCA 7C	-.267	.042	.215	-.082	.465
TOSCA 10A	-.135	.040	-.130	.064	.461
TOSCA 9C	-.413	.095	.219	.075	.451
TOSCA 13D	-.077	.268	.228	.301	.404
TOSCA 16A	-.051	.158	.181	-.140	.380
TOSCA 2D	-.255	.109	.170	.011	.357
TOSCA 2B	.182	.212	-.010	-.127	-.253
TOSCA 1B	-.131	.020	.175	-.126	.240

Note. For the items of the scale see Appendix. A.

Items 13B, 9B , 4A, 10D, 15C, 4C, 7A, 15A, 11B, 9D,1A, 14A, 6C, 16C, 10C loaded on Factor 1 which was considered as the “Shame” factor. The Shame proneness sub-scale included 15 items and it explained 7.60 % of the variance. Alpha coefficient of this dimension was found as .81. Its corrected item-total correlations ranged between .25 and .58.

Items 10B, 8B, 7B, 16D, 2C, 8A, 5A, (-)5D, 3D, 4B, 15B, 5C, 6E, 9A, 1D, 13A loaded on Factor 2, which was considered as the “Externalization” factor. This scale included 16 items and it explained 6.63 % of the variance. Alpha coefficient of this dimension was found as .75. The corrected item-total correlations ranged between .17 and .47.

Items 14E, 14D, 8C, 8E, 8D, 6D, 13C, 7D, 14C, 2A, 3A, 6A loaded on Factor 3 which was considered as the “Feeling responsible/Dutifulness” factor. This scale included 12 items and it explained 6.05 % of the variance. Alpha coefficient of this dimension was found as .73. The corrected item-total correlations ranged between .16 and .50.

Items (-) 11D, (-) 11C, 11E, 12C, 12D, 11A, (-) 12A, and 12B loaded on Factor 4 which was considered as the “Situational/Contextual Guilt” factor. This scale included 8 items and it explained 5.18 % of the variance. Alpha coefficient of this dimension was found as .71. The corrected item-total correlations ranged between .30 and .50.

Items 3C, 4D, 3B, 7C, 10A, 9C, 13D, 16A, 2D loaded on Factor 5 which was considered as the “Detachment” factor. This scale included 9 items and it explained 4.79 % of the variance. Alpha coefficient of this dimension was found as .67. The corrected item-total correlation ranged between .14 and .44.

Items which did not fulfill the inclusion criteria (1C, 5B, 3E, 15D, 14B, 6B, 16B, 1B) were extracted, and because those items that were negatively loaded (5D, 11C, 11D, 12A) were taken as reverse items in reliability analysis.

Test-retest reliability analysis coefficients were .88, .62, .78, .82, and .61 for shame-proneness, externalization, dutifulness, situational guilt, and detachment respectively.

3.3.1 TOSCA-3 (6 Factor Structure)

Since the graphic distribution of the eigenvalues (scree-plot) supported 5 factor structure of the scale, a Principal Component Analysis which is forced to 5 factors was carried out. However, obtained results displayed differences with original scale's dimensions and there was conceptual confusion between dimensions due to item diffusion. Therefore, another Principal Component Analysis with varimax rotation was conducted by forcing 6 factors as in the case of the original scale.

The inclusion criterion, loading of .30, was taken into account again. The eigenvalues of these dimensions were 6.31, 4.59, 4.22, 3.35, 2.41, and 2.13 which accounted for 7.88 %, 6.34 %, 5.92 %, 4.61 %, 4.48 %, and 4.11 % of the variance respectively. Therefore, in sum, these 6 dimensions accounted for 33.34 % of the total variance.

An item content analysis displayed that although the dimensions in the current study were forced in order to obtain the original dimensions of TOSCA-3, there are still conceptual differences between two versions and renaming should be done by cultural variations. 6-factor and 5-factor solutions of factor analyses results gave quite similar factors. Therefore most dimensions' names remained the same with this version (e.g. "Shame-proneness", "Externalization", "Detachment", "Feeling responsible") but because of the addition of an extra dimension, some items loadings caused changes in content and new dimensions were named as "Dishonesty" and "Contentment".

Items 13B, 9B, 10D, 4A, 4C, (-) 9C, 15A, 9D, 7A, 1A, 15C, 16C, 14A, 11B, 2A, 6C, (-) 2D, 10C loaded on Factor 1 which was considered as the "Shame-proneness" factor. The Shame-proneness sub-scale included 18 items and it explained 7.88 % of the variance. Alpha coefficient of this dimension was found as .82. The mean corrected item-total correlations ranged between .22 and .56.

Items 8B, (-) 5D, 8A, 10B, 5C, 15B, 16D, 7B, 2C, 6E, 4B, 1D, 9A, 14B loaded on Factor 2, which was considered as the "Externalization/Avoidance" factor. This sub-scale included 14 items and it explained 6.34 % of the variance. Alpha coefficient of this dimension was found as .74. The corrected item-total correlation ranged between .26 and .42.

Items 14E, 14D, 8E, 8C, 8D, 13C, 14C, 7D, 6D loaded on Factor 3 which was a mixture of original Guilt and Pride responses and considered as the “Feeling responsible” factor due to its content. This scale included 9 items and it explained 5.92 % of the variance. Alpha coefficient of this dimension was found as .75. The corrected item-total correlations ranged between .29 and .58.

Items 11A, 13D, 13A, 5A, 7C, 3A, 4D, 10A, 5B, and 16A loaded on Factor 4 which was considered as the “Detachment” factor. This scale included 10 items and it explained 4.61 % of the variance. Alpha coefficient of this dimension was found as .64. The corrected item-total correlations ranged between .21 and .47.

Items 12D, 12C, (-) 12A, (-) 11C, (-) 11D, 12B, (-) 6A, 11E loaded on Factor 5 which was considered as the “Dishonesty” factor. This scale included 8 items and it explained 4.48 % of the variance. Alpha coefficient of this dimension was found as .71. The corrected item-total correlations ranged between .14 and .49.

Items 3C, 3B, (-) 3E, (-) 3D loaded on Factor 6 which is considered as the “Contentment” factor and it explained 4.11 % of the variance. Alpha coefficient of this dimension was found as .65. The corrected item-total correlations ranged between .30 and .54. This dimension refers only one scenario therefore it could be considered as content/context related domain dimension.

3.3.2 TOSCA-3 (Original Dimensions)

Since both analyses resulted in conceptual differences with original version’s dimensions, the alpha and test-retest coefficients were tested according to the original factor structure as well. Shame-proneness, Guilt-proneness, Externalization and Detachment dimensions had 16 items each and their internal reliability coefficients were found as .78, .68, .68, .59 respectively. Alpha Pride and Beta Pride dimensions had 5 items each and had alpha coefficients .39 and .41 respectively. Test-retest reliability analysis coefficients were .86, .72, .49, .41, .31, and .43 for shame-proneness, guilt-proneness, externalization, detachment, alpha pride, and beta pride respectively. The analysis displayed that apart from externalization subscale ($r = .34$; $p > .05$), all other subscales have significant correlations with other subscales. Shame subscale has ($r = .68$ $p < .01$); Guilt subscale has ($r = .60$; $p < .01$); Detachment subscale

has ($r = .45$; $p < .05$); Alpha Pride subscale has ($r = .57$; $p < .01$), and Beta Pride subscale has ($r = .48$; $p < .05$) correlation with the first time measures of the subscales.

3.3.3 TOSCA-3 (Short version)

Finally, a Principal Component Analysis was conducted for short version 44-item of TOSCA-3; that is, only negative scenarios were taken into account in this analysis. Since Alpha and Beta Pride dimensions' items were excluded, 4 factor-structure was expected to be obtained. Four factors accounted for 28.08 % of the total variance. Shame and guilt items loaded under only one factor (19 items, $\alpha = .82$), this mixture generated first factor. The second factor was composed of Externalization items mostly (15 items, $\alpha = .75$). Third factor had pride and guilt items loaded under it (11 items, $\alpha = .73$) and the last factor was seen as loaded on one specific scenario (6 items, $\alpha = .56$), therefore it could be considered as being about content of the scenario and none of the items could be interpreted as composing a common dimension. Thus, short version of the scale was not found to be meaningful to be used in further analyses.

As a result of these analyses, original dimensions that are in line with the literature conceptualization were found out to be more suitable empirically to carry out the rest of the study. Although the Shame-proneness, Externalization, Detachment subscales could be obtained, due to the unexpected diffusion between Guilt-proneness and Pride subscales in 5 factor structure, this structure was not found to be appropriate. In sum, even though different structures that were found as a result of factor analyses of TOSCA-3 were reported in this chapter, original factor structure of the scale was not modified. The detailed information that was given seems to be necessary to comprehend the conceptualization self-conscious emotions in Turkey.

3.3.4 Subscale Correlations of TOSCA-3

The correlations between factors of TOSCA-3 revealed that: Shame-proneness had significant correlations with Guilt-proneness ($r = .48$, $p < .01$), Externalization ($r = .41$, $p < .01$), Detachment ($r = -.14$, $p < .05$) and, Alpha pride ($r = .13$, $p < .05$). Guilt-proneness dimension was found to be significantly correlated with Externalization dimension ($r = .14$, $p < .05$), Alpha pride ($r = .20$, $p < .01$) and with Beta pride ($r = .22$,

$p < .01$). Externalization dimension was found to be correlated with Detachment ($r = .29, p < .01$) and Alpha pride ($r = .14, p < .05$) dimensions positively. Detachment dimension had significant positive correlations with Alpha pride ($r = .26, p < .01$) and with Beta pride ($r = .24, p < .01$). Lastly, Pride dimensions were found to be correlated with each other significantly ($r = .77, p < .01$) (See Table-3.3 for correlations of the TOSCA-3 subscales with each other).

3.3.5 TOSCA-3's Subscales Correlations with Other Variables

Shame-proneness dimension was found as having a significant correlation with depression ($r = .38, p < 0.01$). This dimension was also found to be correlated with state anxiety scores ($r = .37, p < 0.01$) and with trait anxiety scores ($r = .45, p < 0.01$). Shame-proneness dimension was also significantly correlated with the subscales of GSS-TR, Shame and Guilt respectively ($r = .40, p < 0.01$; $r = .12, p < 0.05$). This dimension was also found to be significantly correlated with SSGS's subscales, Shame, Guilt and Pride as $r = .42, p < 0.01$; $r = .29, p < 0.01$; $r = -.32, p < 0.01$ respectively.

Guilt-proneness dimension was found as having a significant correlation with only the subscales of GSS-TR, Shame and Guilt respectively ($r = .35, p < 0.01$; $r = .45, p < 0.01$).

Externalization dimension was found as having a significant correlation with trait anxiety ($r = .16, p < 0.01$) and of GSS-TR Shame subscale ($r = .19, p < 0.01$). This dimension was also found to be correlated with state shame scores ($r = .15, p < 0.05$).

Detachment dimension was only found to have a significant correlation with Trait anxiety in a negative direction ($r = -.15, p < 0.05$).

Alpha Pride dimension was only correlated with GSS-TR Shame subscale ($r = .14, p < 0.05$) but Beta Pride dimension was found to be significantly correlated only with depression ($r = .14, p < 0.05$), state guilt ($r = .15, p < 0.05$).

3.4 Psychometric Properties of SSGS

As the original scale was composed of 3 sub-scales namely shame, guilt, and pride. The factor analysis conducted in the present study generated also these 3 dimensions. They totally explained % 63.19 of the total variance.

Items 15, 6, 9, 3, 12 were loaded on Factor 1 which was considered as Guilt. This scale included 5 items and it explained 26.43 % of the variance. Alpha coefficient of this dimension was found as .88. The corrected item-total correlations ranged between .63 and .83.

Items 4, 13, 7, 1, 10 were loaded on Factor 2 which was considered as Pride. This scale included 5 items and it explained 19.25 % of the variance. Alpha coefficient of this dimension was found as .79. The corrected item-total correlations ranged between .46 and .70.

Items 14, 11, 5, 2, 8 were loaded on Factor 3, which was considered as Shame. The Shame sub-scale included 5 items and it explained 17.51 % of the variance. Alpha coefficient of this dimension was found as .83. Its corrected item-total correlations ranged between .57 and .78.

Item number 8 had item loadings of .51 under shame; .57 under guilt factors. Considering the original scale it is accepted under the shame factor (see Table-3.5 for Factor Analysis of SSGS).

In the present study, the correlations between SSGS subscales were found as: State Shame and State Guilt ($r = .69, p < 0.01$); State Pride and State Shame ($r = -.62, p < 0.01$); State Pride and State Guilt ($r = -.49, p < 0.01$). The correlational difference between State Shame and State pride as compared to State Guilt and State Pride was found significant ($z = 2.1, p < .05$). Therefore, it may indicate that the state form of pride is more related to state shame than guilt in the current study.

The correlations between SSGS's subscales and TOSCA-3 factors were given before, under the title of TOSCA-3's subscales' correlations with other variables (see Table-3.3). Regarding SSGS subscales' correlations with other variables: State Shame was found significantly correlated with Shame subscale of GSS-TR ($r = .20, p < 0.01$); Trait anxiety ($r = .60, p < 0.01$); State anxiety ($r = .58, p < 0.01$); and, Depression ($r = .67, p < 0.01$). State Pride was found negatively correlated with Shame subscale of GSS-TR ($r = -.21, p < 0.01$); Trait anxiety ($r = -.56, p < 0.01$);

State anxiety ($r = -.64, p < 0.01$); and, Depression ($r = -.63, p < 0.01$) significantly. Lastly, State Guilt was found negatively correlated with Guilt subscale of GSS-TR ($r = -.14, p < 0.05$) but positively correlated with Trait anxiety ($r = .50, p < 0.01$); State anxiety ($r = .56, p < 0.01$); and, Depression ($r = .55, p < 0.01$) (see Table-3.3 for Correlations of SSGS subscales with each other and with other scales).

Table-3.5 Factor Structure of SSGS

	Alpha: .83	Explained Variance: 17.51 %	Eigenvalue:1.04
Factor I: State Shame			
Factor II: State Guilt	Alpha: .88	Explained Variance: 26.43 %	Eigenvalue: 6.81
Factor III:State Pride	Alpha: .79	Explained Variance: 19.25 %	Eigenvalue:1.68
	State Shame	State Guilt	State Pride
SSGS 1	-.32	-.24	.69
SSGS 2	.49	.41	-.29
SSGS 3	.23	.75	-.19
SSGS 4	-.35	-.12	.75
SSGS 5	.66	.15	-.38
SSGS 6	.12	.79	-.20
SSGS 7	-.44	.01	.70
SSGS 8	.51	.57	-.19
SSGS 9	.21	.77	-.15
SSGS 10	-.11	-.16	.60
SSGS 11	.68	.38	-.04
SSGS 12	.27	.70	-.08
SSGS 13	.15	-.36	.70
SSGS 14	.73	.36	-.29
SSGS 15	.24	.82	-.26

Note: For the items of the scale see Appendix A

4. Discussion

The present study aims to examine the reliability and the validity of the Test of Self-conscious Affect-Version 3 (TOSCA-3; Tangney, Dearing, Wagner and, Gramzow, 2000) and State Shame and Guilt Scale (SSGS; Marschall, Sanftner, & Tangney, 1994). These measures are the most well-known instruments in the related field; for example, former's versions were translated into many languages such as Italian, Dutch, Chinese, and German. In worldwide studies, they were applied to many participants and got citations from a lot of researchers in the related field.

The results of the study support the reliability and the validity of the TOSCA-3 and the SSGS in Turkey. Although there are interesting and unexpected findings; most of the results obtained in the study were expected and were in line with the literature. Following the discussion of the results of the present study in detail, certain implications and limitations for future research will be mentioned.

4.1. TOSCA-3 Factor Structure and Reliability

There are conceptual differences between original TOSCA-3 dimensions and the current study's dimensions. Guilt and pride dimensions did not distinguished from each other in the analyses and after a close look to content of items and possible cultural meanings, the names could be changed to "Feeling responsible/Dutifulness" and "Situational/Contextual Guilt". In addition, some TOSCA-3 scenarios could not be comprehended and may be criticized about not being suitable for Turkish culture, for example "house-warming party" is not an established concept in Turkey.

Tangney and her colleagues did not report the 6 dimensions accounted for the total variance in their studies, but the 5 dimensions in the present study accounted for 30.25 % of the total variance. In addition, total scale internal consistency coefficient in this study (0.81) was very high. When internal consistency coefficients of the separate dimensions were considered -whether the name of dimensions were modified after an inspection of items content-, it was seen that the dimensions in the present study namely, Shame-proneness (0.81), Feeling responsible/Dutifulness

(0.73), Externalization (0.75), Detachment (0.67), Situational/Contextual Guilt (0.71) were generally higher alpha coefficients for than the factors reported in the related studies. At test-retest reliability analysis displayed alpha coefficients of Shame-proneness (0.88), Externalization (0.62), Detachment (0.61) and new dimensions Feeling responsible/Dutifulness (0.78), Situational/Contextual Guilt (0.82) were good enough.

On the other hand, if the scale is considered to be inappropriate for factor analysis because of its format, and the dimensions are accepted as the developers suggested being used. Shame-proneness (0.78), Guilt-proneness (0.68), Externalization (0.68) and Detachment (0.59) dimensions have 16 items and alpha Pride (0.39) and Beta Pride (0.41) dimension have 5 items each. This findings display low internal reliability for original subscales compared to new conceptualized ones but at the same time they are consistent with the previous findings in the literature. At test-retest reliability analysis also alpha coefficients were lower in this version (0.86, 0.72, 0.49, 0.41, 0.31, and 0.43 for shame-proneness, guilt-proneness, externalization, detachment, alpha pride, and beta pride respectively). However, these alpha coefficients are consistent with the literature findings and not that much lower than that of the newly conceptualized TOSCA-3 dimensions.

As the findings are parallel to results of other studies in the literature, the original dimensions remained to carry on the conceptualization of self-conscious emotions in Turkey instead of changing almost the whole phenomena.

Original guilt-proneness dimension could not be obtained in the study. Instead of guilt-proneness, another dimension emerged with characteristics of reparative behaviors, feeling task-oriented pride and responsibility. This understanding displays the idea that “reparative actions are our responsibility; there is no need to feel pride”. At the same time because of the cultural climate, intra-punitive reactions and rumination turned into making duties to avoid from punishments.

TOSCA was always criticized about measuring only adaptive forms of guilt, for example reparative actions. In fact, it is predictable to be correlated with pride. Maladaptive forms of guilt are about remorse, regret, rumination and Tangney and

Dearing (2002) diminished these effects in TOSCA-3. Fontaine, Luyten, De Boeck , and Corveleyn (2001) examined the structure of TOSCA and internal consistency. They found that proneness to reparation, tendency to repair composed guilt proneness dimension and claimed that the internal consistency need to be fixed.

In fact, in all TOSCA's versions, especially for the Guilt-proneness dimension's internal consistency, there are a lot of controversial findings. For example, first version of TOSCA (Tangney, Wagner, & Gramzow, 1989) the scale was found to have acceptable internal consistency for guilt-proneness dimension (0.66; Tangney, Wagner, Fletcher, & Gramzow, 1992). However, subsequently, the TOSCA appears less reliable in some studies (for Guilt-proneness range .50 to .71; Lutwak, Razzino, Ferrari, 1998).

Tangney and her colleagues revised the scale for improve reliability and validity of dimensions of the scale; they reported the internal reliability of guilt-proneness dimension as moderate (0.83, 0.70, and 0.78) for three different studies that they conducted (Tangney and Dearing, 2002). Recently, the Guilt-proneness dimension's internal consistency was affirmed (as 0.81; Tracy, Robins, and Tangney, 2007) as similar to Tangney et al. early findings. However, with another recent study Rüsçh et al. (2007) stated the Alpha coefficient of the Guilt-proneness dimension very low (as 0.57). Thus, as internal consistency of guilt-proneness dimension is not very established, it does not clear that the dimension assesses the same general concept of guilt or same characteristic, vulnerability, quality of the guilt concept.

In the current study, test-retest reliability analysis with original dimensions displays that about all dimensions have significant correlations with the first time measures of the subscales. Especially, Shame-proneness subscale, Guilt-proneness subscale, Alpha Pride subscale are highly correlated with the first time measures. However, Externalization subscale does not have significant correlation. These findings did not differ much from earlier findings, for the first version Tangney and her colleagues reported moderate retest reliability for both shame and guilt proneness (Tangney, Wagner, Fletcher, & Gramzow, 1992). More recently, Tracy, Robins, and Tangney (2007) also point out test-retest reliability of the two subscales is similar to previous studies' and current study findings.

Luyten, Fontaine and Corveleyn (2002) underlined that Tangney herself has not reported any concern about the internal structure of TOSCA-3. She considers the use of data reduction methods on the TOSCA, such as factor analysis, to be a priori inappropriate. Since these methods will probably confound scenario and construct variance due to the items of the TOSCA are set in a range of diverse particular scenarios, factor analysis for the scale could not be done (Tangney, 1996). On the other hand, Luyten et al. criticized this view and insisted that the appropriateness of employing data-reduction methods on the TOSCA should not be dismissed a priori.

4.2. Correlations between subscales of TOSCA-3

Shame-and Guilt-proneness with Externalization Subscale Relationships:

Tangney (1990) pointed out that proneness to shame will be positively correlated with externalization of cause or blame. Tangney and her colleagues have found that people who are inclined to experience shame are also significantly more likely to blame the situation and other people for the very same set of failures and transgressions (Tangney, 1994; Tangney, Wagner, Fletcher, & Gramzow, 1992).

Although shame and externalization involve entirely opposed attributions along the internal-external dimension, externalization seems likely a defensive tactic in the face of the overwhelming pain of shame. The idea that comes to mind is "something makes me feel that way!" after feeling shame and deep pain of it. In the current study, shame-proneness dimension is significantly correlated with the externalization dimension as consistent with the literature. Analyses done with original dimensions showed a greater significance so that explanations of Tangney were supported strongly.

Eventhough they have a common tendency which is avoidance. Shame-proneness dimension and externalization dimension are very well differed in five-factored solution analysis. However, some shame-proneness items based on avoidance such as "avoid making eye contact and making a comment to co-workers" still placed under externalization dimension.

Tangney (1990) stated that guilt-proneness should be negatively correlated with externalization of cause or blame. Guilt involves a focus on a negatively evaluated behavior and at least an implicit acceptance of responsibility for that

behavior, which is contrary with externalization. In addition, defensive externalization seems less likely in the case of guilt, because guilt is less global and therefore presumably less painful and debilitating. However, in the current study, guilt-proneness and externalization have significant correlation but in a positive direction. This was a very interesting finding because it is expected that guilt-proneness involves a hidden acceptance of responsibility and regret for the negative-evaluated behavior and this is not the case with externalization. An explanation for the positive relationship between two concepts may be similar to the relationship between shame-proneness and externalization dimensions i.e. defensive externalization because of the painful and devastating guilt feelings.

This may be kind of a vicious cycle that contains the tendency to feel guilty which triggers externalization to blame others and vice versa. This also may be related to being anonymous in collectivist culture and the important thing is not the individual does something wrong but the act which is done. Therefore, the unexpected directional relation between guilt-proneness and externalization may be explained as the unity concept of collectivist cultures. “One to all, all to one” point of view does not give any room to blaming but responsibility.

Shame and Guilt with Detachment Subscale Relationships:

Tangney (1990) states that shame and guilt are both inversely related to the index of Detachment/Unconcern. The expected inverse relation between shame-proneness and detachment dimensions is obtained. In fact, these two dimensions may be considered as bipolar characteristics on the basis of self-consciousness because shame engages significant negative affective responses to the self and that is contrary with the Detachment/Unconcern attitude.

Since with five-factor structure a guilt-proneness dimension could not be obtained accurately, the situational guilt dimension and dutifulness dimension under which original guilt-proneness items loaded were taken into account on this relationship issue. However, both these two new dimensions and also original guilt-proneness dimension seem to be not related with Detachment defensive style in the current study.

In addition this study displayed that Externalization dimension is also significantly correlated with the Detachment/Unconcern dimension positively. This

is consistent with the literature findings and theoretical explanations (Tangney, 1990). Since both Externalization and Detachment/Unconcern dimensions are defensive responses which repress or remove self-evaluation so that their observed relationship is very sensible.

Shame and Guilt with Alpha and Beta Pride Subscales Relationships:

After the relationship between guilt proneness and externalization, another relationship that is already open to discussion in the literature, is the relationship between proneness to shame/guilt and alpha, beta pride dimensions. Some theorists have suggested that shame proneness and guilt proneness are triggered by individual's general cognitive style in the way that shame proneness from a global processing style, and guilt proneness from a more differentiated cognitive style (Witkin, Lewis, and Weil, 1968). From this perspective, it is expected that shame proneness in negative situations to be positively correlated with a tendency to experience alpha pride in positive situations. Similarly, guilt proneness in negative situations should co-vary with the likelihood of beta pride in positive situations. Tangney (1990) was paralleling the self versus behavior distinction of shame and guilt to alpha and beta pride. On the other hand, many psychologists view the states of shame and pride at opposite ends of a common dimension (Levin & Baldwin, 1959; Nathanson, 1987; Stipek, 1995). From this perspective, it is expected that the traits of both proneness to shame and guilt to be related to pride in opposite direction.

In the current study, alpha pride is both positively related to shame and guilt proneness; however, beta pride is only related to guilt-proneness. In addition, none of these relations are in negative direction. It means, when proneness to shame and guilt increase, feeling alpha pride in positive situations increases. On the other hand, feeling beta pride is only related to guilt proneness. In fact, when guilt proneness increases, the possibility to feel both alpha and beta pride also increases.

In sum, proneness to shame is only related with alpha pride. This relationship supports the negative nature of alpha pride. Besides, as an inferiority feeling, shame may constitute the underlying mechanism of hubristic pride. Guilt proneness also positively related with both alpha and beta pride in the current study. Because the conceptualization of guilt proneness differs in Turkey, what is measured with original guilt items were found to be related to both hubristic and functional pride

feelings. The difference between two type of pride is mentioned as the attribution source namely self or behavior. In Turkey, people may not make this agency emphasis while feeling proud. Moreover, guilt and pride place on the same direction, whether it is positive or negative.

For example, Mosquera, Monstead, Fischer (2000) who study the inability to feel pride together with the proneness to shame and guilt, found differences between Spanish and Dutch individuals in terms of honor-related values which are important to shape the experience and the expressions. In this study, people in Netherlands have more individualistic values than people in Spain and Spanish people have more honor-related values.

Apart from culture, these relationships may be explained with personality characteristics. Stoeber, Harris and Moon (2007) stated that perfectionists also are who are unable to experience pride prone to experience shame and guilt. They tested the Hamachek (1978a, 1978b)'s view which suggested that normal perfectionists are able to experience pride and are not prone to experience shame and guilt. Their findings show that individuals, who strive for perfection, but are unconcerned about imperfections, may well experience pride and be prone to feel guilt, but not shame. Moreover, alpha pride is already seen as a personal characteristic by some pioneers in the related work such as Gilbert (2000). Therefore, in the light of these findings, pride and guilt relationship is observed in the literature as paralel to the current study.

It should be noted that because of the small number of positively valenced scenarios in the TOSCA-3, the dimensions of Alpha Pride and Beta Pride are likely to be less reliable than the main scales of the TOSCA-3. Many other studies have not obtained a satisfactory internal consistent validity about these two dimensions of TOSCA (Woiem, Ernst, Patock-Peckham, and Nagoshi, 2003). As a result, pride scales are not quite reliable and have not a good divergent validity.

Negative affect and partial correlations:

As mentioned before, when Tangney (1990) initiated the development of shame and guilt proneness measures, she put account the partial correlations to better understand pattern of the findings. She found that consistent with the phenomenology of the related issue, shame residuals were always positively correlated with externalization, on the other hand, guilt residuals were always

negatively correlated with externalization. Consequently, she claimed that as opposed to shame-prone individuals, individuals who tend to experience “shame-free” guilt tend to accept responsibility for negative event and so they are not prone to externalize blame. Particularly in Tangney and her colleagues’ previous studies, guilt-proneness becomes known as the more adaptive disposition. This point of view perceives guilt as the more “moral” emotion than shame because of the responsibility feelings and reparative behaviors.

Nonetheless the TOSCA shame and guilt scales are substantially correlated (Tangney, Wagner, Hill-Barlow, Marschall, & Gramzow, 1996). This co-variation between shame and guilt is likely caused by several reasons. First, these emotions share several features in common. Second, shame and guilt can co-occur with respect to the same situation. In isolating the unique variance of shame and guilt, respectively, Tangney and her colleagues focus on individual differences in a tendency to experience shame-free guilt and guilt-free shame. Therefore, findings clearly indicate that the effects are not simply due to generalized negative affect, because it is essentially removed from total variance and there is a good portion of reliable, valid, unique variance in these shame and guilt measures. For the current study also, it is worthy to emphasize that the results are clearly not caused by a generalized negative affect.

Tangney et al. (1992) stated that shame is usually found to be related to psychological maladjustment, such as depression, anxiety, psychoticism, and anger, while guilt is only partially correlated with the same variables. Additionally, it is mentioned repeatedly that shame-prone individuals are more likely to show maladaptive responses than do their guilt-prone counterparts (Tangney, Wagner et al., 1996). In the current study also, shame-proneness is found have significant correlations with trait and state anxiety as well as depression, while proneness to guilt has not correlations with any of them.

Gilbert and Miles (2000) claimed that they found shame had the highest loading on the neuroticism factor. Nevertheless, the aforementioned studies call into question the notion that guilt is related to neuroticism and to other indicators of maladjustment, instead of shame (Maltby, 2005; Woien et al., 2003). Many of these

studies refer anxious guilt rather than empathic guilt while making relation with neuroticism.

Self-blame has been associated with psychopathology variables, including shame and increased distress; while the externalization of blame may leave the agent free from similar affects by directing the anger apparently (Gilbert & Miles, 2000). If the externalization of blame is indeed a defense against shame, then psychological adjustment should be negatively affected for both shame and externalizing blame. Shame and externalization should be related to poor self-regulation skills that are indicative of a need for external reinforcement instead of internal reinforcement.

In Woien et al. (2003)'s study, they test the notion that shame and guilt are actually distinct emotions while psychometrically to be validated by the TOSCA. The main hypothesis was if shame and guilt are distinct, then psychological adjustment associated with the two emotions should differ. It is important to point out that this discriminant reliability of the shame and guilt proneness relationship is also achieved in the current study.

4.3. Correlations with other variables

Examining construct validity can help decide suitability of original dimensions for a new culture. Correlations between related concepts help to comprehend the nature of the phenomena that is in question for this population.

Although some of the main dimensions relations are similar in both five-factor structure solution and TOSCA-3's original dimensions solution; as compared to latter, the former's dimensions display limited correlations with other variables. For instance, shame-proneness is significantly correlated with depression, state anxiety and trait anxiety. Externalization dimension is moderately correlated with trait anxiety in a positive direction. On the other hand, Detachment dimension is negatively correlated with trait anxiety. By a detailed look at the relationship with the subscales of GSS-TR and TOSCA-3 dimensions, it is observed that: Shame proneness dimension was significantly correlated with the both subscales of GSS-TR; Externalization dimension was found significantly correlated with Shame subscale of GSS-TR. These correlations were as expected in terms of direction and

relatedness. Therefore, suitability was achieved as compared to the Turkish Guilt-Shame Scale.

Regarding the original dimensions structure's correlations, Shame-proneness dimension was found as having a significant correlation with depression, state anxiety and with trait anxiety. Moreover, Shame-proneness dimension was also significantly correlated with the both subscales of GSS-TR. On the other hand, Guilt-proneness dimension was not found related to concepts other than the subscales of GSS-TR. Externalization dimension was found as having a significant correlation with trait anxiety and Shame subscale of GSS-TR. This dimension was also found to be correlated with State Shame. Detachment dimension was only found to have a significant correlation with Trait anxiety in a negative direction as similar to five-factored structure's findings. Alpha Pride dimension was only correlated with GSS-TR Shame subscale but Beta Pride dimension was significantly correlated with Depression and State Guilt.

Most of these relationships are expected as consistent with the literature. Particularly, relationships between self-conscious emotions and psychopathological symptoms, proneness to shame is observed to have considerable relationships with both anxiety and depression symptoms. These relations are constantly reported by other studies in the literature (Gilbert, 2000). Orth, Berking and Burkhardt (2006) claimed that mediated by rumination, shame has a strong unique effect on depression to the great extend on depression, on the other hand shame-free guilt is not related to depression. Almost all studies on self-conscious emotions and psychopathology defensive responses relationships with symptoms are generally ignored therefore if there were no similar findings on defensive responses, the findings should be revised conceptually in the light of literature. In fact, the relation between trait anxiety and externalization or blaming concept is not surprising in phenomenologically. Since individuals have tendency to feel anxiety or have anxiety sensitiveness, they may defense themselves from what they are afraid of by blaming others or put the responsibility on something else. Similarly, as detachment is the tendency of lowering the seriousness of the negative outcomes, it may be expected that while individuals' tendency to feel anxiety decreases, their point of view about the issue would be more relax to the extent of being unconcerned. Beta Pride dimension and

Depression show a positive relation according to the present study. However, this kind of relationship did not take place in the literature before. Beta pride is introduced as an adaptive feeling which focuses on the positive behavior of the person; on the other hand, depression contains hopelessness, remorse, and inferiority feelings. The explanation of this parallel relationship should be studied in further study as if it could be caused by cultural reasons.

In conclusion, the findings of the present study seem to be consistent with the literature. In the light of these findings it is concluded that original dimensions solution is as more reliable for the Turkish culture.

4.4. SSGS Factor Structure and Reliability

In the current study, SSGS displayed a very good fit with the original structure. It has high internal consistency in each dimension and good construct validity. Regarding the relationships with other concepts, SSGS dimensions have significantly meaningful correlations in expected directions.

Besides, a lot of studies found that SSGS (Marschall et al., 1994) was a very reliable scale. Since its subscales are potentially opposite concepts, obtaining high total scale internal consistency is not applicable. Therefore, internal consistency of each dimension was in consideration separately. In addition, all its subscales' internal consistencies were moderate to high level as consistent with the literature findings. For instance, Sanftner and Crowther (1998) reported alpha coefficients for state shame, state guilt and state pride are very satisfactory. In another study, these findings could be able to replicate (Ghatavi, Nicolson, MacDonald, Osher and Levitt, 2002).

Although there are unexpected findings in the current study, mostly similar results to the literature findings were obtained. For instance, the structure of the original scale (composed of 3 sub-scales) fits in this culture as well (see Table 3.5. for Factor Analysis of SSGS).

On the other hand, there is an interesting finding about state pride dimension. In test-retest reliability analysis, since SSGS assess state emotions, a significant correlation between the first time measuring and the second one is not expected. In addition shame, guilt and pride are not considered as mood that can be last until

retest. Therefore, the high retest reliability of pride subscale may underline trait characteristic of the emotion itself. However, state pride measures for the first time and the last time were found to be still highly correlated. This finding gives rise to thought that whether pride is perceived as a state emotion or not. Feeling pride may be confused with a personality characteristic, being proud, honored, arrogant, superior, creditable, dignified in the Turkish culture. Moreover, statements without scenarios may remind these adjectives involuntarily.

In addition, because of possible wording confusion in Turkish, a shame item both loaded under shame and guilt subscales is taken as loaded under shame accordingly with the original scale. In the literature, there are other studies have similar confounding in terms of wording. For instance, while developing SSGS, Marschall and her colleagues tried to eliminate the interchangeably usage of “shame” and “guilt” terms by respondents, by making them to rate brief phenomenological descriptions of shame and guilt experiences (Tangney & Dearing, 2002).

In the present study, SSGS subscales were found highly related with each other, especially shame and guilt subscales. The expected reverse relationship between these two dimensions and pride dimension was observed. However, state pride was found to have higher correlation with state shame than state guilt.

Regarding the relationships of state self-conscious emotions in similar measures in Turkey, state shame is significantly correlated with shame subscale of the GSS-TR and state pride is significantly and negatively correlated with shame subscale of GSS-TR. Lastly and unexpectedly state guilt is negatively correlated with Guilt subscale of GSS-TR, the reverse relationship between two state guilt dimension could be explained by measuring opposite meaning. However, it should be noted that in the whole study, guilt and proneness to guilt concepts differ from the literature in Turkish culture. At least, this finding may display that the “guilt” concept in Turkish population is different from which Tangney and her colleagues have measured.

Considering relationship with psychopathological symptoms and situational self-conscious emotions, state shame and state guilt have significant correlation with trait anxiety, state anxiety, and depression. All correlations are in positive direction, meaning that while feeling shame and/or guilt increase, anxiety and depression

symptoms also increase. On the other hand, state pride has significant correlation with trait anxiety, state anxiety and, depression in negative direction. Therefore, when feeling pride increases, anxiety and depression symptoms decrease or vice versa.

The correlations between SSGS's subscales and TOSCA-3 subscales explained before, under the title of TOSCA-3's subscales' correlations with other variables.

The findings of the SSGS in the present study are consistent with the literature. Apart from the difference between Turkish state guilt measure and SSGS state guilt dimension, all relationships are as expected and SSGS was found as very reliable and valid measure.

4.5. Overview

Based on the literature review, as an overview to the significant findings of the study, discrimination of shame and guilt concepts; differences between state self-conscious emotions and proneness to self-conscious emotions; and controversial comments on the existence of the general negative affect could be done. Besides, methodological issues like differences between scenarios-based measures and statement-based measures; measurement differences between proneness to specific self-conscious emotions and situational self-conscious emotions could be clarified.

Kubany and Watson (2003) mentioned about the magnitude of guilt feeling, which depends on the individual's beliefs. They stated that if a person perceives that s/he is responsible for causing the event/for violating the rules or values or if s/he believes that s/he did not prevent/predict the event though s/he could do and s/he had insufficient justification for action taken, s/he feels guilty. One of the reasons, why a clear-cut guilt dimension could not be obtained in this study may be insufficiency of the scenarios to remind guilt beliefs, which have a significant magnitude in this sample.

This study, guilt items that consist of regret, repair and responsibility came together but under this dimension some pride items also exist. Therefore, it is not exactly a guilt dimension with this structure compared to the literature findings. Content analysis points out that feeling responsible is the basis of the dimension.

According to the participants of this study, there is no need to feel pride or guilty about related scenarios because it is their responsibility to do it this way.

The attributions of the reasons of negative events may be a cultural tendency. For instance, there might be a tendency to believe that some specific negative events are God-given, so that there is nobody to blame. Another cultural criterion may be “irreparability of harm”. In some cultures, particular negative events may be perceived as having unfair outcomes so that a transgressor is wanted to blame for the situation. “Feeling guilty” concept may also be affected by proximity of the harmed one; in some culture harming relatively distant person may not feel that much guilty than harming a close, intimate person. In addition, if the person is not blamed by others, may not feel guilty by himself. In the lights of these remarks, the cultural subjectivity of guilt and guilt-proneness may affect the results of the study.

In this study, a dimension, which underlines accomplishment of duties for engaging in socially acceptable behavior emerges. Acting in accordance with social expectations may be observed in collectivist cultures rather than individualistic ones. Importance given to self-evaluations and others’ evaluations are different between individualistic and collectivist cultures.

Accomplishment of duties is related with engaging socially acceptable behaviors in collectivist culture and controlled with others’ evaluations as well as self-evaluations. People feel guilty by themselves when they misbehave and feel dishonored in front of others in collectivist cultures. On the other hand, in individualistic cultures if a person misbehaves according to oneself, s/he may give importance to lose credits again for him/her own goods or; others’ evaluations function as being reparative and adaptive for the next time. Consequently, it can be stated that guilt is not so private or self-evaluated feeling as compared to shame. Therefore, guilt may be more affected by cultural differences.

Yau-Fai Ho, Wai Fu, and Ng (2004) consider face and self as mutual concepts. Face reflects the twofolds of self: self introduced to others and self seen by others. Their consideration guides two major methodological implications: 1) Private experiences may not be completely private; 2) The need for comprehensive conception of selfhood. They suggested an idea that represents a move toward differentiating how people in different cultures experience self-conscious emotions.

These emotions are considered as discrete because they seem to be evaluated by qualitatively different attributes.

Looking for a similar as an example about cultural differences, the results of Anolli & Pascucci's (2005) study can be examined. They noted that because of being from different cultural background, in terms of guilt and shame experiences, Indian and Italian individuals showed different patterns. Specifically, Indians attributed the responsibility of the event to natural forces and to chance; on the other hand, Italians, especially in the guilt experience, attributed a greater responsibility to themselves. This phenomenon seems to give some support to the independence versus interdependence model related to culture in experience and expressing emotions (Kitayama, Markus, and Kurukowa, 2000).

According to independence-interdependence approach, as an example of interdependent culture, India has strong social rules, the obedience to authority, and the principle of saving one's face as well as the protection of group harmony. These principles influence the feeling of shame and guilt, because self-conscious emotions are strictly linked to the social context and may serve to highlight and to preserve social standards. These reasons may also be valid for Turkish culture in terms of non-distinguishing structure of guilt and pride items.

Markus and Kitayama (1991) stated that self-conscious emotions, pride or guilt, may differ according to the nature of the mediating self-system. For example, if as being proud of one's own individual attributes, pride, is defined as hubris, and its expression would be avoided in cultures with interdependent selves. Consistent with that statement, Stipek, Weiner, and Li (1989) found that the Chinese were decidedly less likely to claim their own successful efforts as a source of pride than were Americans. Similar with pride, guilt is also considered as a cause of "violating a law or a moral principle" by those with independent selves, who are more likely to hold stable, cross-situational beliefs. For instance, among Chinese the most commonly reported source of guilt was "hurting others psychologically" (Markus & Kitayama, 1991).

Yau-Fai Ho et al. (2004) supported this general view with identification of some major cultural variations on how self-conscious emotions are recognized and expressed. These variations are in linguistic representation, action orientation

(approval seeking vs disapproval avoidance) and other individuals' involvement in terms of intensity and extensity of the emotions.

In conclusion, the importance of discrimination between guilt and shame is supported in the literature exhaustively (Lewis, HB. 1971; Lewis, M. 1989, 1992, 1996; Tangney, Wagner and Gramzow, 1992). Numerous empirical studies have strongly supported these two states as conceptually distinct and in their correlations to other psychological and psychopathological phenomenon.

4.6. Weakness/strength of the study

A major strength of the study was the way it is conducted. The study had an adequate sample size and allowed for participant anonymity, the data collection procedure was controlled with randomized scales, same instructor and instructions. This reduced the potential for biases and impact of confounding factors. A further strength was in the questionnaires used for collecting data; they are very recent and well known in the related field. The type of questionnaire allows the scientific quantitative analyses to conclude the theoretical considerations and so that subjectivity and dilemmas on concepts were decreased.

Main limitations of this kind of study may be sampling bias, self-report methodology, weaknesses in the instruments used, and lack of information about participants. Underlying the strengths of the study, in that case, the main limitation of this study is about uncertainty on sample representativeness. Although Turkey has young population, due to the participants were only students, generalization beyond this sample must be made cautiously. In addition, because of the methodology, while social desirable responses could not be ended, elimination of unique answers could not be prevented with the force-to-choice responses.

Consequently, although there are concerns about phenomenological descriptions of shame and guilt in the measures (Andrews et al., 2002; Gilbert, 1998), especially TOSCA has been used in a number of studies with students and has very good reliability (Tangney et al., 1992; Tangney, 1995, 1996).

Since based on only correlations does not ensure the direction of causality between concepts and the generalizability of the findings is limited by the student

sample, new studies on self-conscious emotions and psychopathology relationships should be done.

4.7. Implications

Implications of self-conscious emotions studies generally point out clinical psychology area, in terms of comprehension of both normal and abnormal in inter-intra personal issues. Tendency to self-humiliation, feelings of inferiority, aggression, and self-oriented empathy were found to be related to shame-proneness (Tangney & Fischer, 1995). On the other hand, guilt-proneness is offered as a functional emotion, even as a strength that can be used in treatment process because of its reparative characteristics.

As self-conscious emotions reflect cultural values, particularly for bicultural individuals and immigrants, the exploration of the details of their mechanism would be very important. In clinical area, understanding conflicts that patient lives in because of the differences in cultural values may prevent further psychopathological symptoms like depression and anxiety caused by stress (Hoare, 1991; Takaki, 1994; Toupin, 1980).

4.8. Suggestion for further studies

Recent findings underline the importance of careful consideration on measurement issues when studying interchangeable used emotions such as shame and guilt. The use of appropriate instruments to measure self-conscious emotions should be prior in future studies.

Up to now some methodological problems inhibit the study of self-conscious emotions. In eliciting self-conscious emotions, both the material (e.g. photos, film clips) and the environment (laboratory, in vivo) used for basic emotions do not work. For collecting accurate information, manipulation to generate self-conscious emotions does not seem very efficient and ethical. Moreover, they could not be measured reliably due to relativity factor of emotional experience. In fact, Gilbert (2000) points out that shame measures do not capture the richness of shame experiences enough. The missing information about intensity, frequency, and

duration of shame and guilt experiences would be very useful in terms of investigation of self-conscious emotions.

Regarding sampling bias, further studies must be done with different samples other than the university students. Studies with clinical population and across different cultural samples would display the “normal” and “abnormal” aspects of the self-conscious emotions. In addition to cross-cultural issues, future studies should focus on gender effects. Therefore, gender effects of TOSCA-3 should be studied in detail in order to clarify the inconsistencies in the literature (Tangney and Dearing, 2002).

In conclusion, by stressing the necessity to consider, this study sheds light on examining the role of proneness to some specific self-conscious emotions and situational self-conscious emotions separately. Besides, both TOSCA-3 and SSGS are promising tools to rate and assess self-conscious emotions in terms of trait and state dimensions. The results also justify that the adaptation of these self-conscious emotions’ measures into Turkish is very necessary and useful study.

CHAPTER IV

STUDY II: IDENTIFYING THE CUES FOR RECOGNITION OF THE SELF-CONSCIOUS EMOTIONS

1. Introduction

In the emotion literature, the existence of a nonverbal expression for determining whether a particular state is an emotion was emphasized as a key criterion (Ekman, 1992). Indeed, this may make easier to answer the question of whether shame and guilt are two characteristics of the same emotion, or whether they are two distinct emotions. If shame and guilt are associated with distinct nonverbal expressions, a coding method based on observable specific nonverbal behaviors could be determined so that assessing shame and guilt without applying self-report can be more reliable. However, before developing a coding method, for ideal shame, guilt, and also other self-conscious emotions expressions, it is essential to decide the correct group of nonverbal behaviors that are necessary and sufficient for accurate recognition and to make the arrangement of these characteristics which creates the highest level of recognition.

The main goal of this study is to provide a background on the common comprehension on the recognition of self-conscious emotions through the nonverbal behaviors of others such as the bodily gestures and/or facial expressions. In fact, this study aims to discover precise facial expressions and/or body postures that are common for specific self-conscious emotions. It is expected that the study will answer the questions: “What is the common comprehension on recognition of others’ self-conscious emotions such as shame, guilt, and pride?” and “Which specific indicators (if there is any) allow recognizing others’ self-conscious emotions?”

Borod (1993) stated that the modes of emotional processing include steps such as detection, perception, arousal, expression, experience and/or reaction. In

addition, the stimuli initiating and mediating this processing might be communicated through any combination of nonverbal cues facial, gestures and postural channels. Vocal cues such as the tone of voice and lexical cues create meaning.

Freud often mentioned about nonverbal cues as non-controllable, for instance sometimes he described his patients as chatting with fingertips while lips are silent (Freud, 1905). However, Ekman and Friesen (1975) suggested some nonverbal channels' cues like facial expressions are more controllable than others. Interestingly, these comments are ending to the result that the face becomes the most informative channel when the communicator is honest but also is the most misleading channel in deceptive situations.

Darwin (1872/1965), as a pioneer, argued the universal and discrete emotions expressions firstly. Subsequently, theorists such as Izard (1971) and Ekman (1972) supported the existence of underlying hardware mechanisms for each discrete emotion. At the beginning, Ekman (1984) proposed that all emotions produce facial expressions unless they are masked and that the natural boundaries between types of emotion could be determined by differences in facial expression. However, according to some other view, many "non-basic" emotions do not seem to involve a distinctive facial expression (Izard & Malatesta, 1987). More recently, both Izard (1991) and Ekman (1992) stated that the emotion process may be more sophisticated than what is discovered, that is some emotions might not be in accordance with the facial expressions. In fact, Ekman (1993) later on, discarded his first idea for two reasons: There seems to be some emotions that do not have facial signal and there seems to be different emotions share the same signal (Russell & Barrett, 1999). For instances, Tracy and Robins (2007a) mentioned that all positive emotions such as happiness and pride have been assumed to share the smile as a single nonverbal signal but they are distinct emotions.

Darwin (1872/1965) claimed that observers are able to recognize certain emotions accurately apart from the context. Most of the facial expression studies focus on particular emotions namely basic emotions and use Facial Action Coding System (FACS; Ekman & Friesen, 1978) to measure recognition accuracy of the expressions. FACS is a complete reliable and valid method that describes every

facial muscle movement related to the expression of each basic emotion. It has helped to find out the behavioral indicators of deception. Moreover, because it provides assessment on what is felt without relying on self-report, emotions in infants and in non-human primates could be studied (Ekman & Rosenberg, 1997; Keltner & Ekman, 2003).

However, FACS does not integrate facial muscle movements for self-conscious emotions, possibly because of their complex expression that engages the body as well as face. Almost all studies on expressions of embarrassment, pride, and shame showed that nonverbal expressions can only be recognized when behaviors other than facial muscle movements are combined with facial expressions. For example, the shame expression seems to include a head tilt downward, and pride seems to include an expanded posture (Keltner, 1995; Tracy & Robins, 2004b).

The recognition rates of self-conscious emotions need to be as good as the recognition rates for the previously established emotion expressions (Tracy & Robins, 2007c). Among the basic emotions, happiness has been found easier to be recognized (Kirouac and Dore, 1985). Wagner, MacDonald, and Manstead (1986) studied on spontaneous facial expressions to identify accurately others' basic emotions namely anger, fear, sadness, happiness, disgust, surprise. Surprise and disgust were second-best of happiness and then anger, sadness, and fear came. However, according to some views disgust, surprise, and contempt are still in debate if they can be recognized on the face despite that they are basic emotions (Ortony & Turner, 1990). The findings about vocal cues supported also this debate, sadness and anger are the most easily recognized emotions followed by fear and joy; but, disgust is the least recognizable emotion by vocal cues (Scherer, 1986).

The existing findings were not able to provide the best recognized or the most prototypical expressions of self-conscious emotions. To have the highest level of accuracy on recognition of a specific self-conscious emotion, a right group of nonverbal behaviors should be marked. Developing a reliable means of self-conscious emotions signs reduces social desirability bias which inhibits reporting explicitly shame, guilt or pride (Zammuner, 1996). While determining the specific components of the prototypical self-conscious emotions expressions, some

hypotheses about the functions of expressions could be generated. For instance, recently Tracy and Robins (2007a) mentioned that as a prototypical pride expression, extended arms from the body could function for attention-generating, after an individual has had a status-increasing success.

Family	Behavioral regulatory functions	Social regulatory functions	Internal regulatory functions	Goal for self
Shame	Distance oneself from evaluating agent; reduce “exposure”	Communicate deference / submission; communicate self as “small” or inadequate	Highlights standards and importance of standards; aid in acquisition of knowledge of self as object; reduce arousal	Maintenance of others’ respect and/or affection, preservation of positive self regard
Guilt	Repair damage	Communicate awareness of proper behavior; communicate contrition / good intentions	Highlights standards and importance of standards; aid in acquisition of knowledge of self as agent	Meeting known standards
Pride	Decrease distance from evaluating agent	Show others one has achieved standard; show dominance / superiority	Highlights standards and importance of standards; aid in acquisition of knowledge of self as object and agent	Maintenance of good feelings about oneself

Source: Tangney and Fischer, 1995

Figure 4.1 (Part 1) Characteristics of Some Social Emotion Families

The functions of emotion expressions have been investigated for establishing the evidence about the universality of them. However, recently it is considered that emotions might have evolved to motivate a wide range of fundamental social behaviors and consequently cross-cultural emotion expression studies begin to be conducted. Besides, although there are some neurobiological evidences about the existence of discrete facial expressions obtained with objective measures; emotions are considered to be mainly depended on the social context if they were basic emotions as well. For instance, in a recent study, smiling which is related to happiness was found by EMG-recordings to be displayed stronger in a social context imagining (Fridlund, 1991). This finding supports the existence of display rules that

appeared to be attached to culture (Ekman, 1993; Mesquita and Fridja, 1992).

Display rules are cultural principles or personal coping responses to the demands of handling expressive behavior in various situations (Saarni, 1984). They refer to behaviors such as facial expressions, gestures or verbal statements, which serve communication of emotion felt. In addition as a display rule, hiding negative emotions like fear, sadness, shame is more often seen than hiding positive emotions such as pride or happiness because negative emotions publish the vulnerability of the individual. In fact, Lewis (1997) argued that social display rules inhibit negative expressions and this is learned during mother-infant social interaction (Malatesta and Haviland, 1982). Profyt and Whissel (1991) concluded that positive emotions are posed earlier in childhood and more completely by adulthood than negative emotions.

Matsumoto, Hee Yoo, Hirayama and Petrova (2005) claimed that the expressive modes “Express, Deamplify, Amplify, Mask, and Qualify” are theoretically and statistically different from each other. This suggests that a comprehensive measurement of an individual’s display rules requires the assessment of these expressive modes regarding the social situation in that the person as well as his/her culture and the emotion exist.

Whatever the emotion, every society has display rules that govern how and when emotions may be expressed (Ekman & Friesen, 1975). People learn their culture's display rules as effortlessly as they learn its language. They express or suppress their emotions without being aware of the rules that they follow (Wade & Tavis, 1993). Yet, cross-cultural studies found that almost same emotions are evoked by the same situations for every person, for instance, sadness follows perception of loss, fear follows perception of threat, and anger follows perception of insult and injustice (Scherer, 1988). Gestures of submission are inherited universals for some kind of animal and for human beings also. These are looking downwards, hunching the body, averting or lowering the gaze, immobility, and facial expression of fear. They occur in recognizable circumstances of threat from a dominant individual, from having made some social transgression or from social rejection.

They set up a certain kind of relationship, originally functioning to allow peaceful coexistence at the price of lowering an individual in a persisting dominance hierarchy.

Hence, in studies of facial expressions of emotion, researchers have focused on anger, contempt, disgust, happiness, fear, sadness, surprise, and occasionally shame in spite of sharing some nonverbal behaviors with some other negative emotions (Ekman, 1972; Ekman et al., 1969; Izard, 1971). Particularly, theorists diverge in their claims about whether shame that is a self-conscious emotion, has a distinct display. Some theorists argue that it exists (Keltner & Buswell, 1997); others are skeptical because shame is a self-conscious emotion and this category of emotions do not have discrete expressions as basic emotions do (e.g., Ekman, 1992).

It is claimed that the main reason of the difference between basic and self-conscious emotions is self-evaluation process. Actually, self-evaluative processes can also lead to the experience of basic emotions, but basic emotions can be elicited in the absence of self-evaluation also. Especially, self-conscious emotions are seen as reinforcers of pro-social behaviors (Stipek, 1983); and contribute to the development of a sense of self-esteem (Brown & Marshall, 2001).

Family	Appreciation re:self	Appreciation re:other	Action tendency	Focus of attention	Vocalic pattern	Physiological reaction
Shame	"I am bad." (Self regard is perceived to be impaired.)	"Someone thinks I am bad, everyone is looking at me."	Withdrawal; avoidance of others; hiding of self.	Self as object	"Narrow," moderately lax, thin voice.	Low heart rate; blushing
Guilt	"I have done something contrary to my standards."	"Someone has been injured by my act."	Outward movement; inclination to make reparation, tell others, and punish oneself.	The wrongdoing; consequences of one's act; self as agent and experience	"Narrow," tense, moderately full voice.	High heart rate and skin conductance; irregular respiration.
Pride	"I am good."	"Someone/ everyone thinks (or will think) I am good."	Outward movement; inclination to show/tell others.	Self as agent and as object	"Wide," moderately tense, full voice.	Flushed face; high heart rate

Source: Tangney and Fischer, 1995

Figure 4.2 (Part 2) Characteristics of Some Social Emotion Families

If self-conscious emotions require self-evaluation process in order to regulate the relationships with “others”, this means that they have “communication” function. Therefore they seem to serve socialized rather than biologically based goals (Campos, Barrett, Lamb, Goldsmith, and Stenberg, 1983; Lewis, 1993). However, a few numbers of researchers study the nonverbal expressions of self-conscious emotions. Findings showed that these kinds of emotions may be effectively communicated through more complex nonverbal behaviors than a simple, immediate facial muscle movement (Barrett & Campos, 1987). In addition, they may be expressed by language usually rather than nonverbal expressions because the messages they give is less urgent and more complicated than basic emotions do through automatic facial expressions. Another possible explanation for the absence of the facial signals in self-conscious emotions is that expressing these emotions may sometimes be maladaptive, making more important that they should be regulated. For example, in many cultures, it is considered to display pride is unaccepted and such displays may lower a person's likeability or cause the formation of coalitions against the person (Eid and Diener, 2001).

Nevertheless, currently, Tracy and Robins (2007a) verified that pride can be recognized with nonverbal behaviors. They claimed that the pride display is reliably recognized and distinguished from similar emotions (e.g., happiness) using forced-choice and more open-ended methods, by adults and children as young as 4-years-old (Tracy, Robins, and Lagattuta, 2005). Furthermore they added that pride recognition generalizes across cultures, including a highly isolated, preliterate tribal culture in Burkina Faso, where individuals with virtually no exposure to the Western world were shown to accurately identify the pride expression (Tracy and Robins, 2007a).

On the way of establishing self-conscious emotions expressions, researchers may prefer to carry out some component studies, which identify the nonverbal behaviors associated with the experience of a particular self-conscious emotion or they may prefer to do some judgment studies, which reveal whether observers can reliably distinguish the nonverbal displays of a particular self-conscious emotion

from another. Thus far, although there are judgment studies which find out that people can differentiate shame from embarrassment (Keltner, 1995) even across different cultures (Haidt & Keltner, 1999), there is no component study which has tried to validate the actual behavior associated with the shame display.

Whereas it is critical to resolve the nonverbal behaviors that are necessary and sufficient for accurate recognition of shame, in order to answer the question of whether shame and embarrassment or guilt or another self-conscious emotion are two distinct emotions. Therefore, a coding method based on observable specific nonverbal behaviors of some particular self-conscious emotions should be clarified.

For example, Kudoh and Matsumoto (1985) made a factor analysis for bodily nonverbal behaviors. Some behaviors such as straightening one's back could be shared by different emotions and some behaviors such as covering one's face with hands could be specific to a particular emotion. This analysis could be roughly outlined as tossing one's body, throwing one's chest, leaning back, shrinking one's body, dropping one's shoulders as one factor, leaning forward, turning one's back as another factor and, standing straight up, raising one's shoulders, sitting deeply in one's chair as the last factor. These factor also contained behaviors that are involved in hands and head movements like hanging, bowing, turning away one's head and covering one's face with hands, shaking a fist, holding one's chin with hand, widening both hands. However, these kinds of data could help judgment studies again rather than component studies.

Matsumoto (1987) always considered the methodological limitations of facial feedback research. He claimed that facial expressions used in the studies are not meeting the necessary criteria to be called as emotional expression, he mentioned the possible confounding effects of facial manipulation on self-reports. The (un)clarity of the evoking stimuli that used in the studies for accurate examination of specific emotions. As a result, he suggested that to test the facial or nonverbal behavior feedback, the expressions must meet the established criteria concerning what constitutes the particular emotional expression or new methods should attempt to be tested.

Lebra (1983) utilized the Thematic Apperception Test as a research tool to

disclose the occurrence and the frequency of shame in Japanese culture. She criticized the view of "Japan is a shame culture". To support her criticism, she distinguished shame and guilt in Japanese culture. However, according to previous studies, TAT responses by the Japanese (Devos and Wagatsuma, 1961) indicate that a very large percentage of them narrate a delinquent boy who regrets what he did before and became benefactor to society. This early finding reveals that guilt rather than shame is prominent in Japanese culture. Devos (1974) also used the TAT cards in order to investigate shame and guilt related to child-rearing practices of Japanese. Devos examined whether these practices emphasize social evaluation as a sanction that results in shame or more internalized ethical codes that result in guilt (cited in Thonney, Kanachi, Sasaki, and Hatayama, 2006). These contradictory findings support the critical importance of new methods in terms of better comprehension of self-conscious emotions in all aspects namely facial expressions, nonverbal behaviors, linguistic characteristics, and social context.

Different methods have been used in self-conscious emotions research. Such as component or judgment studies conducted. Consequently, the defining characteristics and functions of the "self-conscious emotions," have begun to clarify (Edelmann, 1987, 1990; Keltner, 1995; Lewis, 1993; Miller, 1992, 1996; Miller & Leary, 1992; Miller & Tangney, 1994; Parrott & Smith, 1991; Tangney, 1990, 1991, 1992; Tangney & Fischer, 1995).

2. Method

The investigation of the common comprehension on recognizing self-conscious emotions was made through separate individual sessions with each participant. The sample consisted of 45 university students. Each participant answered closed-ended questions while looking at a selected set of Thematic Apperception Test (TAT) cards.

2.1. Participants

45 students from different departments were administered separate individual sessions in order to identify cues that are used for recognition of self-conscious emotions. There were 36 (80 %) female and 9 (20 %) male subjects in the study. The average age was 21,09 (SD= 2.50) which ranged from 18 to 29. Although the original major settlement area ranged between village, town, city, and metropolis, most of the participants' living place seems to be metropolis (71 %). The students either got credit for their participation or they were volunteers.

2.2. Instruments

The Thematic Apperception Test (TAT) is a projective test of personality developed by Morgan and Murray in the 1930s at the Harvard Psychological Clinic. They first introduced the test in a published article (Morgan and Murray, 1935). TAT (Murray, 1943) is still considered as one of the leading measures of psychological functioning. The test was designed to elicit unconscious stimuli through the use of the ambiguous story cards, therefore revealing the projected personality of the participant. However, there is a common ground for stories which are initialized so that TAT cards evoke similar stories in different persons' mind. Nevertheless the main aim of the test is detecting the problematic area of the narrator by means of deviations from this common ground. In short, although TAT is seen as a standard of psychological assessment, many researchers and clinicians have used it to assess psychopathological symptoms through extraordinary stories that participant tells.

As a matter of fact, projective tests unlike objective ones are not scored for right and wrong answers instead they reflect the participant's response to an

ambiguous situation with no structure. This allows for a full range of responses from the participant, and allows the freedom of individual's expression and creativity. At the same time it may be very helpful to determine the problematic areas of psychological profile of the participant.

The results of the studies showed that psychometric properties of TAT are satisfactory and approximately equivalent to those of the more structured and objective measures such as MMPI. The questions of reliability and validity have been addressed to the comprehensive interpretation system of Murray (1943/1965). In fact, as mentioned before, TAT responses are interpreted in a consistent manner and this interpretation approach gives opportunity to compare the psychological functioning of the participant with that of others who respond in a similar way.

There are some legitimate reasons to utilize TAT cards for the study. First of all, TAT is an indirect means of obtaining information about the habitual perceptual-cognitive style, personality style and, also psychopathological symptoms of the person. This test examines different aspects of personality, including the way that people perceive and attend to events in their lives, the way that they experience and express emotions, their attitudes towards themselves and others. However, as different from standard protocol of TAT administration, in this study participant did not narrate their imaginary stories but filled closed-ended questions about the recognition of emotions on cards from the nonverbal cues.

Therefore, in the current study, a set of TAT cards were combined with closed-ended questions. The selected set of TAT cards consisted of five cards namely 1, 3BM, 3GF, 6BM and 13 MF which were found related to the topic by 3 experienced clinicians in the related field and also by literature review. Each card had two questions having multiple choice answers. Before the administration starts, participants filled a cover page of demographic information. The questions of demographic information section included the gender, age, department, class, major settlement area information of participant. After they responded to the demographic information questions, for each cards participants answered the questions. The first question is about the dominant emotions which were recognized from the card, the choices were all basic emotions (i.e. anger, fear, happiness, disgust, sadness, surprise)

in addition to shame, guilt, and pride as self-conscious emotions. They could choose more than one emotion as being dominant for each card and rate them in terms of intensity from not at all (0) to 4 (completely) . The second question was about the cues which were used while deciding dominant emotions on the card. The question was: “Which characteristic(s) of the card helped you recognize the dominant emotion?” to answer this question, participants selected nonverbal expressions from the list that were helpful to recognize the emotion. The characteristics that could be chosen were body posture, hands-foot movements, head posture, facial expression, eyes-eyebrows and lips.

2.3. Procedure

The sessions were conducted with individual appointments. While some participants were volunteered to participate, most of the participants got bonus points for the related course for their participation. The administration took about 30 minutes for each participant. All participants had the same administrator. In the first five minutes, the information about TAT cards was given and the aim of study was explained. None of the participants had ever seen the cards before. The data were analyzed by SPSS.11.5.

3. Results

3.1. Descriptive Statistics

The study consists of demographic variables namely sex, age, department, class, location and economic status in addition to emotion and nonverbal cues variables obtaining from TAT protocols. For descriptive variables, with good normative data (age, location, economic status etc.), it can be stated that this sample's scores were comparable with the norms of the other samples in the whole study (see Table-4.1). The emotion and nonverbal cues variables gathering from TAT protocols are examined by Chi-square method which is one of the nonparametric tests analysis and the differences in emotions on each card are studied by General Linear Model and compared as within subjects' factors. These methods are found to be most suitable for answering the questions for each card: "Is there a dominant emotion recognized by the majority of the sample?" and "From which characteristic(s) of the card they tend to recognize these emotions?"

Table. 4.1 Descriptive Characteristic of the Participants

Variables	<u>Frequency</u>	Percent.	Variables	<u>Frequency</u>	Percent.
<i>Gender</i>			<i>Department</i>		
Female	36	80.00	Psychology	33	75.00
Male	9	20.00	Other	12	25.00
<i>Residence</i>			<i>Class</i>		
Big City	32	71.00	Freshman	23	51.00
City	9	20.00	Sophomore	10	22.00
Town	4	9.00	Junior	3	7.00
			Senior	5	11.00
			Master	4	9.00
	<u>Min.</u>	<u>Max.</u>	<u>Mean</u>	<u>Std. Deviation</u>	
<i>Age</i>	18.00	29.00	21.09	2.50	
<i>Economic Level</i>	<u>Low</u>	<u>Middle</u>	<u>High</u>		
	n(2%)	n(89%)	n(9%)		

3.2. Emotion Differences of TAT Cards

First card-Violin Boy (1)

In order to examine possible differences between strength of identified emotions on the first card (Violin Boy [1]), Oneway ANOVA was conducted. This analysis revealed significant Emotion main effect, $F(8, 352) = 69.45, p < .001$. Post-hoc analyses conducted with LSD revealed that (see Table-4.2) for this card Sadness was identified more strongly than Fear, which was identified more strongly than Shame and Anger. The identified strength of Guilt differed neither from Fear nor from Shame and Anger. Moreover, all those mentioned emotions were identified more strongly than Pride, Happiness, Disgust, and Surprise; though these latter four emotions did not differ from each other in terms of their strengths of identification. Thus it can be argued that this card mainly reflected the emotion of Sadness which was followed by the emotion of Fear. Summing up in terms of self-conscious emotions recognition, Guilt and Shame did not differ from each other but Pride was significantly less reported than both of them on the first card.

Second card (3 BM)

On the second card (3 BM) in order to examine possible differences between strength of identified emotions, Oneway ANOVA was conducted. This analysis revealed significant Emotion main effect, $F(8, 352) = 92.33, p < .001$. Post-hoc analyses conducted with LSD revealed that (see Table-4.2) for this card Sadness was identified more strongly than Shame, which was identified more strongly than Guilt. Moreover, all those mentioned emotions were identified more strongly than Fear, Anger, Disgust, Pride, Surprise and Happiness. The identified strength of Fear differed from the rest of the emotions that were mentioned. Though among these latter five emotions, Anger and Happiness differed from them in terms their strengths of identification. While Anger was identified more strongly than the rest, Happiness was identified less strongly. Consequently, it can be argued that this card mainly

reflected the emotion of Sadness which was followed by the emotion of Shame. Summing up in terms of self-conscious emotions recognition, Shame and Guilt differed from each other on this card since Shame was more recognized. However, in the case of Pride, this emotion was again significantly less reported than both Shame and Guilt.

Third card (3 GF)

In order to examine possible differences between strength of identified emotions on the third card (3 GF), One-way ANOVA was conducted. The results displayed that one of the participants refused to answer this card's questions. Nonetheless Oneway ANOVA revealed significant Emotion main effect, $F(8, 344) = 47.92, p < .001$. Post-hoc analyses conducted with LSD revealed that (see Table-4.2) for this card Sadness and Shame did not differ from each other and were identified more strongly than other emotions. However, Shame did not differ from Guilt also in terms of its strengths of identification. That is the identified strength of Shame differed neither from Sadness nor from Guilt, although Sadness and Guilt differed from each other in terms of their strengths of identification. Among the rest of the emotions, Fear was identified more strongly than Anger, Surprise, Disgust, Pride and Happiness; though except Happiness these latter emotions did not differ from each other in terms of their strengths of identification. Happiness was identified least strongly. Thus it can be argued that this card reflected the emotion of Sadness and Shame which was followed by the emotion of Guilt. Summing up in terms of self-conscious emotions recognition, Shame and Guilt did not differ from each other and Pride was again significantly less identified than both of them.

Fourth card (6 BM)

On the fourth card (6 BM) in order to examine possible differences between strength of identified emotions, Oneway ANOVA was conducted. This analysis revealed significant Emotion main effect, $F(8, 352) = 17.76, p < .001$. Post-hoc analyses conducted with LSD revealed that (see Table-4.2) for this card Sadness and Guilt did not differ in terms of their strengths of identification and were identified

more strongly than other emotions. Shame, Surprise, Fear, Pride, and Anger were identified more strongly than Disgust and Happiness, but did not differ from each other in terms of their strengths of identification. The identified strength of Disgust and Happiness did not differ from each other but they were identified less strongly than other emotions. Consequently, it can be argued that this card mainly reflected the emotions of Sadness and Guilt which were followed by the emotion of Shame. Summing up in terms of self-conscious emotions recognition, Guilt differed from Shame and Pride as being more recognized on this card, but Shame and Pride did not differ from each other in terms of their strengths of identification.

Fifth card (13 MF)

On the fifth card (13 MF), in order to examine possible differences between strength of identified emotions, Oneway ANOVA was conducted. Two of the participants refused to answer this card's questions. Oneway ANOVA revealed significant Emotion main effect, $F(8, 336) = 32.54, p < .001$. Post-hoc analyses conducted with LSD revealed that (see Table-4.2) for this card Sadness, Shame and Guilt did not differ from each other in terms of their strengths of identification and they were identified more strongly than other emotions. Surprise, Anger, Fear and Disgust were significantly different from them but they did not differ from each other. This group of emotion was identified less strongly than the former one but more strongly than Pride and Happiness. The identified strength of Pride and Happiness did not differ from each other. They were the least strongly identified emotions among the all emotions mentioned. Thus it can be argued that this card reflected the emotions of Sadness, Shame and Guilt altogether because their strengths of identification did not differ. Summing up in terms of self-conscious emotions recognition, Shame and Guilt did not differ from each other but Pride is again significantly less identified than them.

An additional analysis to determine dominant emotion on each card

Since participants could rate all listed emotions as being dominant at each card, in some cards there was more than one dominant emotion. To clarify this

confusion, the intensity degree that they gave for each emotion is examined. The most intensive emotion that was rated highest was scored as 1 and other reported emotions on the same card were scored as 0 and were not taken into account. Then the percentages of the dominant emotions for each card were calculated. As a result, for the first two cards (1,3 BM), sadness was the dominant emotion (%53 and %60 respectively). On the 3 GF, shame became the dominant emotion (%69) and on the 13 MF guilt became the dominant emotion (%42). However, even with this further method 6 BM was ambiguous in terms of emotion recognition because as the most dominant emotions, guilt and sadness had equal percentage and this percentage was not sufficient to be a dominant emotion (%20 for both).

It was found that there were significant correlations between particular emotions. As expected shame and guilt had a significant correlation ($r=.56$, $p<.01$). In addition, shame was found as having significantly correlated with disgust ($r=.31$, $p<.05$). Like shame, fear was also found to have significant correlations with both a basic and a self-conscious emotion namely surprise ($r=.53$, $p<.01$) and pride ($r=.31$, $p<.05$).

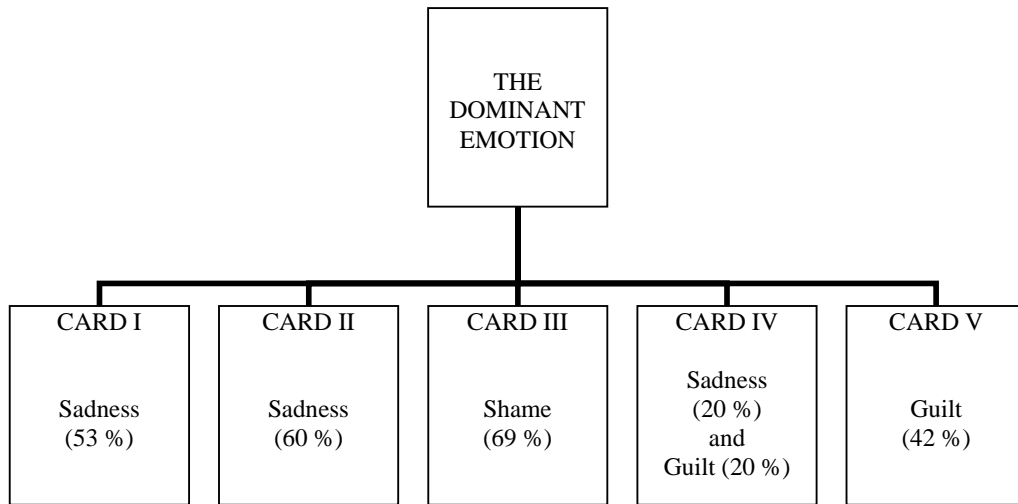


Figure 4.3 The Dominant Emotion on Each Card after the Additional Analysis

Table.4.2 Mean and Standard Deviations of Emotions on the Five TAT Cards

Emotion	First Card	Second Card	Third Card	Fourth Card	Fifth Card
Guilt	x = 1.00, SD = 0.95 _{cd}	x = 2.00, SD = 1.21 _e	x = 2.36, SD=1.28 _e	x = 2.09, SD = 1.50 _c	x = 2.88, SD = 1.22 _c
Shame	x = 0.89, SD = 1.07 _{bc}	x = 2.33, SD = 1.24 _f	x = 2.41, SD=1.50 _e	x = 1.69, SD = 1.44 _b	x = 2.47, SD = 1.47 _c
Pride	x = 0.40, SD = 0.86 _{ab}	x = 0.22, SD = 0.52 _b	x = 0.27, SD=0.62 _b	x = 1.31, SD = 1.41 _b	x = 0.30, SD = 0.77 _a
Fear	x = 1.36, SD = 1.19 _{de}	x = 1.47, SD = 1.22 _d	x = 1.32, SD=1.22 _d	x = 1.42, SD = 1.20 _b	x = 1.21, SD = 1.19 _b
Happiness	x = 0.13, SD = 0.46 _a	x = 0.00, SD = 0.00 _a	x = 0.06, SD=0.30 _a	x = 0.00, SD = 0.30 _a	x = 0.16, SD = 0.61 _a
Sadness	x = 3.33, SD = 0.85 _f	x = 3.27, SD = 1.07 _g	x = 3.02, SD=1.13 _f	x = 2.24, SD = 1.32 _c	x = 2.44, SD = 1.31 _c
Disgust	x = 0.24, SD = 0.57 _a	x = 0.38, SD = 0.72 _b	x = 0.66, SD=0.99 _c	x = 0.16, SD = 0.42 _a	x = 1.47, SD = 1.55 _b
Surprise	x = 0.22, SD = 0.42 _a	x = 0.20, SD = 0.46 _b	x = 0.68, SD=1.03 _c	x =1.42, SD = 1.56 _b	x = 1.12, SD = 1.34 _b
Anger	x = 0.64, SD = 0.77 _{bc}	x = 0.67, SD = 0.98 _c	x = 0.70, SD=0.90 _c	x = 1.18, SD = 1.30 _b	x = 1.21, SD = 1.19 _b

Note. The mean scores that do not share the same subscript on the same column are significantly different from each other at .05 alpha levels with LSD.

3.3. Cue Differences on Interpreting Emotions

Nonverbal cues are explored in terms of the answers given to the question: “From which characteristic(s) of the card the participants tend to recognize these emotions?” Some of TAT cards are not suitable for observing and rating certain nonverbal cues on the list. For instance, on the second card, a human figure on the card is seen from behind and on the third card, the face was covered with hand therefore in these cards there are no facial cues such as eye-eyebrows and lips however these cards are preferred because of their suitability for nonverbal cues of self conscious emotions.

For the first card, the violin boy, participants reported extremities and eye-eyebrows as the most useful cues to identify the dominant emotion. As the child on the card is seen from above the belt, extremities are only arms and hands. The reported dominant emotion was sadness for this card so it could be concluded that sadness on the card was mostly recognized from arms-hands and eye-eyebrows.

For the second card, 3 BM, participants reported body position, extremities and head position as the most useful cues to identify the dominant emotion. As the person on the card was seen from the behind, eye-eyebrows and lips cues were not applicable for this card. The reported dominant emotion was again sadness for this card, therefore it could be concluded that sadness on this card was mostly recognized from body position, extremities and head position.

For the third card, 3 GF, participants reported body position, extremities and head position as the most useful cues to identify the dominant emotion. As the person on the card was hiding the face with hands, eye-eyebrows and lips cues were not applicable for this card either. The reported dominant emotion was shame for this card and it could be concluded that shame on this card was mostly recognized from body position, extremities especially hands and head position.

For the fourth card, 6 BM, participants reported body position, extremities, head position and eye-eyebrows as the most useful cues to identify the dominant emotion. However, there were two persons on this card, one was female and the

other one was male, this characteristic of the card might have confused the participants' mind to recognize a dominant emotion. As a matter of fact, the dominant emotion of this card remains ambiguous. Even though guilt and sadness seem to be candidate of dominant emotion with equal ratings (%20), this rating was not satisfactory to make one of them the dominant emotion. Although there was no dominant emotion on this card, participants reported to have used body positions, extremities, head positions and eyes-eyebrows of the characters on the card to recognize emotions.

In the fifth card, 13 MF, participants reported body position, extremities and head position as the most useful cues to identify the dominant emotion. This card also had two persons on it but this characteristic did not seem to be a confounding factor, in fact, it might have provided some contextual cues so that the dominant emotion was recognized more easily. Since the reported dominant emotion is guilt for this card, it can be concluded that guilt on this card was mostly recognized from body positions of the characters, extremities especially hands of male character and head positions.

As the aim of the present study was to create a framework in recognizing self-conscious emotions namely shame, guilt, and pride in terms of obtaining nonverbal cues, some of the findings deserve more attention than the others. Especially, because of having shame and guilt as dominant emotions, 3 GF and 13 MF cards results should be carefully discussed.

In addition, no causal inferences of any kind can be drawn due to the nature of this study. The interpretations offered in the discussion section could only be assumptions and require further analysis with research methods that more readily allow causal inferences. Yet, the present approach does allow determining strength of association and the correlation structure among variables and thus only providing information to further hypothesizing.

4. Discussion

Whether self-conscious emotions have discrete, universally recognized nonverbal expressions is both controversial and relatively new issue. According to some researchers, they have distinct expressions including bodily posture or head movement combined with facial expressions (Keltner, 1995; Tracy and Robins, 2006). Because of the fundamental part of self-conscious emotion is the recognition of others' evaluations (Beer, Heerey, Keltner, Scabini, and Knight, 2003), most probably in turn of these evaluations may take the form of emotional facial expressions (Keltner and Kring, 1998).

Researchers, who think that the self-conscious emotions have distinct nonverbal expressions, consider their underlying appraisal processes are important for the adaptive regulation of social behavior. For example, Beer et al. (2003) suggests that self-conscious emotions are affected by the impaired regulation of social behavior associated with orbitofrontal damage. In particular, they state that orbitofrontal patients' emotional reactions are not connected to their behavior because they have difficulty appraising their behavior accurately. Similarly, they may have difficulty interpreting others' reactions to their inappropriate behavior and therefore miss out cues that might generate self-conscious emotions which motivate behavior modification.

Studies on expressions of self-conscious emotions generally aim to compare nonverbal expressions of two similar emotions. While searching for a unique display belonging one of the emotions, it had been possible to distinguish emotions like shame and embarrassment (Izard, 1977; Tomkins, 1963). In fact, as a unique nonverbal display, blushing is considered to be experienced with embarrassment (Edelmann, 1987), but it also occurs during shame and anger (Leary, Britt, Cutlip, & Templeton, 1992; Lewis, 1993). Thus, the blush could not be accepted as a specific signal of embarrassment or shame.

Certain emotions, such as guilt, may be already marked by a distinct pattern of nonverbal behaviors that observers fail to reliably identify (Ekman, 1993). On the

other hand, it is found that unless participants trying to suppressed the expression by intention, observers accurately identified some emotions such as embarrassment (Keltner, 1995), anger (Fehr and Russell, 1984), happiness (Chan, 1985), fear (Ekman 1972). Keltner and Buswell (1996) studied spontaneous embarrassment as well as posed ones. Haidt and Keltner (1999) replicated previous studies with different cultures like rural Indians. The aim of these studies is the same which is exploring the unique displays of embarrassment. At the same time, these studies also help to find particular nonverbal displays of shame. For example, across studies, observers have been found to identify accurately shame which is represented as gaze and head movement down in spite of the disgust, guilt, and sadness expressions that are the most common secondary responses to the shame display (Buck, 1984).

Research in different cultures has clarified culturally specific displays of emotions. The study of Haidt and Keltner (1999) identifies two voluntary, representative displays of embarrassment in India: covering eyes with one's hand and the tongue bite. In fact, the former is frequently identified to be the shame display and this finding may reveal that embarrassment may be a milder version of shame (e.g., Lewis, 1993). On the other hand, the latter is considered as being related to emotions in Southeast Asia (La Barre, 1947). Some theorists argue that culturally specific displays of emotion may be voluntarily produced because they are learned. Keltner and Haidt (1999) underline the importance the social context, such as the status, intimacy, and responses of others, influence emotion and the principles that govern the relations between individuals' emotions (Barrett & Campos, 1987).

On the other hand, there are also some similarities across culture and they constitute the universal basis of displays of emotions. For instance, Fessler (2004) pointed out that displays of shame and of pride in Indonesia, as in the West, are exactly opposites of each other and they are very similar to mammalian displays of submission and dominance. The specific expressions for shame are eye contact avoidance, apparent body size decrease, and social interaction avoidance; on the contrary, the expressions for pride wanting eye contact, apparent body size increase, and wanting social interaction.

In fact, Tracy and Robins (2007b) conclude that it is possible to make coding

method for certain self-conscious emotions like pride and shame. They note that pride codes also includes behaviors relevant to shame, based on Izard (1971), Keltner (1995) and Lewis et al. (1982) views. In their pride coding scheme manual they underline some shame codes also. These are head tilted down or cover face with/in hands; one or both arms limp at sides, chest narrowed inward and shoulders slumped forward.

Therefore, Tracy and Robins (2007b) determine some specific components which promote shame as well as pride. They claim that head movement is essential for both shame and pride in terms of gazing upward for pride and downward for shame. Pride has Duchenne smile but shame may have non-Duchenne smile sometimes like embarrassment. Unlike shame's body posture which is usually bent down, pride could be recognized from a straight body posture. Hiding face with hands is a unique characteristic of shame; on the other hand, in the case of pride arms usually crossed on the chest.

Bonanno, Keltner, Noll, Putnam, Trickett, LeJeune, Anderson (2002) conducted a study that helps to comprehend the facial expression of trauma-survivors of sexual abuse. According to the findings, facial disgust is based on the indication of the person's blame in natural conversation and also based on the abuse severity. First of all, Bonanno et al. (2002) suggest that the downward gaze and head movements may certainly be an indicator of shame. Then, the findings of their study support the view that the Duchenne smile fits in genuine positive emotions (Ekman & Friesen, 1982; Keltner & Bonanno, 1997) because they found that Duchenne smiling is observed in both survivors of sexual abuse who are overtly disclosing past abuse and non-abused comparison sample. This smile may be interpreted as a relief. Bonanno et al. (2002) have validated the evidence for the facial display of shame as suggested by Keltner & Harker (1998), with blend of disgust and shame with "Non-Duchenne" smile.

Despite the fact that these findings provide the basis for assessment of shame from nonverbal behaviors, in addition to provide a detailed coding scheme for pride; there are no evidence for any unique nonverbal cue for guilt. As a result, adding social context is a very crucial cue. New studies (e.g. Ferguson et al., 2000) are

closed to achieve recognition of self-conscious emotions with discovering some specific characteristics that may help.

Individual difference studies reveal that the heightened concern for others' evaluations is related to the increased experience and expression of some self-conscious emotions like embarrassment. Keltner (1995) mentions that persons who are prone to experience embarrassment report increased feelings of worry about others evaluations. In fact, there are some factors that control the systematic relations between emotion expressions and observers' responses. For example, the relations between observers' anger and disgust in the face of one's shame need to be investigated. Moreover, according to the view, a distinct "shame" or "guilt" expression follows from its hypothesized appeasement function. It means, an individual who violates a social norm threatens the validity of the norm and revise potentially experiences of anger from others (Castelfranchi & Paggi, 1990).

4.1. Shame-Guilt Relationship

In this study, shame and guilt are found to be very closely related with each other. Even though sometimes, individuals could not distinguish them from nonverbal displays. Still, there are some distinctive nonverbal cues which help to identify both emotions according to the study. In fact, while the thematic emotion is considered to be sadness for the 3 BM, shame is significantly more reported than guilt. On the card, the person is seen from the back; this may be similar to hiding face or desire to disappear behaviors that are unique to shame. Therefore, this finding seems very relevant to the literature findings theoretically. However, 3 BM, with a single person on it, was also used in Thonney et al.'s (2006) study and found to be a "guilt card". In their study, 59 % of their participants reported guilt for this card.

Thonney et al. (2006) considered several criterion in selection of TAT cards that evoke shame and guilt. First of all, they chose the cards in which human figures were not "facing" the observer but looking away. According to Thonney and colleagues, this implies the "loosing face" expression of shame and guilt which is known to exist both Eastern and Western cultures' languages. Their other criterion is existing of "others" who know that the character's wrongdoing. However, they chose

cards in which the character is central and others remain in background. They stated that the presence of others may evoke shame but if there is no one else (like 3 BM), the key emotion would be guilt. Their third criterion is enabling the sexual identification. Therefore they chose cards which had a single male, a single female, a couple and which was sexually ambiguous.

For example, 13 MF construes a social situation and a sexually close relationship in which a man standing with his head buried in his arm and a woman behind him is lying in bed. Thonney et al.(2006) point out that the key emotion of 13 MF in their study was reported to be guilt by 74 % of their participants. Although they allow the participants to address both emotions, only 16 % of them reported both shame and guilt for this card. Interestingly, none of the participants reported shame for 13 MF in the Thonney et al.'s study. The explanation of the guilt key theme on a card which has a social connotation, is the assumption of all participants that the female figure is dead and therefore the male is alone with his conscience.

Studies using TAT procedures seem to give verbal cues such as stories, noun, verb, and adjectives forms of shame and guilt to participants in order to evoke these emotions (Lebra, 1983). The current study suggests that shame and guilt have both common and specific nonverbal characteristics. Therefore, while they do not usually distinguish from each other, in some context one of them may be found more associated with the nonverbal cues. While evaluating the context, factors such as "being alone or not", "being male or female", and "being old or young" seem to affect the appraisal process.

The current study's findings support the assumption that guilt is a more social/moral emotion than shame, because in a negative social situation the most evoked emotion is found to be guilt (13 MF). On the other hand, 3 GF is found to be a shame card, the character on the card is alone, hiding her face with her hand and barely stands up. Both being female and being alone are assumed to be more related to shame in this study.

Features shared by shame and guilt		
<ul style="list-style-type: none"> • Both fall into the class of “moral” emotions • Both are “self-conscious” , self-referential emotions • Both are negatively valanced emotions • Both involve internal attributions of one sort or another • Both are typically experienced in interpersonal context • The negative event that give rise to shame and guilt are highly similar (frequently involving moral failures or transgressions) 		
Key dimension on which shame and guilt differ		
Dimension	Shame	Guilt
Focus of evaluation	Global self (“I did that horrible thing.”)	Specific behaviors (“I did that horrible <i>thing</i> .”)
Degree of distress	Generally more painful than guilt	Generally less painful than shame
Phenomenological experience	Shrinking, feeling small, feeling worthless, powerless	Tension, remorse, regret
Operation of self	Self “split” into observing and observed “selves”	Unified self intact
Impact on self	Self impaired by global devaluation	Self unimpaired by global devaluation
Concern <i>vis-à-vis</i> others	Concern with others’ evaluation of self	Concern with one’s effect on others
Counterfactual processes	Mentally undoing some aspect of the self	Mentally undoing some aspect of behavior
Motivational features	Desire to hide or escape, or desire to strike back	Desire to confess, apologize, or repair

Source: Tangney and Dearing, 2002

Figure 4.4 Key Similarities and Differences Between Shame and Guilt

4.2. Shame-Disgust Relationship

Izard (1994) mentions that when a person feels shame, he also suffers others’ disgust and anger as well as one’s self-loathing (Buss, 2001; Cupach & Metts, 1990; Edelman & Iwawaki, 1987; Miller & Tangney, 1994). Lambie & Marcel (2002) assert that evaluation of oneself or a feeling of oneself as containing something improper cause to feel disgust. This situation is also considered as valid for shame (Tangney, 1990). Gilbert (2000) divides shame experience into two, as internal shame and external shame. The internal shame is more related to negative self-evaluations and self-directed affects such as feelings of self-disgust rather than external shame which manages disgrace perception.

Keltner & Buswell (1997) state that shame involves long-lasting anger and

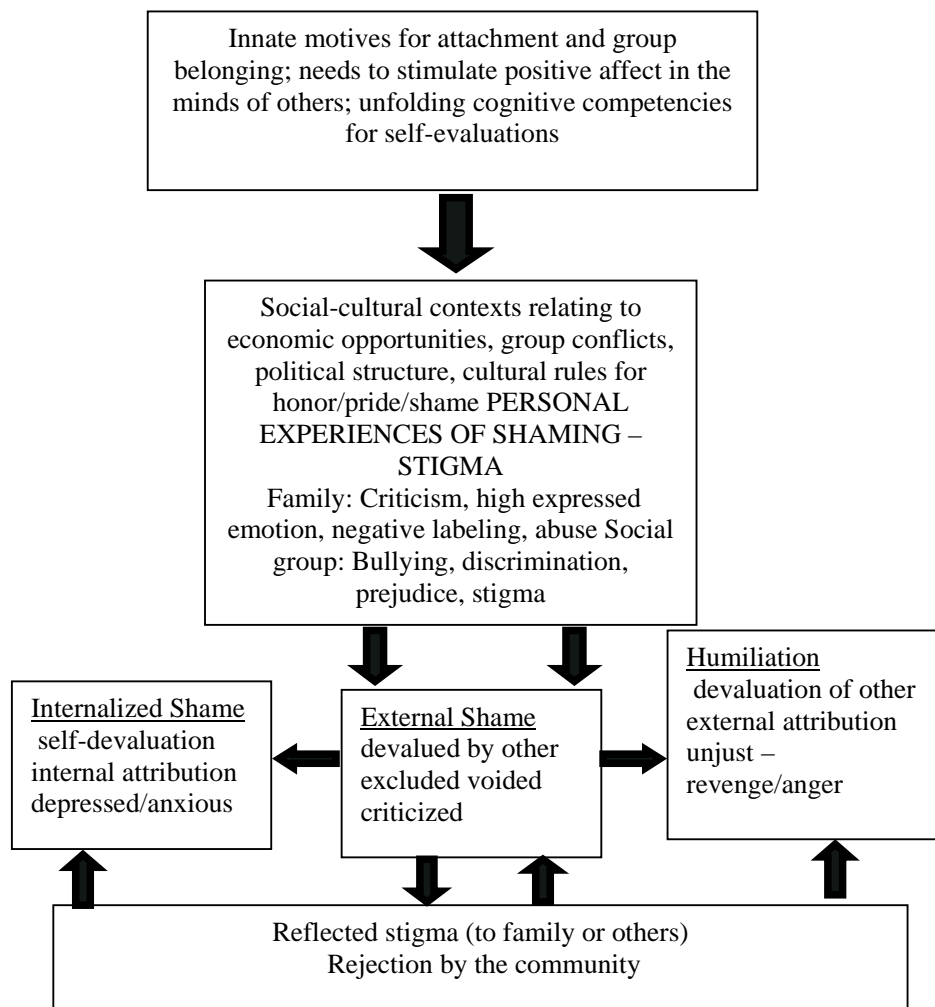
disgust at the self, together with the sense of being an immoral person. Therefore, it is expected that it results in avoidance from others similar to disgust experience. An ashamed person perceives others as harmful to one and wants to isolate from them. This is similar to evolutionary explanation of disgust; harmful things such as rotten fruits evoke disgust feelings in order to protect the individual. In fact, shame is related to others' anger and disgust, which may bring together the overwhelming sense of personal incompetence. The “social isolation/avoidance” characteristic of shame is similar to the inferences about the strong relationship between disgust and improper interpersonal behaviors or social rejection made by some theorists such as Gehm and Scherer (1988) and Keltner and Haidt (2001).

In fact, Bonanno et al. (2002) theorize that disgust has an obvious connection with sexual abuse trauma and its voluntarily disclosure. In case of sexual abuse, the disgust feeling is associated with the literal and metaphoric sense of being contaminated by another person (Oatley & Jenkins, 1996). Recent studies manifest that the primary emotion associated with sexual violations is disgust (Rozin, Haidt, & McCauley, 1999). This means that except moral emotions such as shame and guilt, disgust is associated most directly with responses to sexual abuse. Particularly, self-reports of disgust feelings are common among adult victims of sexual assault (Isaac & Schneider, 1992). This may be because disgust is more easily expressed and seems socially accepted emotion than shame. It is known that persons who feel shame may also frequently feel shame about their shame.

The facial display of disgust is found to be associated with facial displays of the shame. Interestingly, disgust expression is considered to be connected with the disclosure of contaminated immoral acts, quite the opposite, the suppression of the misbehavior as well as the failure to reveal it which in the case of shame (Bonanno et al., 2002). In addition, the most common secondary emotions of shame expression are found as disgust, guilt, and sadness expressions (Keltner & Buswell, 1997).

Briefly, the definition of the disgust facial expression focuses on the mouth which shows the aversion toward physical objects but this tendency may be valid for non-physical objects or for some concepts also (Ekman & Friesen, 1975). According to Rozin, Haidt, and McCauley (1999, 2000), disgust evolves from a distaste

response that also found in other animals, however it appears to shape morality in humans. The motivation of disgust is often pro-social. By excluding those who trigger moral disgust, people in a society set up a reward-and-punishment structure that acts as a strong prevention from culturally inappropriate behaviors. Certainly, the development of disgust into the socio-moral domain involves different issues in different cultures (Rozin, Haidt, and McCauley, 1999).



Source: Tracy, Robins, Tangney, 2007
Figure 4.5 An evolutionary and biopsychosocial model for shame.

In the case of shame, understanding the moral nature is possible by being familiar with its phylogenetically older and simpler version. Because its origin in submissive behavior, shame is manifested as reduced social presence, a motivation to

hide, withdraw or disappear (Haidt, 2003). Therefore, person who feels shame displays submissive behaviors such as eye contact avoidance, body size decrease, and social interaction avoidance in order to keep away from dominant others' attacks.

The significant relationship between shame and disgust seems to be theoretical in a way. The evolution progress, motivation, elicitors and even display rules of these two emotions are much closed to each other. However, the nonverbal expressions have not shared any specific behavior other than tendency to hide or avoid.

4.3. Fear-Pride Relationship

According to some moral views, pride is the fear that being not as good as ought to be. Therefore, to feel pride the person does everything in power to justify oneself in all that s/he does and places oneself above the competition. There is a need for being proved to be excellent.

In the current study, fear and pride show a significant positive correlation which means increasing and decreasing together. Ware, Jain, Burgess, and Davey (1994) gives the example of "fleeing" which stems from the fear may turn into pride if the person rationalizes this action as a self-protective strategy. In short, after the fear of being unsuccessful, if the individual accomplishes the competition he feels pride, if not, he probably feels shame.

To clarify the fear-pride relationship more studies on different samples is needed.

4.4. Fear-Surprise Relationship

In the current study, fear and surprise emotions display a significant association with each other as consistent with the literature (Reisenzein and Studmann, 2007). First of all, in some studies, these two specific emotions are found as the most controlled ones, especially by men (Matsumoto et al., 1998). In their cross-cultural study which focused on display rules, Matsumoto et al. (2005) found some cultural differences in expressions of both fear and surprise. For instance, Americans express surprise and fear more than Russians who in turn express surprise more than Japanese. In other words, this study indicated that Russians and Japanese

control their expression of surprise more than Americans do. However, Russians control fear more than Japanese do. Across all cultural studied, the emotion which is most expressed as found to be happiness; the least expressed ones are contempt, disgust, and anger. On the other hand, fear and surprise pair shows ordinary results. These findings are important in terms of linkage to theories of emotion and communication.

Ekman, Friesen, O'Sullivan, Diacoyanni-Tarlatzis, Krause, Pitcairn, Scherer, Chan, Heider, LeCompte, Ricci-Bitti, Tomita, Tzavaras (1987) reveal that the American observers could not distinguish the New Guineans portrayals of fear and surprise. In the same study, they verified that anger, disgust, happiness, and sadness can be distinguished from each other and from fear and surprise.

Both fear and surprise occur very fast and automatically as Zajonc (1984) has emphasized. Therefore, these affects must involve fast, automatic appraisals of liking or disliking continuum. Although fear seems to be a negative emotion, surprise may be evaluated to be both negative and positive. From an evolutionary perspective, the content of the appraisal could be failed to notice and so it seems possible to speculate that fear and surprise are similar to each other in terms of their fast, automatic "action tendencies" which are adaptive just because they take place more quickly than "higher" cognitive processes.

In Russell and Bullock's scaling of judgments of the facial expressions of others, fear and surprise are very close each other (Russell, 1991; 1994). In fact, among all emotions that are scaled, these two are the closest. Thus, they are the secondary emotions that are produced by the expressions. The fear-surprise overlap is also compatible with other studies of cultural universals in expression (Ekman et al., 1987), in which participants are asked to judge pictures chosen to represent pure emotions. According to findings of the study, when the participants are asked to identify a secondary emotion, all of the secondary emotions that are perceived in fear photographs are surprise.

In sum, face seems to be most informing channel in nonverbal emotion expression (Phillipot & Feldman, 1990), however self-conscious emotion could not be recognized from only facial expressions unless there is no other cues such as

bodily, verbal or/and social context cues. Moreover, studies indicate some individual differences such as levels of emotional awareness that influence both expression and recognition of self-conscious emotions. Therefore, to achieve precise codes of self-conscious emotions, more study must be conducted with different populations, particularly regarding individual and cultural differences.

4.5. Limitations and Strengths of the Current Study

Due to the use of TAT cards were modified from standard story-telling protocol to closed-ended questions for overcoming some limitations of the study, the methodology were relatively different. However, as this instrument is well-established and suitable for this study, atypical use of TAT cards turned into advantage for this study. On the other hand, since the sample of the present study is composed of young female student population, further studies should be conducted with different samples in order to generalize this new procedure as well as the findings of the study. Nonetheless, the current findings of the study were in line with the literature and support the theoretical assumptions.

Because of the subject of this study (self-conscious emotions) was closely related social desirability, some participants may have answered accordingly. However, through TAT's instrumentality, the results of study were not affected by neither social desirability nor self-serving biases.

Apart from One-way ANOVAs made to examine possible differences between strength of identified emotions, main interpretations of the findings were performed by using correlation and proportional methods. Although these statistical techniques do not seem to be very sophisticated, they were answered the research question accurately.

To point out the strengths of the study, it should be noted that there were no administration problems in the procedure of the study. Since the material was transformed in the best-fit structure to answer the research question, most of the confounding factors were controlled. Due to the appropriateness of the instrument, the construct validity was ensured and reliable findings were obtained.

4.6. Implications of the Study

This was one of the initial studies which utilize TAT cards for recognition of the self-conscious emotions. In addition, the results of the study provide support to the differentiation of shame and guilt proneness in terms of specific nonverbal expressions.

The aim of the present study was exploring the unique nonverbal characteristics of these emotions which may help the discrimination between them. Since there are difficulties in the measurement of shame and guilt, a valid and reliable nonverbal coding system will improve the study of self-conscious emotion. In addition, reliable and valid measures in clinical and research areas are required to study the nature of self-conscious emotions in psychopathology. To assess and classify certain psychological disorder would not be accurate unless the role of the self-conscious emotions in psychopathology understood. Besides, for the psychotherapeutic alliance in clinical settings, overcoming shame and guilt emotions is crucial. The findings of every new study on self-conscious emotions -similar to this one that explores nonverbal expressions of them- would uncover new aspects of them; therefore they cultivate the relevant literature.

4.7. Suggestion for further studies

The current study was conducted with a non-clinical sample; therefore the question of whether a different pattern of results would emerge in a study with a clinical population remains. Especially, the nature of guilt itself may be qualitatively different in the clinical range, and so may result in a different pattern of relations in terms of interpreting contextual cues. In addition, future research is needed to comprehend the ways of different cultural value orientations and gender differences influence the recognition of nonverbal expressions of self-conscious emotions. In sum, further efforts to identify other factors that are not addressed in the current study are important to comprehend self-conscious emotions phenomenon.

CHAPTER V

STUDY III: ANALYSIS OF SELF-CONSCIOUS EMOTIONS' RECOGNITION AND ITS RELATIONSHIP WITH PSYCHOPATHOLOGY

1. Introduction

The majority of psychopathological disorders manifest disturbances in a number of areas that are related to emotions. Although all emotions are considered significant in many disorders, the characteristics of emotional disturbance differ between disorders. Kring and Bachorowski (1999) suggest that emotional disturbance may occur in experience or/and expression of emotions. Although it is not mentioned particularly, such disturbances may be possible for self-conscious emotions as well. Experiencing excessive shame, guilt, or pride has been found to be associated with certain psychological disorders (Gilbert & Andrews, 1998; Harder, 1995), and excessive expression of them is considered as psychopathological symptoms (Lewis, 1992b). Similarly, deficit in the expression of self-conscious emotions may cause at least some somatization problems (Pineles, Street, and Koenen, 2006).

On the contrary, particularly in some cultures, pride has been forced to be experienced in a hidden form in order to be socially acceptable (Fischer, Manstead, and Mosquera, 1999). Some theorists claim that emotions evolved during the human history to prepare one to act in response to environmental stimuli and challenges (Keltner & Gross, 1999). It means that pride may have some behavioral components that range from hubris to being proud of something done. Therefore, what is imposed by culture is not the emotion itself but the expression of it. In addition, for assessing emotional disturbances, the expressions of the emotions are regarded as necessary and sufficient (Crick and Zahn-Waxler, 2003). Because of the subjectivity of emotion experience, this process could not be considered in a diagnosis process.

Emotions have physiological and cognitive components alongside with the behavioral component, expression. The important thing is that these components should function in synchronization in order to be healthy. As a matter of fact, the

synchronization of the components operates a number of adaptive, motivational functions of emotions (Ekman, 2003; Izard, 1993; Plutchik, 1993). Therefore, if disorganization occurs in emotion process, both experience and expression can reflect it.

In many psychopathologies, one or more components of the emotion process such as perception, experience, intensity, or expression of emotions are impaired in some respect. These emotional impairments are major characteristics of some disorders. Besides, there is a quite established group of theory and empirical research supporting the role of emotional disturbances in these disorders. By emphasizing the role of emotions, their effects and contribution to psychopathology can be assessed. Thus far, the disturbance in some specific emotions has been associated with a certain group of psychopathological disorders.

Recently shame is considered to be crucial for different forms of psychological disorders (Kaufman, 1996; Lansky & Morrison, 1997). The experience of shame is characterized by desire to hide or disappear, and avoid exposure to others (Tangney et al., 1992; Tangney et al., 1995). Accordingly, shame-proneness may be related to a tendency to cover distressing circumstance from others, which, in turn, may be related to increased symptomatology. It is found that even after controlling for the trauma-related distress, suppression of disclosure has a meaningful, unique variance in physical and psychological symptoms (Larson & Chastain, 1990).

Shame has been revealed to be related with depression (Allan, Gilbert, & Goss, 1994; Andrews, 1995; Fontaine, Luyten, De Boeck, & Corveleyn, 2001; Harder, Cutler, & Rockart, 1992; Tangney, Wagner, & Gramzow, 1992). There are many studies that discover shame to be a vulnerability factor for depression (Andrews, Qian, & Valentine, 2002; Ferguson, Stegge, Miller, & Olsen, 1999; Lewis, 1987). By using self-report measures, researchers have found that the obvious link between shame proneness and depression (Ferguson et al., 1999; Tangney et al., 1992). In addition, via clinical interviews to assess depression, Andrews (1995) also found that chronic or recurrent depression is associated with the level of shame that women felt about themselves. Andrews's (2002) later findings turned towards the state and trait characteristics of shame, and explored whether women were ashamed of their body in interpersonal context or shame depends on the characteristic of them.

Tangney & Dearing (2002) have identified strong relationships between shame and psychopathology including somatization, hostility-anger, depression, interpersonal sensitivity, anxiety, obsessive-compulsive traits, psychosis, and paranoid ideation. Besides, many other researchers begin to stress the important role of shame in developing and maintaining psychopathological symptoms in a variety from affective disorders to personality disorders (Gilbert, Allan, and Goss, 1996; Harder et al., 1992).

In fact, research consistently demonstrates a significant relationship between proneness to shame and a whole host of psychological symptoms, including depression, anxiety, obsessive patterns of thought, paranoid ideation, symptoms of eating disorders, sub-clinical sociopathy, and low self-esteem (Allan, Gilbert, & Goss 1994; Gramzow & Tangney, 1992; Harder & Lewis, 1986; Hoblitzelle, 1987; Tangney, 1993; Tangney, Wagner, Burggraf, Gramzow, & Fletcher, 1991).

For example, O'Leary and Wright (1986) mention some theorists (e.g. Broucek, 1982; Kinston, 1983; Morrison, 1983; Wurmser, 1981) who argue shame as the primary emotion in narcissistic disorders. However, Lewis (1992b) proposed that narcissistic behavior is a defense against shame and it should be classified under shame, not vice versa. Recently, Crowe (2004) underlines the similarity between characteristics of chronic shame and borderline personality disorder and gives the common symptoms as a list: identity disturbance; affective instability and impulsivity; being suicidal; self-harm; dissociation and emptiness.

Because of the fixation to the self, the identity formation and shame relationship is expected to be significant (Mills, 2005). However, the etiological function of shame is still unclear in severe personality disorders like narcissistic or borderline personality disorders. In the literature, it is rather seen as a maintaining factor or a main symptom of the disorder. Most of the studies on shame and psychopathology highlight the mechanism that holds this relationship. Therefore, the perceived role of shame makes it accepted as being related to emotional disorders mostly instead of personality disorders.

Gilbert (2000) examines the connections between shame, depression and social anxiety from the standpoint of social rank theory (Gilbert, 1989, 1992). This theory claims that emotions are significantly affected by the perceptions of one's

social status; that is the degree to which one feels inferior to others. Gilbert (2003) suggests that shame, social anxiety and depression are all related to defensive submissive strategies when individuals find themselves placed in unwanted low status. Therefore, these are highly related to feeling inferior and result submissive behavior. The mechanism which holds the relationship between shame and depression can be explained by inferiority perception and concern of others' thoughts about him/her which causes submissive defensive behaviors from this point of view (Allan et al., 1994; Allan and Gilbert, 1997; Gilbert and McGuire, 1998).

Andrews, Brewin, Rose, and Kirk (2000) mention a biosocial theory which explains shame's mediator role between abuse and psychopathological disorders such as depression and bulimia. From this perspective which is very similar to Gilbert's perspective, shame is related to psychopathology through submission and defeat. They add physiological changes in the mechanism of perceived inferiority as a survival response and emphasize defeat as well as submission in front of the perceived attacks. Biosocial theory evaluates anger to be adaptive for survival in the face of attack but mentions it's after effects may be maladaptive.

Another biosocial model developed by Dickerson, Gruenewald and Kemeny (2004) posits that conditions characterized by social evaluation or rejection, or those that threaten the social self, elicit a coordinated psychobiological response. They have focused on shame as a key affective component of this response, which may arrange specific patterns of physiological and behavioral changes under these conditions. They found that threats of acute social self increase pro-inflammatory cytokine activity and cortisol, together with increase in shame. They also found that chronic threats to the social self and persistent feelings of shame predict disease-relevant immunological and health outcomes in the chronic disease model of HIV.

In short, as in the case of shame, many of the emotional disturbances evident in psychopathology evoke certain symptoms. These disturbances mediate the development and maintenance of social relationships in disordered individuals as well as they serve to maintain psychopathology (Keltner, Moffitt, & Stouthamer-Loeber, 1995).

Some theorists have emphasized the social and interpersonal aspects of both shame and guilt (Lewis, 1971; Lindsay-Hartz, 1984; Morrison, 1985). A person, who

feels shame, also feels vulnerable to be exposed and dependent. Due to the self-critical opinions, self-awareness seems to be split between the injured self and the perceived disapproval of the other. Morrison (1985) states that in shame, the concern about the opinion of the others distort the boundaries of the self because a part of the self's experience is attributed to the others. On the other hand, in guilt, the individual is preoccupied by obsessing and/or manipulating the environment in order to determine levels of responsibility or to delay punishment for wrongdoings. Moreover, the focus is less on the self and more on one's value system, actions, failures to act, and events for which are one's responsibility.

Therefore, shame and guilt arouse from different interpersonal motivations: While guilt is frequently accompanied by reparative behavior for those harmed or set at risk by the moral transgression, shame contains avoidance and aggression (Tangney, 1991; Tangney, Wagner, Fletcher, & Gramzow, 1992). Social-motivational aspects of guilt make it perceived a more moral emotion than shame which leads to isolation from others.

Consequently, guilt is considered to be best understood in interpersonal and social context. According to interpersonal perspective, unlike shame, the moderate level of guilt seems to be beneficial in social relationships (Baumeister, Stillwell, & Heatherton, 1994; Tangney, 1991). However, the research on the relationship between guilt and psychopathology has contradictory findings. While the traditional view that rooted in psychoanalytical tradition (Freud, 1909/1955) claims that guilt contributes significantly to psychological distress and symptoms of psychopathology (Harder, 1995; Harder and Lewis, 1987; Rodin, Silberstein, and Striegel-Moore, 1985; Weiss, 1993; Zahn-Waxler, Kochanska, Krupnick, & McKnew, 1990); recent theory and research emphasizes the adaptive functions of guilt, particularly for interpersonal behavior (Baumeister et al., 1994; Hoffman, 1982; Tangney, 1991, 1995).

Tangney and colleagues (Tangney et al., 1992) have argued that there is no convincing theoretical reason to expect tendency to experience guilt over specific behaviors to be associated with psychopathology. However, unless the critical distinction between shame and guilt is achieved, the tendency to feel guilty may combine with shame and leads to psychopathological symptoms. Morrison (1984)

explains the confusion of terminology as a result of misuse of guilt as a defense against the more chronic and difficult feelings of shame. In other words, guilt may be self-blaming shame.

Nevertheless, a great deal of empirical interest has been given to relationship between guilt and a variety of psychopathological symptomatology such as depression, anxiety, and posttraumatic stress disorder (PTSD; Henning & Frueh, 1997, Kubany and Manke, 1995; Kubany, Haynes, Abueg, Manke, Brennan, and Stahura, 1996; Fontana, Rosenheck, & Brett, 1992). In fact, DSM–IV defines guilt as a symptom of depression and an associated feature of PTSD (American Psychiatric Association, 1994). In addition, there are some empirical studies present evidence for the significant relationship of guilt and depression (Alexander, Brewin, Vearnals, Wolff, & Leff, 1999; Ghatavi, Nicolson, MacDonald, Osher, & Levitt, 2002).

Harder, Cutler and Rockart (1992) found both shame and guilt were almost equally related to all major symptom clusters, but there was some evidence for different symptoms that are relatively important just for shame or guilt. On the other hand, Tangney's conceptualization of the relationship between guilt and depression differs from the conceptualization of some other researchers (e.g., Ferguson & Crowley, 1997; Harder, 1995; Kugler & Jones, 1992). Although Tangney and colleagues would not expect guilt-proneness to be related to depression (Tangney et al., 1992; Tangney et al., 1995), others note that guilt is a prominent feature of depression (Ferguson & Crowley, 1997; Harder, 1995; Kugler & Jones, 1992). On the other hand, Tangney and her colleagues suggest that the associations between guilt and psychological symptomatology might be due to the common factor shared by guilt and shame, rather than guilt per se (Tangney et al., 1992).

The varied findings may be caused by using different guilt measures that conceptualize guilt in their own way. The Guilt Inventory (GI; Kugler & Jones, 1992) and the Personal Feelings Questionnaire–2 (PFQ–2; Harder & Zalma, 1990) measure guilt to be significantly related to psychopathology such as depression (Harder, 1995; Harder et al., 1992; Harder & Lewis, 1987; Kugler & Jones, 1992), while the TOSCA does not validate that guilt is related to any psychopathological condition (Tangney et al., 1992). Thus, it seems that the TOSCA–Guilt scale may be reflective of a different construct than that measured by other guilt measures. Kugler

and Jones (1992) suggest that while the TOSCA measures “moral standards guilt”, the PFQ-2 and GI measure “affective guilt”. However, Tangney (1990) proposes that latter (PFQ-2, GI) may confound the constructs of shame and guilt and therefore the significant relationship between guilt and psychopathology that found by these measures is due to shame, because "shame-free" guilt has adaptive functions both individual and interpersonal levels.

Since shame-proneness and guilt-proneness are considered to be moral affective styles, Pineles et al. (2006) mention that a theoretical understanding of relationship between these styles and psychological/physical symptoms, may be comprehended by the extensive literature on the attributional style's relationship with psychological/physical symptoms, particularly depression (e.g., Abramson, Seligman, & Teasdale, 1978; Abramson, Metalsky, & Alloy, 1989).

In spite of the theoretical distinction between shame and guilt (Tangney et al., 1992; Tangney et al., 1995), it is expected that both emotions would be characterized as involving internal attributions because they are considered to include cognitive evaluations by their nature. In the literature, it is mentioned that shame involves global and stable attributions about self (Feiring, Taska, and Lewis, 1996; Feiring, Taska, Chen, 2002), whereas guilt involves specific and unstable attributions about the behavior (McGraw K.M, 1987; Tangney et al., 1992).

Tangney et al. (1992) confirms that proneness to shame is associated with a tendency to make internal, stable, and global attributions for negative events. However, the findings for guilt-proneness are varied; it is found to be associated with globality and internality, but unrelated to stability (Weiner, 2000). Fontaine, Luyten, De Boeck, Corveleyn, Fernandez, Herrera, Itzès and Tomcsányi (2006) underline the control factor that differentiates guilt and shame according to attribution theory. In this view, guilt is characterized by a sense of control over the situation but shame is characterized by a lack of perceived control. As said by Hoffman (1982), individuals are innately prepared to feel empathic distress in response to the suffering of others, and guilt combines empathic distress with a self-attribution of causal responsibility for the other's suffering. Therefore, guilt and empathy concepts are closely related to each other (Eisenberg, 1986; Zahn-Waxler & Robinson, 1995).

Unlike guilt-prone individuals, shame-prone individuals are not found to be empathic people both cognitively and emotionally (Tangney, 1991, 1995). In fact, shame-proneness has non-significant or negatively relationship with empathy. Tangney et al. (1989) emphasize that this fact is even more definite when “shame-free” guilt and “guilt-free” shame are obtained in terms of individual differences. The lack of positive relationship between shame-proneness and empathy can be ascribed the painful nature of shame. The preoccupation with the self and motivation of defensive behaviors like withdraw or hide from shame-related situations may interrupt other-oriented feelings of empathy. In fact, rather than support other-oriented empathic concern, the self-focus of shame seems to encourage self-oriented personal distress responses and related psychopathological symptoms (Tangney, 1991; Tangney, Miller, Flicker, & Barlow, 1996).

Besides, only shame-proneness independent of guilt, but not guilt-proneness independent of shame, is found to be associated with PTSD symptoms (Andrews et.al, 2000). Therefore, it seems that the relationships between guilt-proneness with PTSD symptoms may be explained by a factor which is common for both shame and guilt. These results replicate the findings that the shared component of shame-proneness and guilt-proneness, along with the independent contribution of shame-proneness, are related to psychological symptoms, whereas guilt-proneness independent of shame is not related to symptoms (Tangney et al., 1992).

Sanftner, Barlow, Marschall, and Tangney (1995) claim that vicious cycle in eating disorders associates with both shame and guilt emotions. Since shame’s focus on self-devaluation and guilt’s focus on constrained behaviors, these emotions may play different roles in the cycles of binging and dieting efforts, therefore contribute to maintain the psychopathology (Skaorderud, 2007). Sanftner and Crowther (1998) confirm that although shame-proneness is found to be associated with eating disorder symptomatology, guilt-proneness is not.

Orth, Berking and Burkhardt (2006) propose that shame but not guilt has a strong unique effect on depression, however, opposite to theoretical knowledge they hypothesized that shame, in contrast to guilt, elicits rumination, which then leads to depression and the effect of shame is substantially mediated by rumination.

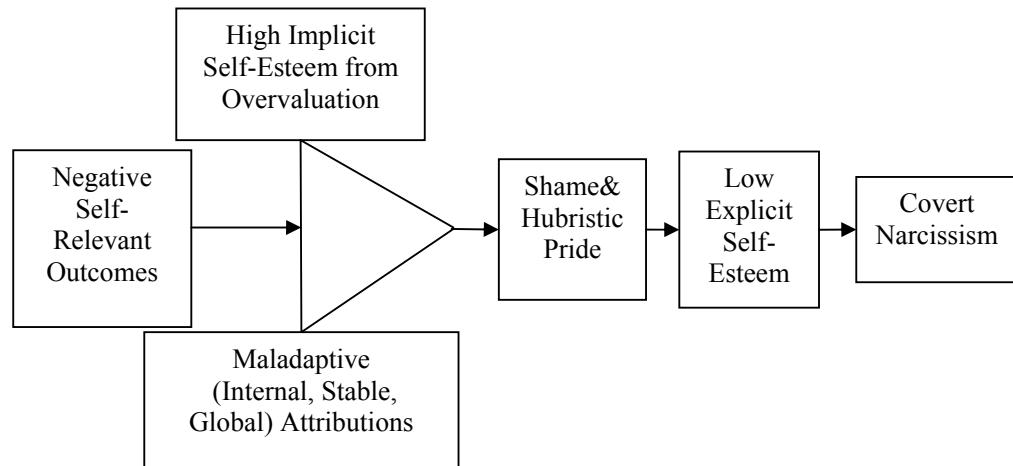
Ghatavi, Nicolson, MacDonald, Osher and Levitt (2002) draw attention to the need for studies that examine the issue of state-guilt as a part of the acute depressive symptomatology versus trait-guilt as a part of an enduring disposition. Another remark by them which is worthy to mention is that state expression of guilt, shame and low pride distinguish acutely depressed persons from all other groups. On the other hand, they found that proneness to guilt does not differentiate acute from past depressed. Therefore they suggest guilt may represent both an enduring and fluctuating feature of depressive illness over its course. The further findings of Sanftner and Crowther (1998) may be explained by Ghatavi et al. (2002)'s remarks. State guilt may place in eating disorders but guilt proneness may not.

The remark about shame, guilt, and low pride brings to mind the tripartite model of Watson, Clark and Tellegen (1988). In the literature, negative affect is seen as a general distress factor. However, according to tripartite model, apart from its relationship with negative affect, depression is negatively correlated with positive affect (Clark and Watson, 1991). Therefore, it may be proposed that pride reflects the low positive affect in depression while shame and guilt exist as the sources of negative affect.

Together with shame and guilt, pride also has some associations with psychopathology when it is both in excessive or deficient amount. Pride appears when individual evaluates one's behavior against a standard and realizes that s/he has succeeded. Some theorists make connections between this emotion and psychopathology. For instance, earlier Sullivan (1956) describes pride as the presenting aspect in a complicated self-deception in a psychopathological approach. For Sullivan, pride is a tactic that a person uses to support areas of the self in which there is some real inadequacy. This "false" pride is maintained by selective inattention, which involves ignoring or avoiding negative information about the self. Moreover, Sullivan (1956) emphasizes the persistence of grandiose defenses protects people from the painful shame feelings that may follow their collapse.

Both Tangney (1990) and Lewis (1992) propose that there are two types of pride. Tangney (1990) distinguishes between pride in self (alpha pride) and pride in behavior (beta pride) as consistent with the self-versus-behavior distinction of other self-conscious emotions namely shame and guilt. Similarly, Lewis (1992)

distinguishes between pride which is experienced when one's success is attributed to a specific behavior and hubris which arises when success is attributed to the global self. According to both views, pride which is related to self rather than the behavior causes malfunctioning of intrapersonal and interpersonal organizations (see Figure 5.1).



Source: Tracy, Robins, and Tangney 2007

Figure 5.1 Covert Narcissism as a function of self-esteem, cognitive attributional style, and self-conscious emotions

Hubris may be defined as exaggerated pride and something unpleasant for others, so it should be avoided. Hubris is usually associated with grandiosity or narcissism (Morrison, 1989). Lewis (1992c) generally considers hubris as a trait rather than as a state of pride. Therefore, state of pride is not maladaptive unless it becomes an exaggerated form of defense and an irritating trait for others. In fact, Tangney suggests a relationship between proneness to pride and other-oriented perfectionism. She argues that prideful individuals believe that they have the right to demand perfection from significant others. Similarly, Hewitt, Flett, and Turnbull (1992) observe of a relationship between narcissism and other-oriented perfectionism, and this finding provides some support for Lewis's (1993) notion that hubris is not a desirable trait in interpersonal level. The burden of socially prescribed perfectionism that imposed by a prideful, other-oriented perfectionist significant others may also maintain psychopathological symptoms as well as the emotion itself.

The difference between emotion studies and psychopathology research is the length of focused emotions. While emotion studies focus on short-term emotions,

psychopathology research focuses on long-term emotions such as mood or emotional dispositions. Therefore, proneness to some particular affective mechanisms such as shame-proneness that lead to develop emotional disturbances is the subject matter of psychopathology studies (Leeming and Boyle, 2004). On the other hand, state forms of self-conscious emotions are discovered to be more evident in psychopathological symptoms. For instance, guilt may be considered to be symptom of depression if it is state form but guilt-proneness has not been observed in any psychopathological disorder (Tangney and Fischer, 1995). This may be because of the uncomplicated nature of measurement of state emotions. As in the case of shame and guilt, although state emotions may diffuse each other, dispositional emotions could be assessed accurately. Alternatively, while the state form of emotion is regarded as healthy in some extends such as pride, the dispositional form of it, hubris, is not considered as healthy and functional both intra and interpersonal levels.

In sum, as a matter of fact, both state and trait forms of shame are mostly found to be strongly associated with psychopathological symptoms but in the case of guilt, proneness to this emotion is found to be negatively related to the symptoms or not related at all. Even though, assessment of negative affects in psychopathology indicates that state form of guilt is found to be related with the psychopathological symptoms or at least it is reported or hypothesized this way. However, in the case of pride, the state form of the emotion is seen to be related to psychopathology if only it focuses on self. Deficiency of the state pride may be observed in depressive disorders but excessiveness of it -both in frequency and quantity- is usually associated with disposition form and seen to be related to personality disorders such as narcissistic personality disorder. Consequently, state and trait forms of self-conscious emotions differ in their relationship with psychopathology, therefore this difference should be considered in psychopathology-oriented emotion studies.

1.1 Nonverbal expressions of emotions and psychopathology

Emotion studies have evolved from intrapersonal characteristics of emotions to the interpersonal functions of emotions. Thus, the focus of the emotion studies has shifted from emotion specific physiology and behavioral reactions, towards the

emotions that influence social interactions (Averill, 1980, 1982; Campos, Campos, & Barrett, 1989; Lazarus, 1991).

Universal facial and bodily expressions of emotions are first indicated by Darwin (1872) who suggests that they are innate and shared with other primates. However, cultural relativity is endorsed and it is claimed that universal relations between expressions and emotions can be the result of learning. Alternatively, it may be a product of functional role of the engagements in the emotional situation (Ekman, 1979). In fact, there are differences in theoretical perspectives concerning the source of universality, ranging from the bio-evolutionary perspective of basic emotions to constructivist points of view (Matsumoto, Nezlek and Koopmann, 2007).

Ekman, Matsumoto, and Friesen (1997) underline that specifying which of the basic emotions (i.e. anger, contempt, disgust, fear, sadness, surprise, and happiness) are evident in facial expressions, their relative strength, and any repetitive sequences of these emotional expressions might help refine diagnosis and help predict the likelihood of subsequent improvement or relapse of the disorder.

According to Ekman et al. (1997) the study of nonverbal expressions especially facial expressions of emotion in normal individuals has implications to clinical investigations of psychopathological disorders such as affective ones. In their study, they find that facial measures may be of use in distinguishing subgroups among patients who share the same diagnosis. They mention that facial expression measures may predict later improvement of the disorder. In fact, facial expression measures during the acute phase of the disorder predict the extent of subsequent improvement, and are more powerful than the psychiatric scales in predicting improvement. Ekman et al. (1997) point out some questions to be answered by measuring facial expressions related to psychopathology on emotion studies. These questions are:

- *“Do facial behaviors vary with diagnosis?”*
- *Are such differences apparent only between depressives and schizophrenics, or do the emotional expressions distinguish major from minor depression?*

- *Are there sufficient differences among patients with the same diagnosis to suggest the possibility of using such measures to subclassify or refine diagnosis?*
- *Do the facial expressions predict the extent of subsequent clinical improvement, and would predictions based on such measures add information not ordinarily derived from standard clinical ratings of patient behavior?”(p332).*

Unlike Ekman’s bio-evolutionary perspective that suggests nonverbal expressions of emotions may indicate symptoms of psychopathology, Keltner (1995) claims that nonverbal expressions of emotions have social functions. He cultivates the interpersonal characteristics of emotion expressions in a social-functional approach that conceptualizes emotions as multi-channel responses enabling the individual to react adaptively to social problems (Ekman, 1992,1997; Frijda & Mesquita, 1994; Tooby & Cosmides, 1990). Social-functional approach to emotion assumes that humans are social by nature and they survive by producing solutions for problems in social relationships (Keltner & Haidt, 1997; Baumeister & Leary, 1995; Fiske, 1992). Therefore, emotions are solutions to specific problems related to the formation and maintenance of social interactions (Averill, 1992; Barrett & Campos, 1987; Lutz & White, 1986; Tooby & Cosmides, 1990). Certain emotions motivate individuals to form social bonds, while some other emotions are believed to enable individuals to maintain, protect, and restore social connections in face of immediate threats (Averill, 1982; Eisenberg et al., 1989; Keltner & Buswell, 1997; Solomon, 1990). Emotions not only organize physiological, behavioral, experiential, and cognitive responses within the individual (Levenson, 1992), but they also organize the actions of individuals in face-to-face interactions (Klennert, Campos, Sorce, Emde, & Svejda, 1983; Ohman, 1986). The experience and expression of emotions bring beneficial social consequences for individuals and their relationships (e.g., Barrett & Campos, 1987; Baumeister, Stillwell, & Heatherton, 1994; Frijda, 1986). For instance, Keltner & Buswell (1997) emphasize that embarrassment induces forgiveness in others and produces understanding after social transgressions.

Keltner and Kring (1998) argue that emotions coordinate social interactions by serving at least three functions. The first of those is that emotions provide

information about interacting individuals' emotions, intentions, and relational orientations. Secondly, emotions evoke complementary and similar emotions in others that motivate behaviors for the benefit of social relationships. Finally, the perception of emotion and anticipated elicitation of emotions in others serve as motivations for certain social behaviors. In these three ways, emotions provide structure to social interactions, guiding, evoking, and motivating the actions of individuals in interactions in the ways that enable individuals to meet their respective goals. Disturbances in emotional response, by implication, will have important consequences for the quality of social interactions and relationships.

Studies on emotional disturbance in psychopathology from social functional approach become frequent (Agheveli, Blanchard, and Horan, 2003; Buck, 1991; Feldman, Philippot, & Custrini, 1991), but these studies do not emphasize nonverbal expressions of emotion sufficiently. Nevertheless, by highlighting the social functions of emotions, the expressions that serve as communication are also discussed. Keltner and Kring (1998) suggest that researchers will be able to make both theoretical and empirical associations more clearly between the nature of emotional and social disturbances in psychopathology by stressing social-functional purposes of emotions.

Recently, Power and Tarsia (2007) study the assessment of the emotions that occur across the clinical disorders of depression, anxiety and mixed anxiety depression. According to the findings, only sadness and disgust are increased in the depressed and mixed anxiety depression disordered individuals, therefore the difference between emotion states of patients across the clinical disorders and healthy control group support the importance of research on emotion assesment of psychopathological disorders.

In addition, psychopathological symptoms generally refer to problematic emotions either in excessive or deficient level of experience and expression (Plutchik, 2000). A brief review of the diagnostic categories in the DSM-IV (APA, 1994) supports this fact. Inspired by this, Power & Dalgleish (1997) propose new diagnostic divisions on theoretical grounds. For instance, they suggest two categories of 'obsessive-compulsive disorder' which differ in the original emotion: anxiety-based and disgust-based. Obsessive-compulsive disorder is considered to be an ego-

dystonic disorder, as the thoughts and compulsions experienced or expressed are often not consistent with the individual's self-perception and this may cause extreme distress. Therefore, there is a discrepancy between experience and expression of emotions.

Kring and Bachorowski (1999) underline the importance of expression of emotions in psychopathology. They point out contradictory findings about the emotion expression in psychopathology. They give the example of schizophrenia which is marked by both decreased expression and experience of emotions. They also emphasize the fact that, in case of facial expressions, however, schizophrenic patients are found to show equal or greater micro-expressive facial behavior than nonpatients do (Mattes, Schneider, Heimann, & Birbaumer, 1995). Moreover, they mention that there may be some desynchronization between emotion components such as experience and expression. For instance, simple phobics show stronger expression of disgust rather than fear, although their experience levels for both emotions are similar. They explain the contradictory findings by some methodological shortcomings such as insufficient amount of stimuli that schizophrenic patients are exposed. In the case of specific phobia, their explanation is the desynchronization of different emotion components.

In fact, almost all theoretical approaches agree on the communication purpose of nonverbal emotional expressions. The relation between nonverbal emotion expressions and psychopathology may be explored, with the study of Rozin and Cohen (2003) on confusion, concentration, and worry which are frequently observed emotions in psychopathology. Rozin and Cohen (2003) describe specific nonverbal expressions, narrowed eyes, lowered and bridged eyebrows, as indicators of confusion and concentration. Ellsworth (2003) emphasizes that these expression may occur when a person encounters some difficulties or is interrupted by some disturbances. However, Rozin and Cohen (2003) claim that if this was the case, confusion would not have an adaptive-communication perspective but would have only intrapersonal concerns. Therefore, the focus on internal accounts of emotion has resulted in relative inattention to the critical adaptive-communication function of expressions. On the other hand, the nonverbal expressions of these emotions (i.e. confusion, concentration, and worry) which are prevalent in psychopathology may

directly indicate the social-adaptive functions like communication as well as Ekman et al. (1997)'s questions that were mentioned before.

Building on Rozin and Cohen's claim on distinct nonverbal expressions of confusion, concentration, and worry, Keltner and Shiota (2003) review the evidence showing distinct expressions for embarrassment, shame, and pride. Thus, after reaching agreement on the fact that failure in social functions of nonverbal emotion expressions lead to psychopathology, self-conscious emotions' nonverbal expressions can be studied in this respect.

1.2 Nonverbal expressions and Self-conscious emotions

Some researchers propose that self-conscious emotions may have distinct expressions including bodily posture and head movement combined with facial expressions (Keltner, 1995; Lewis et al., 1992; Tracy & Robins, 2003). Initially, Darwin emphasizes the difference between human beings and an animal is that humans have "mind" or consciousness (Bowlby, 1990). He (1872/1965) describes nonverbal expressions of shame as gestures of "being aware of submission". These expressions happen when noticing threat such as the possibility of social rejection. Similar to social-functional approach, evolutionary approach also supposes that the purpose of nonverbal expressions is to set up a certain kind of social relationship. In this view, nonverbal expressions allow peaceful coexistence within hierarchy.

Therefore, including Darwin (1965), Tomkins (1963), Izard (1971), and Barrett & Zahn-Waxler (1987), many theorists attempt to identify certain self-conscious emotions by observation. These attempts have been usually limited with shame and embarrassment which are already classified in "basic emotion" category according to these theorists. These two similar but not identical emotions have been described by unique behavioral characteristics such as gaze aversion, down-oriented facial positioning, blushing, and a collapse in upper body (Crozier, 2004). On the other hand, guilt which may be considered a derivation of shame by these theorists could not be clearly identified in terms of nonverbal expressions. However, because of the view that guilt requires more complex cognitive abilities (e.g. empathy), and the behavioral expression aspect of it may befall into a secondary position. Nonetheless, if guilt engages social interaction, it must have communicative

nonverbal behaviors in order to function in harmony with its cognitive and behavioral components.

Tomkins (1962), who considers shame as a basic emotion, identifies it behaviorally by a dropping away of the head and upper body, closing and fluttering of the eyelids, turning away, and blushing. According to him, these are all intended to reduce facial communication. For Izard (1977), another neo-Darwinian, emotional expressions are universal and do not vary much cross-culturally. In the course of his work on emotional expressions, Izard has developed a coding system for facial expressions as a tool in the study of emotional development. However, this facial coding system has failed to differentiate any of these affects consistently (Lewis, 1992; Nathanson, 1994). Zahn-Waxler and Radke-Yarrow (1990) also develops a coding system for measuring the self-conscious emotions, relying on all three channels (i.e. facial, vocal, bodily channels) of emotional expression. By observing children's responses of playing with toys which were designed to fall apart, Zahn-Waxler and her colleagues are able to differentiate shame from guilt. In Zahn-Waxler's view, the focus subsequent to some failure is the most helpful behavioral difference between shame and guilt. With shame, the focus is on the self, however with guilt the focus appears to be external and subsequently on remediation the failure.

Weisfeld (1997) mentions some evolutionary underlying mechanism of self-conscious emotions. According to him, nonverbal expressions of self-conscious emotions reflect these mechanisms. Similar to Keltner and Kring (1998), Weisfeld (1997) also emphasizes the reciprocal nature of nonverbal emotion expressions, in the case of pride and shame; the receiver may show attention, smiling, anger, ridicule and contempt which are specific expressions of approval-disapproval mechanism. On the other hand, as guilt functions to prevent punitive actions, it is evolved from submissive behavior. The submission-resistance mechanism is shared by guilt and shame together. Reciprocal altruism is another evolutionary mechanism that is shared by self-conscious emotions particularly guilt and pride. According to Weisfeld (1980) pride may provide motivation for social success or approved behavior, such as altruism. Several other evolutionary theorists have proposed the existence of some other evolved human values. For example, Izard (1977) suggests that nakedness may

be inherently shameful to people because holding this value would lead to seeking privacy for sexual relations.

Sharing evolutionary mechanisms indicate similar phylogenetic origins of self-conscious emotions. In addition, the expressions of these emotions seldom occur in private (Leary & Meadows, 1991). Even though self-conscious emotions are considered to have social basis, they are not learned motives. Nonetheless, the responses given to these emotions are socially learned. Denham (2007) supports the idea that the expressions of self-conscious emotions are shaped by social environment. She explains the development of nonverbal expressions of self-conscious emotions by social learning theory. According to her, older children's emotional messages can be more complex, with the use of more blended signals, and better differentiated expressions of the social emotions. Although empirical evidence is insufficient on the issue, the evidence on others' expressive patterns that influence children's abilities to understand others' emotions as well as improve their own expressiveness has been studied (Denham, 2007). According to Mercadillo, Díaz, Barrios (2007), social and cultural mechanisms regulate self-conscious emotions since they are related to the benefits of others or society as a whole.

1.3 Nonverbal expressions of Self-conscious emotions and Psychopathology

Although relationship between self-conscious emotions and psychopathology has been studied (Tangney, Wagner, & Gramzow, 1992; Keltner and Kring, 1998), the role of nonverbal expressions of these emotions remains mostly unexplored in this relationship. Whereas, by examining unique nonverbal characteristics, the discrimination of specific roles of similar emotions such as shame and guilt in contributing psychopathology may be accomplished.

Several studies (Tangney et al., 1992, 1996; Keltner & Buswell, 1996) have found empirical support for distinctions between shame and guilt by their unique characteristics related to psychopathology. Some specific dimensions of psychopathology such as somatization, obsessive-compulsive traits, paranoid and idiosyncratic ideational styles, proneness to hostility and anger, interpersonal sensitivity, trait and state anxiety, and depression are found to be related to shame-proneness. Conversely, guilt-proneness is generally found to be negatively or not

related to psychopathology. Therefore, if shame and guilt may be distinguished from each other, the relations with psychopathology are also sorted out more accurately.

On the other hand, this idea is not so simple to be performed as it is offered. First of all, there are difficulties in the discrimination of shame and guilt in terms of empirical validity. For example, measuring self-conscious emotions may be possible through either self-report scales or coding of nonverbal behaviors. Self-report measures require to be filled by participants who should be able to distinguish these similar emotions from each other to report. In addition, the accuracy of self-report measures may be influenced by social-desirability and self-serving biases. Alternatively, coding of nonverbal behaviors method is not very well-known yet. This approach is based on observations of individuals' nonverbal behaviors which are coded during the emotional experience. In fact, self-conscious emotion expressions seem to include more than the face; thus these emotions cannot be accurately identified without the perception of head movements, postural positions, or hand-arm positions (Haidt and Keltner, 1999).

Some researchers aim to discover certain nonverbal expressions which identify self-conscious emotions accurately (Haidt and Keltner, 1999; Tracy and Robins, 2007a). However, some methodological drawbacks such as being able to assess only state form of emotions and difficulty to detect and record emotion expressions that occur very quickly and serially should be managed carefully. Nonetheless, a valid and reliable nonverbal coding system advances the study of emotion.

While self-conscious emotions have a very large spectrum from affective disorders (Ghatavi, Nicolson, MacDonald, Osher, and Levitt, 2002), to eating disorders (Sanftner and Crowther, 1998), drug-alcohol dependency (Dearing, Stuewig and Tangney, 2005; Kalyoncu, Mırsal, Pektaş, Gümüş, Tan and Beyazyürek, 2002), and personality disorders (Nathanson, 1994) in psychopathology (Averill, Diefenbach, Stanley, Breckenridge, and Lusby, 2002; Gilbert, 2000; Hayaki, Friedman, and Brownell, 2002); nonverbal expressions of self-conscious emotions and psychopathology relationship has not been studied at all.

2. Method

2.1 Participants

250 students from different departments of METU were administered the Turkish version of TOSCA-3 and SSGS together with SCL-90 and a set of TAT Cards. There were 115 female (46 %) and 135 male (54 %) subjects in the study. The average age was 21.30 (SD= 2.57) which ranges from 17 to 39. The settlement areas were between village, town, city, and metropolis and most of the participants' living place seemed to be metropolis (58 %) and most of them report themselves as being in middle-class economic status (86 %). The students either got credit for their participation or they were volunteers. The detailed information about demographic characteristics of the participants is presented in Table-5.1.

Table 5.1 The Demographic Characteristics of the Participants

Variables	<u>Frequency</u>	Percent	Variables	<u>Frequency</u>	Percent
<i>Gender</i>			<i>Department</i>		
Female	135	54	Psychology	92	37
Male	115	46	Other	155	62
No information	-	-	No information	3	1
<i>Residence</i>			<i>Class</i>		
Big city	144	58	Preparatory	13	5
City	76	30	Freshman	63	25
Town	17	7	Sophomore	57	23
Village	4	2	Junior	57	23
No information	9	4	Senior	43	17
			Master	10	4
			Doctorate	4	2
			No information	3	1
<i>Economical level</i>			<i>Age</i>	<u>Min.</u>	<u>Max.</u>
Low	4	2		17	39
Middle	214	86		<u>Mean</u>	<u>SD</u>
High	17	7		21.30	2.57
No information	15	6			

2.2 Measures

2.2.1 Test of Self-conscious Affect–3 (TOSCA-3)

The TOSCA-3 is composed of 11 negative and 5 positive scenarios. The responses in each scenario generate subscales of Shame-proneness, Guilt-proneness, Externalization, Detachment/Unconcern, Alpha Pride, and Beta Pride. At each

scenario, the participants rate each response with a likelihood of 5 points Likert type scoring from low to high.

Tangney and Dearing (2002) test the internal consistency of TOSCA-3 and conclude that it is .77 for shame-proneness, .78 for guilt-proneness, .75 for externalization, .72 for detachment, .48 for alpha pride and, .51 for beta pride.

2.2.2 State Shame and Guilt Scale (SSGS)

The State Shame and Guilt Scale (SSGS) (Marschall, Sanftner, and Tangney, 1994) is a 15-item state measure designed to distinguish shame, guilt and pride at that moment. Tangney & Dearing (2002) report the inter-item reliability of the shame subscale as 0.89, guilt subscale as 0.82, and pride subscale as 0.87.

2.2.3 Symptom Checklist-90 (SCL-90)

The SCL-90 is a self-report measure of psychopathological symptoms. It is appropriate for use in both clinical and nonclinical populations. Nine subscales are as: Somatization, Anxiety, Obsessive Compulsiveness, Interpersonal Sensitivity, Depression, Hostility, Phobic Anxiety, Paranoid Ideation, and Psychoticism. Responses are rated on a 5-point scale that measures the intensity of the symptom. The reliability and validity of the SCL-90 has been supported by previous studies (e.g., Derogatis & Cleary, 1977; Derogatis et al., 1973; Derogatis, Rickels, & Rock, 1976). In addition, the internal consistency for the subscales are reported as ranged from .75 to .88 by Tangney, Niedenthal, Covert and Barlow (1998). The adaptation study of the scale was done by Dağ (1991). The scale was found to be reliable and valid and has been used in many studies in Turkey.

2.2.4 A Set of TAT Cards

In the current study, a set of TAT cards are combined with closed-ended questions. The selected set of TAT cards consist of nine cards namely 1, 3BM, 3GF, 4, 6BM, 7BM, 8GF, 13MF, 18GF which are found related to the topic by experienced clinicians in the related field and by literature review. Each card has two questions with multiple choice answers to be chosen. The first question is about the dominant emotion which is recognized from the card, the choices are all basic

emotions (i.e anger, fear, happiness, disgust, sadness, surprise) and shame, guilt, pride as self-conscious emotions. Participants are supposed to choose one dominant emotion for each card. The second question is about the cues which are used while deciding dominant emotions on the card. The cues that can be chosen are body posture, hands-foot positions, head posture, facial expression, eyes-eyebrows, lips, general context on the card, and proximity of the characters, angles of the characters to each other, and object on card.

2.3 Procedure

Informed consent was obtained from the participants and the procedure of the study was explained. Then participants fill a cover page of demographic information. The questions of demographic information section included the gender, age, department, class, major settlement area, and economical level information of participant. Together with TOSCA-3 and State Shame Guilt Scale (SSGS), Symptom Checklist-90 (SCL-90) and a set of TAT cards with closed-ended questions are administered. The administration is conducted during the regular class hours of participants and they got bonus points for their participation. Each administration took about 30 minutes for each participant.

3. Results

Results are organized in two parts. The first part contains descriptive statistics of the variables and correlations among the variables and the second part contains MANCOVAs and hierarchical regression analyses which were conducted to examine the predictors of psychopathology among state and trait self-conscious emotions, recognized emotions from the cards and nonverbal cues for recognition of these emotions. The associations between variables related to recognition of self-conscious emotions and individual differences in tendency to develop psychopathology were put forward through this study.

3.1 Descriptive Statistics and Bivariate Correlations

3.1.1. Descriptive Statistics

Means, standard deviations, and possible ranges of variables are demonstrated in Table-5.2.

Table 5.2 Descriptive Information of the Measures of the Study

Measures	Mean	SD.	Min.	Max.
TOSCA-3				
Shame Proneness	41.22	8.16	18.00	63.00
Guilt Proneness	60.32	6.66	44.00	76.00
Externalization	38.44	7.42	21.00	59.00
Detachment	35.39	6.20	17.00	54.00
Alpha Pride	19.51	2.82	11.00	25.00
Beta Pride	19.44	3.03	10.00	25.00
SSGS				
State Shame	7.23	3.26	5.00	24.00
State Guilt	9.26	4.07	5.00	24.00
State Pride	16.94	4.13	6.00	25.00
SCL-90				
Total Scores	0.92	0.51	0.09	2.93
Somatization	0.87	0.66	0.0	3.58
Obsessive-Compulsiveness	1.36	0.66	0.0	3.40
Interpersonal Sensitivity	1.04	0.70	0.0	3.67
Depression	1.15	0.72	0.0	3.62
Anxiety	0.87	0.65	0.0	3.40
Hostility	0.94	0.82	0.0	4.00
Phobic Anxiety	0.48	0.53	0.0	3.14
Paranoid Ideation	1.00	0.71	0.0	3.33
Psychoticism	0.65	0.50	0.0	2.50
Additional Items	0.98	0.68	0.0	3.00

3.1.2 Bivariate Correlations among the Variables

Bivariate correlations among the variables of the present study are demonstrated in Table-5.3 (SSGS & TOSCA-3), Table-5.4 (SCL-90), Table-5.5 (TAT-Emotions), Table-5.6 (Nonverbal cues), and Table-5.7 (SCL-90 subscales and other variables).

Table 5.3 Correlations between the SSGS and TOSCA-3 Subscales

	State Guilt	State Shame	State Pride	Shame Proneness	Guilt Proneness	External.	Detach.	Alpha Pride	Beta Pride
State Guilt	1	.45(***)	-.38(***)	.20(***)	.07	.13(*)	-.04	-.07	-.10
State Shame		1	-.51(***)	.29(***)	.11	.16(*)	.002	-.15(*)	-.04
State Pride			1	-.18(**)	.09	-.04	.18(**)	.23(***)	.21(***)
Shame proneness				1	.39(***)	.32(***)	-.07	.07	.12
Guilt proneness					1	.11	.15(*)	.30(***)	.33(***)
Externalization						1	.39(***)	.18(**)	.20(***)
Detachment							1	.38(***)	.41(***)
Alpha Pride								1	.77(***)
Beta Pride									1

* $p < .05$, ** $p < .01$, *** $p < .001$

3.1.2.1 Bivariate Correlations of the Subscales

The correlations between TOSCA-3 subscales were found as:

Shame proneness subscale was significantly correlated with guilt proneness subscale ($r = .39$, $p < .01$) and externalization subscale ($r = .32$, $p < .01$); guilt proneness subscale was significantly correlated with detachment subscale ($r = .15$, $p < .05$), alpha pride subscale ($r = .30$, $p < .01$), and beta pride subscale ($r = .33$, $p < .01$); externalization subscale was significantly correlated with detachment subscale ($r = .39$, $p < .01$), alpha pride subscale ($r = .18$, $p < .01$), and beta pride subscale ($r = .20$, $p < .01$); detachment subscale was significantly correlated with alpha pride subscale ($r = .38$, $p < .01$) and beta pride subscale ($r = .41$, $p < .01$); and lastly these two type of pride were significantly correlated with each other ($r = .77$, $p < .01$). All these correlations can be seen in Table-5.3.

In Table-5.3 SSGS subscales correlations can be seen accordingly, shame and guilt were correlated with each other ($r = .45$, $p < .01$); shame and pride ($r = -.51$, $p < .01$) were correlated with each other as well as guilt and pride ($r = -.38$, $p < .01$) which were significantly but negatively correlated each other.

SCL-90 subscales correlations are demonstrated in Table-5.4. As it can be noticed, all subscales were significantly correlated with each other without exception. For example, SCL-90 total scale was found to be correlated with all its subscales; with somatization, $r = .75$, $p <$

.01 with obsessive-compulsiveness, $r = .79$, $p < .01$ with interpersonal sensitivity, $r = .86$, $p < .01$ with depression, $r = .86$, $p < .01$ with anxiety, $r = .70$, $p < .01$ with hostility, $r = .74$, $p < .01$ with phobic anxiety, $r = .70$, $p < .01$ with paranoid ideation, $r = .75$, $p < .01$ with psychoticism, and $r = .78$, $p < .01$ with additional items subscale.

Table 5.4 Correlations among the SCL-90 Subscales

	SCL-90 Total	Somati.	Obses.- Compul.	Inter. Sensit.	Depres.	Anx.	Hostil.	Phobic Anx.	Paran. Idea.	Psycho.	Addit.	Extern.	Intern.
Scl-90 Total	1	.75(*)	.75(*)	.78(*)	.86(*)	.86(*)	.70(*)	.74(*)	.70(*)	.75(*)	.78(*)	.91(*)	.89(*)
Somatization		1	.57(*)	.45(*)	.65(*)	.69(*)	.50(*)	.56(*)	.41(*)	.50(*)	.66(*)	.84(*)	.60(*)
ObsessiveCompulsiveness			1	.64(*)	.72(*)	.67(*)	.56(*)	.58(*)	.55(*)	.65(*)	.66(*)	.84(*)	.74(*)
Interpersonal Sensitivity				1	.75(*)	.67(*)	.59(*)	.62(*)	.70(*)	.71(*)	.58(*)	.70(*)	.88(*)
Depression					1	.74(*)	.61(*)	.62(*)	.61(*)	.69(*)	.69(*)	.81(*)	.86(*)
Anxiety						1	.68(*)	.72(*)	.62(*)	.67(*)	.69(*)	.91(*)	.80(*)
Hostility							1	.55(*)	.62(*)	.58(*)	.57(*)	.67(*)	.82(*)
Phobic Anxiety								1	.56(*)	.69(*)	.54(*)	.82(*)	.71(*)
Paranoid Ideation									1	.61(*)	.52(*)	.63(*)	.84(*)
Psychoticism										1	.60(*)	.74(*)	.82(*)
Additional Items											1	.75(*)	.70(*)
Externalizaiton												1	.83(*)
Internalization/Isolation													1

* $p < .001$

The correlations of emotions that were recognized on TAT cards were given in Table-5.5. All correlations are in negative direction, because while reporting the recognition of particular emotion increases that of others decrease. Sadness was found to be correlated with all other emotions such as anger ($r = -.23, p < .01$), shame ($r = -.33, p < .01$), guilt ($r = -.39, p < .01$), disgust ($r = -.19, p < .01$), pride ($r = -.13, p < .05$), surprise ($r = -.13, p < .05$), happiness ($r = -.15, p < .05$), and fear ($r = -.14, p < .05$). Disgust was significantly correlated with sadness only. Anger and happiness, besides their correlation with sadness, were found to be significantly correlated with pride ($r = -.23, p < .01$; $r = -.14, p < .05$ respectively); and fear also was found to be significantly correlated with surprise ($r = -.15, p < .05$) other than its correlation with sadness. Surprise had correlations with pride ($r = -.17, p < .01$) and guilt ($r = -.18, p < .01$) besides its correlations with sadness and fear that were mentioned before.

Regarding only self-conscious emotions correlations, Shame and guilt were correlated with each other ($r = -.16, p < .05$). In addition, shame was found to be correlated with sadness; and guilt was found to be correlated with sadness and surprise. Pride was found to be correlated with sadness, anger, happiness, and surprise (see Table-5.5).

Nonverbal cues were all highly significant correlated with each other. These correlations can be seen in Table-5.6.

Table 5.5 Correlations among the Emotions on TAT Cards

	Anger	Shame	Fear	Pride	Happiness	Sadness	Disgust	Surprise	Guilt
Anger	1	.003	-.12	-.23(***)	-.07	-.23(***)	-.05	-.02	.05
Shame		1	.06	.02	-.10	-.33(***)	-.001	-.05	-.16(*)
Fear			1	-.02	-.09	-.14(*)	-.09	-.15(*)	-.06
Pride				1	-.14(*)	-.13(*)	-.03	-.17(**)	-.12
Happiness					1	-.15(*)	-.09	.06	-.03
Sadness						1	-.19(**)	-.13(*)	-.39(***)
Disgust							1	.08	-.03
Surprise								1	-.18(**)
Guilt									1

* $p < .05$, ** $p < .01$, *** $p < .001$

Table 5.6 Correlations among the Nonverbal Cues

	Body	Hand	Head	Face	Eyes	Lips	General	Proximity	Angles	Object(s)
Body	1	.53(*)	.64(*)	.48(*)	.41(*)	.42(*)	.37(*)	.42(*)	.49(*)	.30(*)
Hand		1	.61(*)	.48(*)	.59(*)	.49(*)	.34(*)	.41(*)	.45(*)	.36(*)
Head			1	.48(*)	.58(*)	.56(*)	.43(*)	.44(*)	.49(*)	.35(*)
Face				1	.37(*)	.36(*)	.30(*)	.34(*)	.35(*)	.23(*)
Eyes					1	.62(*)	.26(*)	.36(*)	.35(*)	.29(*)
Lips						1	.23(*)	.41(*)	.39(*)	.29(*)
General							1	.35(*)	.40(*)	.27(*)
Proximity								1	.62(*)	.43(*)
Angles									1	.43(**)
Object(s)										1

* $p < .001$

Table 5.7 Significant Correlations between SCL-90 Subscales and Other Variables

	Shame proneness	Guilt proneness	External.	Alpha Pride	State shame	State guilt	State pride	Happiness	Disgust	Hand	Head	Eyes	Lips	General	Proximity	Angles	Object(s)
Scl-90 tot	.34***	.14*	.16*	n.s	.53***	.40***	-.38***	n.s	n.s	.13*	n.s	n.s	.21**	n.s	0.15*	0.13*	0.24***
Somatiz.	.20**	.19**	n.s	-.13*	.36***	.32***	-.25***	n.s	n.s	.18**	.17*	.19*	.18**	0.19**	0.24**	0.20**	0.29***
Obsess. Compul.	.28***	n.s	.27***	n.s	.41***	.41***	-.29***	.13*	n.s	n.s	n.s	.13*	.14*	n.s	n.s	0.13*	0.18**
Interper.S ensi.	.44***	.15*	.13*	n.s	.48***	.31***	-.35***	n.s	-.16*	n.s	n.s	n.s	.18**	n.s	n.s	n.s	n.s
Depres.	.32***	.17**	.14*	n.s	.60***	.40***	-.45***	.15*	n.s	n.s	n.s	n.s	.18**	n.s	n.s	n.s	0.19**
Anxiety	.28***	n.s	n.s	n.s	.46***	.46***	-.34***	n.s	-.16*	n.s	n.s	n.s	.17**	n.s	n.s	n.s	0.26***
Hostility	.19**	n.s	.13*	n.s	.40***	.30***	-.27***	n.s	n.s	n.s	n.s	n.s	n.s	n.s	n.s	n.s	0.16*
Phobic Anxiety	.30***	n.s	n.s	n.s	.46***	.30***	-.29***	n.s	-.15*	n.s	n.s	n.s	.16**	n.s	n.s	n.s	0.21**
Paranoid Ideation	.31***	.13*	.21**	n.s	.38***	.27***	-.18**	n.s	n.s	n.s	n.s	n.s	.20**	n.s	n.s	n.s	n.s
Psychotic	.32***	n.s	.14*	n.s	.52***	.37**	-.39***	.16*	-.17**	n.s	n.s	n.s	.13*	n.s	n.s	n.s	0.16*
Add.	.24***	n.s	.14*	n.s	.39***	.48***	-.35***	.13*	n.s	n.s	n.s	n.s	.19**	n.s	0.14*	0.12*	0.27**

* $p < .05$, ** $p < .01$, *** $p < .001$

n.s: not significant. Variables (Detachment, Beta Pride, Anger, Shame, Fear, Pride, Sadness, Surprise, Guilt, Body, and Face) that do not have any significant correlation are not included in this table.

3.1.2.2 Bivariate Correlations among the Scales

First of all, correlations that were found in the study can be classified by psychopathological symptoms subscales of SCL-90 for a better comprehension (see Table-5.7 for significant correlations).

Total scale of SCL-90 was correlated with shame proneness ($r = .34, p < .01$), guilt proneness ($r = .14, p < .05$) and externalization ($r = .16, p < .05$) among the TOSCA-3 subscales; state shame ($r = .53, p < .01$), state guilt ($r = .40, p < .01$), and state pride ($r = -.38, p < .01$) among the SSGS subscales. It had no correlations with emotions on cards and its correlations with nonverbal cues were as hand ($r = .13, p < .05$), lips ($r = .21, p < .01$), proximity ($r = .15, p < .05$), angles ($r = .13, p < .05$), and object ($r = .24, p < .01$).

Somatization subscale was found to have correlation with: Shame proneness ($r = .20, p < .01$), guilt proneness ($r = .19, p < .01$), and alpha pride ($r = -.13, p < .05$) among the TOSCA-3 subscales; state shame ($r = .36, p < .01$), state guilt ($r = .32, p < .01$), and state pride ($r = -.25, p < .01$) among the SSGS subscales. Somatization had no correlations with emotions on cards and its correlations with nonverbal cues were as hand ($r = .18, p < .01$), head ($r = .17, p < .05$), eyes ($r = .19, p < .01$), lips ($r = .18, p < .01$), general (context) ($r = .19, p < .01$), proximity ($r = .24, p < .01$), angles ($r = .20, p < .01$), and object ($r = .29, p < .01$).

Obsessive-compulsiveness subscale was correlated with shame proneness ($r = .28, p < .01$) and externalization ($r = .27, p < .01$) among the TOSCA-3 subscales; state shame ($r = .41, p < .01$), state guilt ($r = .41, p < .01$), and state pride ($r = -.29, p < .01$) among the SSGS subscales. It had correlation with happiness ($r = .13, p < .05$) among the emotions on cards and its correlations with nonverbal cues were as eyes ($r = .13, p < .05$), lips ($r = .14, p < .05$), angles ($r = .13, p < .05$), and object ($r = .18, p < .01$).

Interpersonal sensitivity was correlated with shame proneness ($r = .44, p < .01$), guilt proneness ($r = .15, p < .05$) and externalization ($r = .13, p < .05$) among the TOSCA-3 subscales; state shame ($r = .48, p < .01$), state guilt ($r = .31, p < .01$), and state pride ($r = -.35, p < .01$) among the SSGS subscales. Interpersonal sensitivity

had correlation with disgust ($r = -.16, p < .05$) among the emotions on cards and lips ($r = .18, p < .01$) among the nonverbal cues.

Depression subscale was found to be correlated with shame proneness ($r = .32, p < .01$), guilt proneness ($r = .17, p < .01$) and externalization ($r = .14, p < .05$) among the TOSCA-3 subscales; state shame ($r = .60, p < .01$), state guilt ($r = .40, p < .01$), and state pride ($r = -.45, p < .01$) among the SSGS subscales. Depression had correlation with happiness ($r = .15, p < .05$) among the emotions on cards and had correlations with nonverbal cues as lips ($r = .18, p < .01$) and object ($r = .19, p < .01$).

Anxiety subscale was found to be correlated with only shame proneness ($r = .28, p < .01$) among the TOSCA-3 subscales; state shame ($r = .46, p < .01$), state guilt ($r = .46, p < .01$), and state pride ($r = -.34, p < .01$) among the SSGS subscales. It was found to have correlation with disgust ($r = -.16, p < .05$) among the emotions on cards and to have correlations with nonverbal cues as lips ($r = .17, p < .01$) and object ($r = .26, p < .01$).

Hostility subscale was correlated with shame proneness ($r = .19, p < .01$) and externalization ($r = .13, p < .05$) among the TOSCA-3 subscales; state shame ($r = .40, p < .01$), state guilt ($r = .30, p < .01$), and state pride ($r = -.27, p < .01$) among the SSGS subscales. It had no correlation with the emotions on cards and it had correlation with only object ($r = .16, p < .05$) among the nonverbal cues.

Phobic anxiety subscale was found to be correlated with only shame proneness ($r = .30, p < .01$) among the TOSCA-3 subscales; state shame ($r = .46, p < .01$), state guilt ($r = .30, p < .01$), and state pride ($r = -.29, p < .01$) among the SSGS subscales. It was found to have correlation with disgust ($r = -.15, p < .05$) among the emotions on cards and to have correlations with nonverbal cues as lips ($r = .16, p < .01$) and object ($r = .21, p < .01$).

Paranoid ideation subscale was correlated with shame proneness ($r = .31, p < .01$), guilt proneness ($r = .13, p < .05$) and externalization ($r = .21, p < .01$) among the TOSCA-3 subscales; it had correlation with state shame ($r = .38, p < .01$), state guilt ($r = .27, p < .01$), and state pride ($r = -.18, p < .01$) among the SSGS subscales. It had no correlation with the emotions on cards but it had correlation with lips ($r = .20, p < .01$) among the nonverbal cues.

Psychoticism subscale was correlated with shame proneness ($r = .32, p < .01$) and externalization ($r = .14, p < .05$) among the TOSCA-3 subscales; state shame ($r = .52, p < .01$), state guilt ($r = .37, p < .01$), and state pride ($r = -.39, p < .01$) among the SSGS subscales. It had correlations with both happiness ($r = .16, p < .05$) and disgust ($r = -.17, p < .01$) among the emotions on cards and it had correlation with lips ($r = .13, p < .05$) and object ($r = .16, p < .05$) among the nonverbal cues.

SCL-90 has an additional subscale which contains some items about guilt feelings, sleep and appetite disturbances. This subscale was found to have correlations with shame proneness ($r = .24, p < .01$) and externalization ($r = .14, p < .05$) among the TOSCA-3 subscales; state shame ($r = .39, p < .01$), state guilt ($r = .48, p < .01$), and state pride ($r = -.35, p < .01$) among the SSGS subscales. It had correlations with happiness ($r = .13, p < .05$) among the emotions on cards and it had correlation with lips ($r = .19, p < .01$), proximity ($r = .14, p < .05$), angles ($r = .12, p < .05$) and object ($r = .27, p < .01$) among the nonverbal cues.

Detachment and Beta Pride subscales of TOSCA-3; anger, shame, fear, pride, surprise, and guilt emotions on TAT cards; and body gestures and general facial expressions among the nonverbal cues were found to have no correlations any of the psychopathological symptoms subscales of SCL-90 and the total scale itself.

3.1.3. Possible Differences of Levels of Psychopathology on Measures of Self-Conscious Emotions

In order to study possible differences of having high versus low level of psychopathology on experienced state self-conscious emotions and on trait self-conscious emotions 2 separate MANCOVAs where gender was taken as the covariate factor were run. For these analyses to obtain high versus low level of psychopathology groups, SCL-90 scores were subjected to median split. As a result of this split 158 participants were identified as having low psychopathology, and 92 participants were identified as having high psychopathology. For low psychopathology group the mean of SCL-90 scores was .66 (SD=.25; Range= .09-.97), for high psychopathology group the mean of SCL-90 scores was 1.47 (SD=.43; Range= .98- 2.93).

3.1.3.1 Possible Differences of Having Different Levels of Psychopathology on State Self-conscious Emotions

To examine possible differences of having different levels of psychopathology on experienced state self-conscious emotions, a MANCOVA where gender was taken as the covariate factor was run. The dependent measures were 3 state self-conscious emotions namely state shame, state guilt, and state pride. The independent factor was the level of psychopathology as high versus low (details were given above). MANCOVA results revealed significant level of psychopathology main effect; Multivariate $F(3, 245) = 27.71, p < .001$; Wilks' Lambda = .75, $\eta^2 = .25$. As a result of this significant multivariate effect, univariate analyses with Bonferroni corrections were applied, thus the significance level was set as .017 (.05/3). Univariate analyses revealed that all state self-conscious emotions were different for different levels of psychopathology (for state shame, $F(1, 247) = 46.95, p < .001, \eta^2 = .16$; for state guilt $F(1, 247) = 58.45, p < .001, \eta^2 = .19$; and finally for state pride $F(1, 247) = 32.68, p < .001, \eta^2 = .12$). As can be seen from Table 5.8, for those people having higher psychopathological level reported higher levels of state shame and state guilt emotions, however as expected these people revealed lower state pride.

Table 5. 8 State Self-conscious Emotions' Means for Different Levels of Psychopathology

	Low Psychopathology	High Psychopathology
	Mean-SD	Mean SD
State Shame	6.23-1.91	8.96-4.24
State Guilt	7.89-3.16	11.61-4.39
State Pride	18.00-3.87	15.13-3.96

3.1.3.2 Possible Differences of Having Different Levels of Psychopathology on Trait Self-conscious Emotions

To examine possible differences of having different levels of psychopathology on experienced trait self-conscious emotions, a MANCOVA where

gender was taken as the covariate factor was run. The dependent measures were Shame-proneness, Guilt-proneness, Externalization/Blaming others, Detachment/Unconcern, Alpha Pride, and Beta Pride moral affective styles which were considered as trait characteristics. The independent factor was the level of psychopathology as high versus low (details were given above). MANCOVA results revealed significant level of psychopathology main effect; Multivariate $F(2, 242) = 2.85, p < .01$; Wilks' Lambda = .93, $\eta^2 = .07$. As a result of this significant multivariate effect, univariate analyses with Bonferroni corrections were applied, thus the significance level was set as .008 (.05/6). Univariate analyses revealed that only shame-proneness was significant ($F(1, 247) = 10.42, p < .001, \eta^2 = .04$). According to this difference, those with high level of psychopathology had more shame-proneness ($M = 43.34, SD = .83$) than those with low level of psychopathology ($M = 39.98, SD = .63$).

Thus, these two multivariate analyses revealed that after controlling for gender differences on psychopathological levels, all state self-conscious emotions, namely state shame, state guilt, and state pride; and among trait self-conscious emotions only shame-proneness indicated significant differences for different levels of psychopathology. State shame, state guilt, and shame-proneness seemed to have negative effects on psychopathological symptoms, while state pride seemed to have a positive effect on psychopathological symptoms.

3.2 Hierarchical Multiple Regressions

3.2.1 Twelve Sets of Hierarchical Multiple Regressions

Twelve sets of hierarchical multiple regression analyses were conducted to examine the association among the variables of the study. Hierarchical multiple regression analyses were performed in twelve sets to reveal the associates of general psychopathology symptoms (SCL-90) and its 11 subscales. For these analyses the predictors were (i) moral affective styles (TOSCA-3), (ii) state self-conscious emotions (SSGS), (iii) recognition of emotions (by a set of TAT cards), and finally (iv) nonverbal cues.

Variables were entered into the equation via five steps. In the first step, in order to control for the possible confounding effects of important socio-demographic variables, gender and age variables were entered into the equation, via stepwise method.

After controlling for the socio-demographic variables, the state self-conscious emotions (i.e., state shame, state guilt, and state pride) were entered into the equation on the second step. In the third step, moral affective styles (i.e., shame-proneness, guilt-proneness, externalization of blame, detachment, alpha pride, and beta pride) were entered. Then, emotions recognized on the TAT cards were entered into equation on the next step, and finally on the fifth step nonverbal cues were entered at the equation. At all steps, stepwise method was conducted, thus only the variables having significant association with the DV (SCL-90 and its subscales) entered into the equation.

3.2.1.1 Variables Associated with the SCL-90

Hierarchical regression analysis run for the general psychopathological symptoms (see Table 5.9) revealed that, Gender (being female) had significant association with general psychopathological symptoms ($\beta = .15$, $t(248) = 2.46$, $p < .05$) and this variable explained 2 % of the variance ($F[1, 248] = 6.03$, $p < .05$). Following Gender, State Shame had a significant association ($\beta = .52$, $t(247) = 9.65$, $p < .001$) with psychopathological symptoms, and this variable explained 29 % of the variance ($F[1, 247] = 93.07$, $p < .001$). Following State Shame, State Guilt had a significant association ($\beta = .20$, $t(246) = 3.43$, $p < .001$) with psychopathological symptoms, and this variable increased the explained variance to 32 % ($F[1, 246] = 11.74$, $p < .001$). After State Guilt, State Pride was found to be having significant association in negative direction with general psychopathological symptoms ($\beta = -.13$, $t(245) = -2.04$, $p < .05$), though it only explained 1 % of the variance ($F[1, 245] = 4.15$, $p < .05$). After controlling state self-conscious emotion variables, Shame-proneness was found to be significantly associated ($\beta = .17$, $t(244) = 3.14$, $p < .005$) with psychopathological symptoms, and this variable explained 3 % of the variance ($F[1, 244] = 9.84$, $p < .005$). After controlling for these factors, among the factors of recognition of emotion on cards, no emotion factors had significant association with

the general psychopathological symptoms, However, object variable among the nonverbal cues factor was found to be significantly associated with psychopathological symptoms ($\beta = .24$, $t(243) = 4.81$, $p < .001$), and together with this variable explained variance increased to 40 % ($F [1, 243] = 23.14$, $p < .001$).

Therefore, totally six variables, namely Gender (being female), State Shame, State Guilt, lower State Pride, Shame-proneness, and Object as a nonverbal cue were found to be significantly associated with the SCL-90 total scores or general psychopathological symptoms.

Table 5.9 Variables Associated with General Psychopathological Symptoms (SCL-90)

Predictors in set	F for set	<i>t</i> for w/in set Predictors	<i>df</i>	Beta (β)	Model R ² Change
Dependent Variable: TOTAL SCL-90					
I. <i>Control variables</i>					
Gender	6.03*	2.46*	1, 248 248	0.15	0.024
II. <i>State self-conscious emotions</i>					
State shame	93.07****	9.65****	1, 247 247	0.52	0.267
State guilt	11.74****	3.43****	1, 246 246	0.20	0.032
State pride	4.15*	-2.04*	1,245 245	-0.13	0.011
III. <i>Trait self-conscious emotions</i>					
Shame-proneness	9.84***	3.14***	1, 244 244	0.17	0.026
IV. <i>Nonverbal cues</i>					
Object(s)	23.14****	4.81****	1, 243 243	0.24	0.056

* $p < .05$ **, $p < .01$ ***, $p < .005$ ****, $p < .001$

Note. Gender was coded as 1 for males, and 2 for females

3.2.1.2 Variables Associated with Somatization

Hierarchical regression analysis run for the somatization symptoms (see Table 5.10) revealed that, Gender (being female) had significant association with somatization symptoms ($\beta = .28$, $t(248) = 4.59$, $p < .001$) and this variable explained 8 % of the variance ($F[1, 248] = 21.06$, $p < .001$). Following Gender, State Shame had a significant association ($\beta = .34$, $t(247) = 5.88$, $p < .001$) with somatization symptoms, and this variable explained 11 % of the variance ($F[1, 247] = 34.54$, $p < .001$). State Guilt also had a significant association ($\beta = .19$, $t(246) = 2.99$, $p < .005$) with somatization symptoms, and this variable increased the explained variance to 21% ($F[1, 246] = 8.96$, $p < .005$). After controlling for these factors, among the factors of trait self-conscious emotions or moral affective styles and factors of recognition of emotion on cards were found as having no significant association with the somatization symptoms. However, Object variable among the nonverbal cues factors was found to be significantly associated with somatization symptoms ($\beta = .27$, $t(245) = 4.88$, $p < .001$), and together with this variable explained variance increased to 28 % ($F[1, 245] = 23.79$, $p < .001$).

Therefore, totally four variables, namely Gender (being female), State Shame, State Guilt, and Object as a nonverbal cue were found to be significantly associated with the somatization symptoms.

Table 5.10 Variables Associated with Somatization Symptoms

Predictors in set	\bar{F} for set	t for w/in set Predictors	df	Beta (β)	Model R^2 Change
Dependent Variable: SOMATIZATION (SCL-90)					
I. <i>Control variables</i>					
Gender	21.06****	4.59****	1, 248 248	0.28	0.078
II. <i>State self-conscious emotions</i>					
State shame	34.54****	5.88****	1, 247 247	0.34	0.113
State guilt	8.96*	2.99*	1, 246 246	0.19	0.028
III. <i>Nonverbal cues</i>					
Object(s)	23.79****	4.88****	1, 245 245	0.27	0.069

* $p < .05$ ** $p < .01$ *** $p < .005$ **** $p < .001$

Note. Gender was coded as 1 for males, and 2 for females

3.2.1.3 Variables Associated with Obsessive-Compulsiveness

As a result of hierarchical multiple regression analysis conducted for the Obsessive-Compulsiveness symptoms (see Table-5.11) control variables (age and sex) were found to be not significantly associated with Obsessive-Compulsiveness symptoms, thus they did not enter into the equation. State Guilt was found to be significant associated with Obsessive-Compulsiveness symptoms ($\beta = .41$, $t(248) = 7.02$, $p < .001$) and explained 16 % of the variance ($F[1, 248] = 49.25$, $p < .001$). Following State Guilt, State Shame was also found to be associated with Obsessive-Compulsiveness symptoms ($\beta = .28$, $t(247) = 4.45$, $p < .001$) and this variable explained 6 % of the variance ($F[1, 247] = 19.77$, $p < .001$). After controlling for these factors, among the factors of trait self-conscious emotions or moral affective styles, only Shame-proneness was found as having significant association with Obsessive-Compulsiveness symptoms ($\beta = .20$, $t(246) = 3.56$, $p < .001$) and this variable increased the explained variance to 26 % ($F[1, 246] = 12.68$, $p < .001$). Among factors of recognition of emotion on cards, Happiness was found to be significantly associated with Obsessive-Compulsiveness symptoms ($\beta = .12$, $t(245) = 2.13$, $p < .05$), but this variable explained only 1 % of the variance ($F[1, 245] = 4.52$, $p < .05$). Following Happiness, Object variable as a nonverbal cues factor was found to be significantly associated with Obsessive-Compulsiveness symptoms ($\beta = .19$, $t(244) = 3.60$, $p < .001$), and together with this variable explained variance increased to 30 % ($F[1, 244] = 12.95$, $p < .001$).

Therefore, totally five variables, namely State Guilt, State Shame, Shame-proneness, Happiness and Object were found to be significantly associated with the Obsessive-Compulsiveness symptoms.

Table 5.11 Variables Associated with Obsessive-Compulsiveness Symptoms

Predictors in set	F for set	<i>t</i> for w/in set Predictors	<i>df</i>	Beta (β)	Model R ² Change
Dependent Variable OBSESSIVE COMPULSIVENESS (SCL-90)					
I. <i>State self-conscious emotions</i>					
State guilt	49.25****	7.02****	1, 248	0.41	0.166
State shame	19.77****	4.45****	1, 247	0.28	0.062
II. <i>Trait self-conscious emotions</i>					
Shame-proneness	12.68***	3.56***	1, 246	0.20	0.038
III. <i>Emotions on cards</i>					
Happiness	4.52*	2.13	1,245	0.12	0.013
IV. <i>Nonverbal cues</i>					
Object(s)	12.95****	3.60****	1, 244	0.19	0.036

* $p < .05$ ** $p < .01$ *** $p < .005$ **** $p < .001$

Note. Gender was coded as 1 for males, and 2 for females

3.2.1.4 Variables Associated with Interpersonal Sensitivity

According to the results of the hierarchical regression analysis run for the Interpersonal Sensitivity (see Table-5.12), among the control variables, Gender (being female) was found to be significantly associated ($\beta = .14$, $t(248) = 2.23$, $p < .05$) with it. This variable explained 2% of the variance ($F[1, 248] = 4.99$, $p < .05$). After controlling for this factor, among the factors of state self-conscious emotions, State Shame ($\beta = .47$, $t(247) = 8.41$, $p < .001$) had significant association with Interpersonal Sensitivity and with the entrance of this factor, explained variance increased to 24 % ($F[1, 247] = 70.76$, $p < .001$). State Pride was also found as having negative association with Interpersonal Sensitivity ($\beta = -.16$, $t(246) = -2.43$, $p < .05$) and this variable explained only 2 % of the variance ($F[1, 246] = 5.92$, $p < .05$). Following these variables, Shame-proneness was found as having significant association with Interpersonal Sensitivity ($\beta = .31$, $t(245) = 5.64$, $p < .001$) and this variable increased the explained variance to 33 % ($F[1, 245] = 31.84$, $p < .001$). Factors of recognition of emotion on cards were found as having no significant association with Interpersonal Sensitivity. However, Lips variable as a nonverbal cues factor was found to be significantly associated with Interpersonal Sensitivity ($\beta = .14$, $t(244) = 2.72$, $p < .01$), and this variable explained 2 % of the variance ($F[1, 244] = 7.42$, $p < .01$).

Therefore, totally five variables, namely Gender (being female), State Shame, low State Pride, Shame-proneness, and Lips as nonverbal cues were found to be significantly associated with the Interpersonal Sensitivity.

Table 5.12 Variables Associated with Interpersonal Sensitivity Symptoms

Predictors in set	F for set	<i>t</i> for w/in set Predictors	<i>df</i>	Beta (β)	Model R ² Change
Dependent Variable INTERPERSONAL SENSITIVITY (SCL-90)					
I. <i>Control variables</i>					
Gender	4.99*	2.23*	1, 248 248	0.14	0.020
II. <i>State self-conscious emotions</i>					
State shame	70.76***	8.41***	1, 247 247	0.47	0.218
State pride	5.92*	-2.43*	1,246 246	-0.16	0.018
III. <i>Trait self-conscious emotions</i>					
Shame-proneness	31.84***	5.64***	1, 245 245	0.31	0.086
IV. <i>Nonverbal cues</i>					
Lips	7.42*	2.72*	1, 244 244	0.14	0.019

* $p < .05$ ** $p < .01$ *** $p < .005$ **** $p < .001$

Note. Gender was coded as 1 for males, and 2 for females

3.2.1.5 Variables Associated with Depression

Hierarchical multiple regression analysis that was conducted to reveal the significant associates of Depression revealed that Gender (being female) was significantly associated with Depressive symptoms ($\beta = .20$, $t(248) = 3.25$, $p < .001$) and explained 4 % of the variance ($F(1, 248) = 10.57$, $p < .001$). After controlling Gender variable, State Shame was found to be significantly associated with Depressive symptoms ($\beta = .58$, $t(247) = 11.54$, $p < .001$) and this variable explained 34 % of the variance ($F(1, 247) = 133.19$, $p < .001$). Following State Shame, State Pride was also found to be associated with Depressive symptoms but in a negative direction ($\beta = -.22$, $t(246) = -3.82$, $p < .001$) and this variable explained 4 % of the variance ($F(1, 246) = 14.56$, $p < .001$). State Guilt also was also found to have significant association with Depressive symptoms ($\beta = .12$, $t(245) = 2.20$, $p < .05$) while explaining 1 % of the variance ($F(1, 245) = 4.86$, $p < .05$). After controlling for these factors, among the factors of moral affective styles, Proneness to Shame was found as having significant association with Depressive symptoms ($\beta = .12$, $t(244) = 2.35$, $p < .05$) but this variable explained only 1 % of the variance ($F(1, 244) = 5.53$, $p < .05$). Among variables of recognition of emotion on cards, Happiness was found to be significantly associated with Depressive symptoms ($\beta = .14$, $t(243) = 2.92$, $p < .01$), and explained 2 % of the variance ($F(1, 243) = 8.55$, $p < .01$). Following Happiness, Object variable as a nonverbal cues factor was found to be significantly associated with Depressive symptoms ($\beta = .17$, $t(242) = 3.65$, $p < .001$), and together with this variable explained variance increased to 47 % ($F(1, 244) = 13.30$, $p < .001$).

Therefore, totally five variables, namely Gender (being female), State Shame, low State Pride, State Guilt, Shame-proneness, Happiness and Object were found to be significantly associated with the Depressive symptomatology (see Table-5.13).

Table 5.13 Variables Associated with Depressive Symptoms

Predictors in set	F for set	<i>t</i> for w/in set	<i>df</i>	Beta (β)	Model R^2 Change
Dependent Variable DEPRESSION (SCL-90)					
I. <i>Control variables</i>					
Gender	10.57****	3.25****	1,248 248	0.20	0.041
II. <i>State self-conscious emotions</i>					
State shame	133.19****	11.54****	1,247 247	0.58	0.336
State guilt	4.86*	2.20*	1,245 245	0.12	0.011
State pride	14.56****	-3.82****	1,246 246	-0.22	0.035
III. <i>Trait self-conscious emotions</i>					
Shame-proneness	5.53*	2.35*	1,244 244	0.12	0.013
IV. <i>Emotions on cards</i>					
Happiness	8.55**	2.92	1,243 243	0.14	0.019
V. <i>Nonverbal cues</i>					
Object(s)	13.30****	3.65****	1,242 242	0.17	0.028

* $p < .05$ ** $p < .01$ *** $p < .005$ **** $p < .001$

Note. Gender was coded as 1 for males, and 2 for females

3.2.1.6 Variables Associated with Anxiety

As a result of the regression analysis run for Anxiety (see Table-5.14), among the control variables, Gender variable (being female) revealed significant association with Anxiety symptoms ($\beta = .18$, $t(248) = 2.83$, $p < .005$) and explained 3 % of the variance ($F[1, 248] = 8.03$, $p < .005$). After controlling this variable, State Shame had association with Anxiety symptoms ($\beta = .45$, $t(247) = 8.09$, $p < .001$) and explained 20 % of the variance ($F[1, 247] = 65.38$, $p < .001$). Following State Shame, State Guilt was also found to be associated with Anxiety symptoms ($\beta = .31$, $t(246) = 5.16$, $p < .001$) and this variable explained 8 % of the variance ($F[1, 246] = 26.66$, $p < .001$). Shame-proneness, among the moral affective styles factors, was found as having significant association with Anxiety symptoms ($\beta = .11$, $t(245) = 1.99$, $p < .001$) after controlling state self-conscious emotion variables but this variable explained only 1 % of the variance ($F[1, 245] = 3.99$, $p < .05$). Among factors of recognition of emotion on cards, none of the emotion factors was found to be associated with Anxiety symptoms. However, Object variable and not using Face variable as a nonverbal cues factors were found to be significantly associated with Anxiety symptoms ($\beta = .27$, $t(244) = 5.22$, $p < .001$; $\beta = -.11$, $t(243) = -2.18$, $p < .05$ respectively), and together with these variable explained variance increased to 39 % ($F[1, 244] = 27.24$, $p < .001$; $F[1, 243] = 4.75$, $p < .05$).

Therefore, totally six variables, namely Gender (being female), State Shame, State Guilt, Shame-proneness, Object, and avoidance to use Face as a nonverbal cue were found to be significantly associated with Anxiety symptoms.

Table 5.14 Variables Associated with Anxiety Symptoms

Predictors in set	F for set	<i>t</i> for w/in set	<i>df</i>	Beta (β)	Model R^2 Change
Dependent Variable ANXIETY (SCL-90)					
I. <i>Control variables</i>					
Gender	8.03***	2.83***	1, 248	0.18	0.031
II. <i>State self-conscious emotions</i>					
State shame	65.38****	8.09****	1, 247	0.45	0.203
State guilt	26.66****	5.16****	1, 246	0.31	0.075
III. <i>Trait self-conscious emotions</i>					
Shame-proneness	3.99*	2.00*	1, 245	0.11	0.011
IV. <i>Nonverbal cues</i>					
Object(s)	27.24****	5.22****	1,244	0.27	0.068
Face	-4.75*	-2.18*	1, 243	-0.11	0.012

* $p < .05$ ** $p < .01$ *** $p < .005$ **** $p < .001$

Note. Gender was coded as 1 for males, and 2 for females

3.2.1.7 Variables Associated with Hostility

According to the results of the regression analysis run for Hostility (see Table-5.15), State Shame had a significant association with Hostility symptoms ($\beta = .40$, $t(248) = 6.94$, $p < .001$) and explained 16 % of the variance ($F[1, 248] = 48.14$, $p < .001$). Following this variable, State Guilt was found to be associated with Hostility symptoms ($\beta = .15$, $t(247) = 2.24$, $p < .05$) but explained only 2 % of the variance ($F[1, 247] = 5.02$, $p < .05$). Other associated variables were found as Object and not using Body posture as nonverbal cues, after controlling trait self-conscious emotion variables and variables of recognition of emotion on cards. Object ($\beta = .17$, $t(246) = 3.03$, $p < .005$) explained approximately 3 % of the variance ($F[1, 246] = 9.16$, $p < .005$) and Body variable as associated with Anxiety symptoms in a negative direction ($\beta = -.17$, $t(245) = -2.80$, $p < .005$), increased total variance to 23 % ($F[1, 245] = 7.86$, $p < .005$).

Therefore, totally four variables, namely State Shame, State Guilt, Object, and avoidance to use Body as a nonverbal cue were found to be significantly associated with Hostility symptoms.

Table 5.15 Variables Associated with Hostility Symptoms

Predictors in set	F for set	<i>t</i> for w/in set Predictors	<i>df</i>	Beta (β)	Model R^2 Change
Dependent Variable HOSTILITY (SCL-90)					
I. <i>State self-conscious emotions</i>					
State shame	48.14****	6.94****	1, 248 248	0.40	0.163
State guilt	5.02*	2.24*	1, 247 247	0.15	0.017
II. <i>Nonverbal cues</i>					
Body	7.86***	-2.80****	1, 245 245	-0.17	0.025
Object(s)	9.16***	3.03***	1, 246 246	0.17	0.029

* $p < .05$ ** $p < .01$ *** $p < .005$ **** $p < .001$

Note. Gender was coded as 1 for males, and 2 for females

3.2.1.8 Variables Associated with Phobic Anxiety

The regression analysis run for the Phobic Anxiety symptoms (see Table-5.16) revealed that, among the control variables, no variables had significant association with Phobic Anxiety symptoms. State Shame had association with Phobic Anxiety symptoms ($\beta = .46$, $t(248) = 8.06$, $p < .001$) and explained 21 % of the variance ($F[1, 248] = 65.03$, $p < .001$). Following State Shame, trait shame or Shame-proneness variable was found to be associated with Phobic Anxiety symptoms ($\beta = .18$, $t(247) = 3.08$, $p < .005$) and this variable explained 3 % of the variance ($F[1, 247] = 9.49$, $p < .005$). Among factors of recognition of emotion on cards, Surprise was found to be associated with Phobic Anxiety symptoms ($\beta = .11$, $t(246) = 2.05$, $p < .05$) and this variable explained only 1 % of the variance ($F[1, 246] = 4.20$, $p < .00$). Among nonverbal cues factors Object variable was found to be significantly associated with Phobic Anxiety symptoms ($\beta = .21$, $t(245) = 3.96$, $p < .001$) and it explained 5 % of the variance ($F[1, 245] = 15.71$, $p < .001$). Following Object variable, not using Face variable to identify emotions on cards was found to have associations with Phobic Anxiety ($\beta = -.15$, $t(244) = -2.68$, $p < .01$) but explained only 1 % of the variance ($F[1, 244] = 7.18$, $p < .01$). Lastly, as another nonverbal cues factor Lips was also found to have association with Phobic Anxiety ($\beta = .13$, $t(243) = 2.24$, $p < .05$), together with this variable, total explained variance increase almost 33 % ($F[1, 243] = 5.02$, $p < .05$).

Therefore, totally six variables, namely State Shame, Shame-proneness, Surprise, use Object and Lips as nonverbal cue to recognize emotion, and avoidance to focus on Face were found to be significantly associated with Phobic Anxiety symptoms.

Table 5.16 Variables Associated with Phobic Anxiety Symptoms

Predictors in set	F for set	<i>t</i> for w/in set Predictors	<i>df</i>	Beta (β)	Model R^2 Change
Dependent Variable PHOBIC ANXIETY (SCL-90)					
I. <i>State self-conscious emotions</i>					
State shame	65.03****	8.06****	1,248 248	0.46	0.208
II. <i>Trait self-conscious emotions</i>					
Shame-proneness	9.49***	3.08***	1,247 247	0.18	0.029
III. <i>Emotions on cards</i>					
Surprise	4.20*	2.05*	1,246 246	0.11	0.013
IV. <i>Nonverbal cues</i>					
Object(s)	15.71****	3.96****	1,245 245	-0.15	0.020
Face	7.18**	-2.68**	1,244 244	0.13	0.014
Libs	5.02*	2.24*	1,243 243	0.21	0.045

* $p < .05$ ** $p < .01$ *** $p < .005$ **** $p < .001$

Note. Gender was coded as 1 for males, and 2 for females

3.2.1.9 Variables Associated with Paranoid Ideation

Hierarchical multiple regression analysis that was conducted to reveal the significant associates of Paranoid Ideation symptoms (see Table-5.17) revealed that State Shame was significantly associated with Paranoid Ideation symptoms ($\beta = .38$, $t(248) = 6.38$, $p < .001$) and explained 14 % of the variance ($F[1, 248] = 40.70$, $p < .001$). Following State Shame, Shame-proneness also was found to be significantly associated with Paranoid Ideation symptoms ($\beta = .22$, $t(247) = 3.66$, $p < .001$) and this variable explained 4 % of the variance ($F[1, 247] = 13.38$, $p < .001$). Among variables of recognition of emotion on cards, none of the variables was found to be significantly associated with Paranoid Ideation symptoms but Lips, not using Head posture, and Object variables as a nonverbal cues factors were found to be significantly associated with Paranoid Ideation symptoms ($\beta = .17$, $t(246) = 2.98$, $p < .005$; $\beta = -.14$, $t(245) = -2.01$, $p < .05$; $\beta = .12$, $t(244) = 2.06$, $p < .05$ respectively), and together with these variable explained variance increased to 22 % ($F[1, 246] = 8.89$, $p < .005$; $F[1, 245] = 4.02$, $p < .05$; $F[1, 244] = 4.23$, $p < .05$).

Therefore, totally five variables, namely State Shame, Shame-proneness, likelihood of use Lips and Objects as nonverbal cue, unlikelihood of use Head positions as nonverbal cue were found to be significantly associated with the Paranoid Ideation symptoms.

Table 5.17 Variables Associated with Paranoid Ideation Symptoms

Predictors in set	F for set	<i>t</i> for w/in set Predictors	<i>df</i>	Beta (β)	Model R ² Change
Dependent Variable PARANOID IDEATION (SCL-90)					
I. <i>State self-conscious emotions</i>					
State shame	40.70****	6.38****	1,248 248	0.38	0.141
II. <i>Trait self-conscious emotions</i>					
Shame-proneness	13.38****	3.66****	1,247 247	0.22	0.044
III. <i>Nonverbal cues</i>					
Lips	8.89***	2.98***	1,246 246	0.17	0.028
Head	4.02*	-2.01*	1,245 245	-0.14	0.013
Object(s)	4.23*	2.06*	1,244 244	0.12	0.013

* $p < .05$ ** $p < .01$ *** $p < .005$ **** $p < .001$

Note. Gender was coded as 1 for males, and 2 for females

3.2.1.10 Variables Associated with the Psychoticism

According to the results of the hierarchical regression analysis run for the Psychoticism symptoms (see Table-5.18); all of the state self-conscious emotions were found to be associated with Psychoticism. State Shame ($\beta = .52$, $t(248) = 9.54$, $p < .001$) had significant association with Psychoticism and it explained 27 % of the variance ($F[1, 248] = 90.98$, $p < .001$). State Guilt was found have significant association with Psychoticism ($\beta = .17$, $t(247) = 2.78$, $p < .01$) and this variable explained 2 % of the variance ($F[1, 247] = 7.72$, $p < .01$). State Pride was also found to have a negative association with Psychoticism ($\beta = -.13$, $t(246) = -2.12$, $p < .05$) and this variable explained only 1 % of the variance ($F[1, 246] = 4.50$, $p < .05$). Following these variables, Shame-proneness was found as having significant association with Psychoticism symptoms ($\beta = .17$, $t(245) = 3.06$, $p < .01$) and this variable explained 3 % of the variance ($F[1, 245] = 9.36$, $p < .01$). Guilt-proneness was found to be associated with Psychoticism symptoms ($\beta = -.11$, $t(244) = -1.99$, $p < .05$) and this variable explained only 1 % of the variance ($F[1, 244] = 3.95$, $p < .05$). Among factors of recognition of emotion on cards, Happiness ($\beta = .13$, $t(243) = 2.56$, $p < .05$) and Surprise ($\beta = .12$, $t(242) = 2.22$, $p < .05$) were found as having significant association with Psychoticism symptoms ($F[1, 243] = 6.54$, $p < .05$; $F[1, 242] = 4.95$, $p < .05$ respectively). After controlling these variables, as a nonverbal cues factor Object was found to be significantly associated with Psychoticism symptoms ($\beta = .16$, $t(241) = 3.21$, $p < .01$), and entering this variable into equation the total explained variance increased to 38 % ($F[1, 241] = 10.27$, $p < .01$).

Therefore, totally eight variables, namely State Shame, State Guilt, low State Pride, Shame-proneness, low Guilt-proneness, Happiness, Surprise, and Object were found to be significantly associated with Psychoticism symptoms.

Table 5.18 Variables Associated with Psychoticism Symptoms

Predictors in set	F for set	<i>t</i> for w/in set	<i>df</i>	Beta (β)	Model R ²
Dependent Variable PSYCHOTICISM (SCL-90)					
I. <i>State self-conscious emotions</i>					
State shame	90.98****	9.54****	1,248	0.52	0.268
			248		
State guilt	7.72**	2.78**	1,247	0.17	0.022
			247		
State pride	4.50*	-2.12*	1,246	-0.13	0.013
			246		
II. <i>Trait self-conscious emotions</i>					
Shame-proneness	9.36**	3.06**	1,245	0.17	0.026
			245		
Guilt-proneness	3.95*	-1.99*	1,244	-0.11	0.011
			244		
III. <i>Emotions on cards</i>					
Happiness	6.54*	2.56*	1,243	0.13	0.017
			243		
Surprise	4.95*	2.22*	1,242	0.12	0.013
			242		
IV. <i>Nonverbal cues</i>					
Object(s)	10.27**	3.21**	1,241	0.16	0.026
			241		

* $p < .05$ ** $p < .01$ *** $p < .005$ **** $p < .001$

Note. Gender was coded as 1 for males, and 2 for females

3.2.1.11 Variables Associated with the Externalization Symptoms

As a result of a factor analysis, SCL-90 was structured into two factors. One reflects Anxiety Disorders symptoms including Obsessive-Compulsiveness, Anxiety, Phobic Anxiety, and Somatization subscales of SCL-90. This factor was be called

“Externalization Symptoms” variable. Hierarchical multiple regression analysis that was conducted to reveal the significant associates of the Externalization symptoms (see Table-5.19) revealed that Gender (being female) variable was significantly associated with these symptoms ($\beta = .19$, $t(248) = 3.03$, $p < .005$) and explained 4 % of the variance ($F[1, 248] = 9.20$, $p < .005$). After controlling for Gender, State Shame was significantly associated with Externalization symptoms ($\beta = .48$, $t(247) = 8.76$, $p < .001$) and explained 23 % of the variance ($F[1, 247] = 76.74$, $p < .001$). Following State Shame, State Guilt was found to be significantly associated with Externalization symptoms ($\beta = .27$, $t(246) = 4.53$, $p < .001$) and explained 6 % of the variance ($F[1, 246] = 20.56$, $p < .001$). After controlling these variables, Shame-proneness also was found to be significantly associated with Externalization symptoms ($\beta = .14$, $t(245) = 2.51$, $p < .05$) and this variable explained 2 % of the variance ($F[1, 245] = 6.28$, $p < .05$). Among variables of recognition of emotion on cards, none of the variables was found to be significantly associated with Externalization symptoms but as a nonverbal cue factor, Object variable was found to be significantly associated with Externalization symptoms ($\beta = .28$, $t(244) = 5.67$, $p < .001$), and together with this variable explained variance increased to 40 % ($F[1, 244] = 32.15$, $p < .001$).

Therefore, totally five variables, namely Gender (being female), State Shame, State Guilt, Shame-proneness, and likelihood of use Objects as nonverbal cue were found to be significantly associated with the Externalization symptoms.

Table 5.19 Variables Associated with Externalization Symptoms

Predictors in set	F for set	<i>t</i> for w/in set	<i>df</i>	Beta (β)	Model R^2 Change
Dependent Variable EXTERNALIZATION SYMPTOMS					
I. <i>Control variables</i>					
Gender	9.20***	3.03***	1,248 248	0.19	0.036
II. <i>State self-conscious emotions</i>					
State shame	76.74****	8.76****	1,247 247	0.48	0.229
State guilt	20.56****	4.53****	1,246 246	0.27	0.057
III. <i>Trait self-conscious emotions</i>					
Shame-proneness	6.28*	2.51*	1,245 245	0.14	0.017
IV. <i>Nonverbal cues</i>					
Object(s)	32.15****	5.67****	1,244 244	0.28	0.077

* $p < .05$ ** $p < .01$ *** $p < .005$ **** $p < .001$

Note. Gender was coded as 1 for males, and 2 for females

“Externalization Symptoms” variable consist of Obsessive-Compulsiveness, Anxiety, Phobic Anxiety, and Somatization subscales of SCL-90.

3.2.1.12 Variables Associated with the Internalization Symptoms

After the factor analysis that parted SCL-90 into two factors, other than the first factor (Externalization symptoms), the second factor reflects “Internalization/ Isolation symptoms” and includes Interpersonal Sensitivity, Depression, Paranoid Ideation, Psychoticism, and Hostility subscales of SCL-90. These subscales refer some kind of isolation as a common feature. Therefore, this factor can be called “Internalization Symptoms or Isolation” variable. Hierarchical multiple regression analysis that was conducted to reveal the significant associates of the Internalization symptoms (see Table-5.20) revealed that Gender variable was significantly associated with these symptoms ($\beta = .13$, $t(248) = 2.01$, $p < .05$) and explained 2 % of the variance ($F(1, 248) = 4.03$, $p < .05$). After controlling for Gender, State Shame was significantly associated with Internalization symptoms ($\beta = .55$, $t(247) = 10.34$, $p < .001$) and explained 30 % of the variance ($F(1, 247) = 106.86$, $p < .001$). Following State Shame, State Guilt was found to be significantly associated with Internalization symptoms ($\beta = .17$, $t(246) = 2.85$, $p < .005$) and explained 2 % of the variance ($F(1, 246) = 8.10$, $p < .005$). After controlling these variables, Shame-proneness also was found to be significantly associated with Internalization symptoms ($\beta = .20$, $t(245) = 3.80$, $p < .001$) and this variable explained 3 % of the variance ($F(1, 245) = 14.41$, $p < .001$). Among variables of recognition of emotion on cards, Happiness was found to be significantly associated with Internalization symptoms ($\beta = .12$, $t(244) = 2.34$, $p < .05$) and this variable explained only 1 % of the variance ($F(1, 244) = 5.48$, $p < .05$). After controlling all these variables, Object variable was found to be significantly associated with Internalization symptoms ($\beta = .18$, $t(243) = 3.66$, $p < .001$), and together with this variable explained variance increased to 40 % ($F(1, 243) = 13.36$, $p < .001$).

Therefore, totally six variables, namely Gender (being female), State Shame, State Guilt, Shame-proneness, recognition of Happiness and likelihood of use Objects as nonverbal cue were found to be significantly associated with the Internalization symptoms.

A summary of the hierarchical regression analyses is demonstrated in Table-5.21.

Table 5.20 Variables Associated with Internalization Symptoms

Predictors in set	F for set	<i>t</i> for w/in set Predictors	<i>df</i>	Beta (β)	Model R ² Change
Dependent Variable INTERNALIZATION SYMPTOMS					
I. <i>Control variables</i>					
Gender	4.03*	2.01*	1,248 248	0.13	0.016
II. <i>State self-conscious emotions</i>					
State shame	106.86*****	10.34*****	1,247 247	0.55	0.297
State guilt	8.10***	2.85***	1,246 246	0.17	0.022
III. <i>Trait self-conscious emotions</i>					
Shame-proneness	14.41*****	3.80*****	1,245 245	0.20	0.037
IV. <i>Emotions on cards</i>					
Happiness	5.48*	2.34*	1,244 244	0.12	0.014
V. <i>Nonverbal cues</i>					
Object(s)	13.36*****	3.66*****	1,243 243	0.18	0.032

* $p < .05$ ** $p < .01$ *** $p < .005$ ***** $p < .001$

Note. Gender was coded as 1 for males, and 2 for females

“Internalization Symptoms” variable consist of Interpersonal Sensitivity, Depression, Paranoid Ideation, Psychoticism, and Hostility subscales of SCL-90.

Table 5.21 General Summary of the Hierarchical Regression Analyses

		DEPENDENT VARIABLES												
		SCL-90	Somatization	Obsessive-Compulsiveness	Interpersonal Sensitivity	Depression	Anxiety	Hostility	Phobic Anxiety	Paranoid Ideation	Psychoticism	Externalization	Internalization /Isolation	
Socio-Demographic Variables	Age													
	Gender	+	+		+	+	+						+	+
State Self-conscious Emotions (SSGS)	State Shame	+	+	+	+	+	+	+	+	+	+	+	+	+
	State Guilt	+	+	+		+	+	+				+	+	+
	State Pride	-			-	-						-		
Trait Self-conscious Emotions (TOSCA-3)	Shame-proneness	+		+	+	+	+		+	+	+	+	+	+
	Guilt-proneness											-		
	Externalization													
	Detachment/Unconcern													
	Alpha Pride													
	Beta Pride													
Emotions on TAT cards	Anger													
	Shame													
	Fear													
	Pride													
	Happiness			+		+					+			+
	Sadness													
	Disgust													
	Surprise								+		+			
	Guilt													
Nonverbal cues	Body								-					
	Hand													
	Head										-			
	Face								-					
	Eyes													
	Lips				+				+	+				
	General													
	Proximity													
	Angles													
	Object(s)	+	+	+		+	+	+	+	+	+	+	+	+
Total Adjusted R²		.40	.28	.30	.35	.47	.39	.22	.31	.22	.38	.40	.40	.40

4. Discussion

Over the past several years, the field of emotion research has developed significantly, but there has been a related increase in research on self-conscious emotions only recently. Theoretical and empirical improvements have directed to important insights into the cognitive, behavioral, and physiological causes and effects of self-conscious emotions, as well as the cultural context in which these emotions are experienced and expressed (Mesquita and Karasawa, 2004; Stipek, 1998; Ho, Fu, and Ng, 2004; Sullivan, Bannett, and Lewis, 2003).

New theories, that explain differences of self-conscious emotions from each other and from other emotions, reasons of their development, and the ways that they help or hurt the self, have appeared. Many self-conscious emotion researchers agree on a functionalist perspective, assuming that self-conscious emotions have adaptive functions for human-being. Correspondingly, new empirical findings reveal the importance of self-conscious emotions for a broad range of psychopathological symptoms.

The aim of this study is to uncover the relationships between psychopathological symptoms and self-conscious emotions via examining individual differences in terms of deviation from the common ground while benefiting from nonverbal cues for recognition of these emotions.

This chapter introduces a summary of the results and discusses these results in relation to the current self-conscious emotions literature regarding nonverbal expressions and psychopathology. The uniqueness of the study is in exploring the relationship between recognition of self-conscious emotions and tendency to develop certain psychopathological symptoms. The strengths and limitations of the present study, the potential therapeutic implications, and the suggestions for future research are also indicated.

The findings of the study are revealed into two parts. The relationships between concepts of the study, especially state and trait self-conscious emotions' relationships constitute the first part and this part may clarify the comprehensive phenomenological understanding of the self-conscious emotions. The second part, on the other hand, capture the relationship between self-conscious emotions and psychopathological symptoms by considering others' recognized emotions and nonverbal cues used while doing this. In addition, recognition of others' self-conscious emotions may indicate the person's own affective styles to respond to these reactions.

4.1. Self-conscious Emotions and Psychopathological Symptoms

Proneness to shame or guilt is considered to be an overall tendency to respond to situations in stable, predictable ways namely experience and express shame or guilt. The tendency to feel a particular way leads to frequent displays of the particular emotion. Besides, this tendency's effects on experience and express of emotions may cause questioning the existence of psychopathological characteristics. Apart from proneness to self-conscious emotions, state forms of these emotions have obvious and not-complicated relationship with each other as well as psychopathological symptoms. State of shame and state of guilt are significantly related to each other in a positive way. Conversely, state of pride is negatively related to both shame and guilt states. In addition, all state self-conscious emotions namely state shame, state guilt, and state pride have significant relationships with both general psychopathology and its all specific dimensions. The directions of these relationships are as expected, state pride is negatively related with all psychopathological symptoms while state shame and state guilt are related positively.

In this study also, state self-conscious emotions display obvious and consistent relationships with psychopathology. State shame is related to all psychopathological symptoms without exception. In contrast, state guilt it is not related to interpersonal sensitivity, phobic anxiety, and paranoid ideation. However, it is related to almost all other psychopathological symptoms such as somatization, obsessive-compulsiveness, depression, anxiety, hostility, psychoticism. State pride has been considered as a positive self-conscious emotion which does not have

relationships with psychopathology. In the current study, it is found to be related to depression, psychoticism and general psychopathological symptoms in a negative direction. Therefore, the low positive affect findings about these psychopathological phenomena are consistent with the results of the study.

Pride is regarded to have two faces in the literature. Although theorists give different names to these faces, they have a lot in common and share the defining characteristics. Authentic or beta pride focuses on behavior to be proud of, in contrast, hubristic or alpha pride focuses on self to be proud of. In the literature, psychopathology and pride relationship is generally limited to concept of hubris which is accepted as high levels of pride related to oneself. Hubris is considered as a personality trait which contributes aggression and hostility, interpersonal problems, and in turn self-destructive behaviors (Tracy and Robins, 2004a). It is associated with narcissism in terms of constituting character deficits and leading to maladjustment. Although, usually dispositional form of pride seems to be related to psychopathology, state of pride may also be considered as a negative emotion in some cultures. For instance, Eid and Diener (2001) conduct a study on variations of norms regarding self-conscious emotions across cultures and show that experience and expression of pride are less valuable in China and Taiwan than they are in the United States. Therefore, separately from hubris, state of pride may be considered as a negative emotion and expression of it may lead to indicate “abnormality” in some cultures. Nonetheless, state of pride is expected to decrease in individuals who display psychopathological symptoms while the dispositional tendency to experience pride may cause some specific psychopathologies.

Consistent with the literature findings, state pride is found to be low in individuals who have depression, psychoticism and general psychopathological symptoms in this study. However, when Tangney et al. (1992)’s description of dispositional pride is considered as the tendency to experience pride about the self (i.e. the alpha pride), it seems to have an opposite relationship with somatization symptoms. Somatization represents a number of unclear physical symptoms that cannot be attributed to medical conditions, rather it is considered as a defense against psychological pain that allows individual to avoid the stigma of a psychiatric diagnosis. In addition, many individuals cannot help themselves continuing their

manipulative behavior due to the care and nurturing they receive from doctors and others who are responsive to their apparent conditions. This “cry for help” pattern is very opposed to alpha pride which is relied on the basis of the perfectionism of the self. For this reason, individuals who show somatization symptoms prefer complaining about their miserable status rather praising oneself. Therefore, the reverse relationship between somatization and alpha pride is very reasonable.

There are some questions to be answered in order to differentiate two faces of pride (Tracy and Robins, 2007a). If they may be differentiated according to valence, the further study should investigate factors that reflect positively or negatively valence by the words authentic and hubristic for a unitary pride emotion. On the other hand, if authentic and hubristic pride may be differentiated by means of time distinction, the further study should investigate factors that reflect state versus trait words for pride.

In the literature, two main, pioneering studies on the relationships between moral affective styles and psychopathology draw the attention. The first one is conducted by Tangney, Wagner, and Gramzow (1992) and the other one is conducted by Harder, Cutler, and Rockart (1992). However, these studies aim to complete the conceptualization of shame and guilt proneness also, so they apply different measures, other than TOSCA. Moreover, they are carried out correlational analyses which do not allow making causal connections between concepts. Nonetheless, these pioneering studies and followings by the same teams are very supportive for clarify the findings of the present study.

Tangney and Dearing (2002) collect the previous findings on the issue and demonstrate the relationships of shame- and guilt proneness with psychopathological symptoms. They steadily point out that proneness to “shame-free” guilt is inversely related or non-related to psychopathology. To summarize their findings, it may be noted that shame-proneness is found to be related with almost all psychopathological symptoms except hostility-anger. Shame-proneness and hostility-anger relationship has inconsistent results, they are mostly found to be unrelated, probably because of the indirect anger expressions of shame prone individuals. In the case of guilt-proneness, however, it is found to be unrelated with almost all psychopathological symptoms. Guilt-proneness is rarely found to have small but significant positive

relationship with obsessive-compulsiveness symptoms and negative relationship with hostility-anger (Tangney et al., 1992). Faiver, O'Brien, and Ingersoll (2000) mention that the type of guilt may be appropriate and inappropriate. Steketee, Quay, and White (1991) note that in individuals with obsessive-compulsiveness symptoms but not in individuals with anxiety, greater inappropriate guilt is observed.

For Tangney and her colleagues (1998), since “shame-free guilt” and “guilt-free shame” concepts are considered to be important in relation to psychopathology, partial correlations are examined. When these two concepts are factored out from each other, different pattern of results emerge. Shame-proneness seems to be more consistently related to hostility-anger symptoms; on the other hand, guilt-proneness seems to show significant inverse relationships with more psychopathological symptoms other than hostility such as psychoticism, paranoid ideation, and interpersonal sensitivity. Moreover, the positive relationship between obsessive-compulsiveness symptoms and guilt-proneness turns to be negative relationship with “shame-free guilt”.

The expected relationships between affective styles such as shame-proneness and guilt-proneness, as well as externalization are validated also in the present study. On the other hand, there are some unexpected relationships of self-conscious emotions styles -not particularly- with each other but with state form of these emotions. For example, guilt-proneness is not found to have any relation with state self-conscious emotions, not even with state guilt. However, it is found to be related to all other affective styles except externalization as expected. Inverse or no relationship between guilt-proneness and externalization is very consistent with the literature. It indicates that guilt-proneness represents the concept that Tangney and her colleagues create. Guilt-proneness shows significant relationship with both alpha and beta pride dimensions in the study. Both pride dimensions and guilt-proneness may be considered to be adaptive affective styles so that this positive relationship is not unaccountable.

Being an adaptive affective style, guilt-proneness is expected not to be related to psychopathological symptoms or it may have opposite relationships. However, in correlational findings of the study, guilt-proneness is found to have associations with somatization, depressive symptoms, interpersonal sensitivity and paranoid ideation.

Further study should investigate these unexpected relationships between guilt-proneness and these psychopathological symptoms because correlational findings do not indicate cause-effect relationships between concepts. The first two psychopathological concepts (i.e. somatization, depressive symptoms) may be related to guilt-proneness due to the shared negative affectivity dominance. The latter two psychopathology dimensions (i.e. interpersonal sensitivity and paranoid ideation) share something in common; they are both based on the fear of being vulnerable to harm from others. Guilt-proneness is considered to be related to harm done by the person to others, and for that reason a positive relationship with interpersonal sensitivity is reasonable in terms of perception of harm and compensation of it may be set easily by a guilt-prone person. However, paranoid ideation dimension also shows a significant positive relationship with guilt-proneness and this may be because of the idea that self-conscious emotions involve considering others, not just ruminating one's own emotions but also others' opinions about the one.

One of the other interesting findings of the study on guilt-proneness is its opposite relationship with psychoticism. Low guilt-proneness predicts tendency to display psychotic symptoms. One of the explanations to this finding may be the strong relationship between guilt-proneness and empathy. Recent studies (Tangney, 1991) indicate a positive link between guilt and empathy. The cognitive ability to take another person's perspective and to discriminate or to recognize accurately cues regarding another person's particular emotional experience may help to be robust against psychological maladjustment.

Externalization affective style does not have much relationship with other affective styles except shame-proneness. This is consistent with what Tangney and Dearing (2002) mention about their findings, they also found an unexpected but strong relationship between externalization and shame-proneness. They also mention ego-protective function of externalization and underline that blaming others is a short-term coping mechanism. Externalization has also positive relationships with state self-conscious emotions and some psychopathological symptoms. Alongside with general psychopathological symptoms, some specific symptoms such as obsessive-compulsiveness, interpersonal sensitivity, depression, hostility, paranoid ideation, and psychoticism are detected to be elevated by externalization of the

difficulty and blaming others. It may be noted that this affective style is especially seen as related to thought-disorders. In fact, Tangney and Dearing (2002) underline that externalization subscale of TOSCA assess a cognitive attributional dimension, not an affective one. The connection between externalization of blame and shame is consistent with Lewis's (1971) and Sheff's (1987) descriptions of the externally directed humiliation and anger that often are accompanied by shame. Therefore, its positive relationship with hostility is expected. The positive relationships of externalization of blame with obsessive-compulsiveness, paranoid ideation, and psychoticism may be attributed to make efforts for reduce the anxiety level that is specific to these disorders. On the other hand, according to results, as externalization of blame increases, symptoms of depression and interpersonal sensitivity also increase. Since blaming others seems to solve problems just for a short-term, depressive symptoms due to hopelessness and disturbances in interpersonal relations due to accusations increase. Regarding to all related remarks, it may be stated that if the proneness to externalization affective style increases, the psychopathological symptoms also increase in the long run.

The interesting finding on relationships in affective styles is that although alpha and beta pride are considered as being positive emotional dispositions, they are positively correlated with all other styles as well. Moreover, they are highly correlated with each other and this makes the differentiation of them very ambiguous. However it is expected that they have specific attributions on self or on behavior. Their difference lies in their relationships with other concepts. Beta pride is not related to any psychopathological symptoms while alpha pride is negatively related to somatization symptoms as mentioned before.

Another point worth to mention is that the concept of detachment/unconcern affective style would be subject matter for future research. It has positive relationships with trait self-conscious emotions, and with state pride. In fact, it is not related to states of shame and guilt which have been found very salient in psychopathology. Detachment/unconcern style has links with externalization which is considered to be a defense mechanism and guilt-proneness which is considered to be adaptive rather than maladaptive for individual's mental and physical health.

Therefore, whether detachment/unconcern style is good or bad for the mental health should be revised.

Shame-proneness, unexceptionally, displays relationships with most of the specific psychopathological symptoms and general psychopathology. Therefore, like state shame, shame-proneness may be considered as a prominent factor in psychopathology. Interestingly, although shame-proneness is found to have significant relationships with somatization, hostility, and obsessive-compulsiveness symptoms in conceptual correlations, the multiple regression analyses display no main effects between shame-proneness and these symptoms.

In the literature, somatization symptoms and shame-proneness is found to be significantly related each other (Pineles, Street and Koenen, 2006). It is expected that shame-proneness may be associated with detrimental effects on physical health. It is proposed that shame, because it is a withdrawal-related emotion, activates physiological processes that provoke behavioral disengagement and decrease energy spending (Dickerson, Gruenewald, & Kemeny, 2004). Negative self-evaluation which is specific to shame influences immune functioning (Dickerson, Kemeny, Aziz, Kim, & Fahey, 2004). However, the nature of shame experiences such as their source, severity, and intensity, as well as the circumstances in which these experiences occur need to be addressed concerning its potential health effects. Shame-proneness must also be studied carefully since it is an important individual vulnerability factor other than genetic predispositions and personal resources.

Although in conceptual relationship, guilt-proneness and depressive symptoms seem to be related; further multiple regression analyses reveal that guilt-proneness is not related with depressive symptoms in contrast to shame-proneness. This finding is in line with the literature findings. Together with empirical findings, there is a strong theoretical background which explains why shame in contrast to guilt is linked to depression (Niendenthal, Tangney, and Gavanski, 1994).

Self-discrepancy theory (Higgins, 1987) suggests that shame involves an imagined negative evaluation of the self from the perspective of significant others in contrast to guilt, and this may be the reason to show depressive symptoms and vice versa. Leary and Baumeister (2000) propose sociometer theory that states the self-esteem system reacts with a significant drop in state of shame to warn the individual

that his or her relational value is at risk. Low level of self-esteem is evidently related to depressive symptomatology in the literature. Rumination about the problematic situation and potential solutions is expected to have a significant role in shame and depression relationship. Both rumination theory (Martin & Tesser, 1996) and response style theory (Nolen-Hoeksema, 1991) emphasize that persisting rumination on negative aspects of the self and the perceived threat to the fundamental need for belongingness may increase depression symptoms. Nevertheless, all these theories underline the reciprocal influences of two concepts and so they are far from the causal effects of shame on depression. Andrews et al. (2002) suggest empirical results on shame's causal effects on depression. However, they do not study on the reverse direction of causality (i.e. depression causing an increase in shame). Knowledge about the causality between shame and depression would provide a basis for the advancement of theory and treatment of depression.

Several theorists have suggested that shame is very closely related to anxiety about negative evaluation by others (Bowlby, 1973; Buss, 1980; Lewis, 1986). Therefore, there are studies on relationship between shame and anxiety, especially social anxiety (Gilbert & Miles, 2000; Lutwak & Ferrari, 1997). Barlow and colleagues (Barlow, 2000, 2002; Chorpita & Barlow, 1998) propose that anxiety stems from the interaction effects of proneness to negative emotions, severe perceptions of uncontrollability, and early learning experiences that result in specific anxieties. Experiences of anxiety involve both a sense of threat that causes anxiety and a feeling of inefficacy that causes shame.

Tangney, Wagner, Fletcher, Gramzow (1992) underline that shame-proneness is found to be consistently correlated with anger arousal, suspiciousness, resentment, irritability, a tendency to blame others for negative events, and indirect expressions of hostility in a positive direction. In the current study, although an association between hostility and shame-proneness is observed, further analyses do not verify this positive relationship. It is noted that if anger arousal and hostility are not measured in terms of direct verbal and physical aggression, shame-proneness may be unlikely to be linked to them. Nonetheless, some individuals may find anger, whether it is expressed or not, unacceptable and shameful; otherwise an initial sense of shame may also encourage later anger and hostility.

Proneness to “shame-free” guilt, on the other hand, is inversely related to externalization of blame and some indices of anger and hostility in the literature. However, these relationships also are not verified with the current study. As in previous studies (Tangney, 1990, 1991) guilt-proneness come out to be more adaptive disposition, with consistent theoretical and phenomenological literature, it is suggested that the experience of guilt cultivates an acceptance of responsibility rather than a tendency to blame others for negative interpersonal events. Guilt-proneness involves a negative evaluation of specific behaviors aside from the self. Therefore it is less threatening and less likely to evoke externalization of blame and other-directed anger defenses.

Nonetheless, as a result of multiple regression analyses, it has been concluded that the findings support these conceptual relationships. For instance, state shame is found to be most relevant factor predicting psychopathology. Shame-proneness also is found to be an affective style which is a key predictor of a lot of psychopathological symptoms. Unlike shame-proneness, guilt-proneness emerges as a more adaptive affective style.

4.2. Emotions and Nonverbal cues on cards

Shame, guilt, and pride emotions on cards show certain relationships with other emotions. Since only one dominant emotion should be reported to be recognized on each card, other recognized emotions on the same card lose their chance to be dominant. Therefore, emotions on cards have negative relationships in terms of strength of identification with each other because while one is recognized as dominant, others are not. Emotions that are related to each other may be considered as secondary emotions of the dominant one. For instance, shame is strongly related with sadness and guilt. Therefore, it is regarded as a dominant emotion despite that sadness and guilt also are preferred to be reported as dominant emotions in other possibilities. Similarly, guilt is related with sadness and surprise as well as shame. It may be inferred that sadness is the confounding emotion of both shame and guilt as their secondary emotion. In the case of pride, it is observed that it has relationships with anger, happiness, sadness, and surprise. It means that if people recognize pride

on the card, they do not recognize anger, happiness, sadness, and surprise because these emotions may easily confuse with each other.

Banse & Scherer (1996) states that similarity in the quality of emotions allows to confused with each other. Confusions within emotions are due to the lack of a well-defined cut-off point between the intense and mild form of the respective emotion. Although emotions differ strongly in quality, similarity in intensity may also lead to confusion of two emotions. The valence of emotions may sometimes help confusing them. It means, positive emotions are more likely to be confused with other positive emotions than with negative emotions. For example, pride is found to be more often confused with the other positive emotions elation, happiness, and interest.

When the relationship between recognized emotions on the cards and psychopathological symptoms is considered, happiness and disgust become prominent. Happiness is positively related to obsessive-compulsiveness, depression, psychoticism, and symptoms which reflect sleep and appetite problems. It means people who have higher tendency to recognize happiness from an ambiguous stimulus, also have tendency to develop obsessive-compulsiveness, depression, psychoticism symptoms. This reminds the pursuit of happiness that is encouraged to achieve, especially in Western society. On the other hand, disgust has opposite relationship with interpersonal sensitivity, anxiety, phobic anxiety, and psychoticism symptoms. This inverse relationship means that people who do not report disgust to be recognized on cards tend to develop interpersonal sensitivity, anxiety, phobic anxiety, and psychoticism symptoms. This may highlight repression, resistance defense mechanisms or protection of self from the feared and disgusted things. Since in the literature disgust is known to be linked with particularly phobias and some other anxiety disorders, this finding seems to be very reliable.

Surprisingly, little is known about the expressive component of emotion among patients with anxiety disorders, although there is a reason to believe that this component might be de-synchronous from other components, at least in specific phobias. Simple phobics report equivalently high levels of fear and disgust, yet facial expressions of disgust are far more common than facial expressions of fear. Research shows that disgust is positively correlated with fear in terms of intensity among

phobics (Ware, Jain, Burges, & Davey, 1994). Moreover, simple phobics have been found to have a higher sensitivity to disgust than non-phobics (Merckelbach, de Jong, Arntz, & Schouten, 1993; Mulkens, de Jong, & Merckelbach, 1996).

As a result of further analyses, the relationships of happiness and disgust with psychopathological symptoms diverge. While happiness maintains its relationships with same psychopathologic symptoms, disgust gives its place to surprise to be related with psychopathology. The recognition of surprise is found to be positively related to phobic anxiety symptoms and psychoticism, that is individuals who tend to recognize surprise on the cards, tend to display these symptoms.

Tomasello, Carpenter, Call, Behne, and Moll (2005) emphasize “intentions” to be understood and shared among people in order to communicate emotions. According to them, surprise is felt in accidentally. Individuals feel disappointment at failure and happiness at success because they have intentions about the situation, however, surprise occurs accidentally. Therefore, it is known to be caused by unexpected results. Smith, Webster, Parrott, and Eyre (2002) underline that unlike guilt and shame, surprise does not include so much public exposure, so the relationships with phobic anxiety symptoms and psychoticism is also supported by this view. This emotion is suitable to be felt and expressed privately. Lewis (1995) classifies emotions according their relationships with basic instincts: (a) surprise, interest, and joy with curiosity; (b) anger and sadness with aggression; and (c) fear and disgust with safety. In the case of phobic anxiety and psychoticism, this curiosity may turn to fear in a moment. As surprise is observed when there is violation of expectancy or as a response to discovery, it may have two facets: positive and negative. It may be proposed that during the expectancy surprise is neutral and depending on the results it turns out to be positive or negative. Therefore, surprise can reflect both a violation as well as a confirmation of expectancy. Duclos, Laird, Schneider, Sexter, Stern, and Van Lighten (1989) point out the overlap between fear and surprise on cultural universals in expression. When Ekman and his colleagues (e.g., 1987) conduct the study on emotion expressions, they ask the participants to judge pictures chosen to represent pure emotions, and subsequently they ask them to identify a secondary emotion. All of the secondary emotions perceived in fear photographs are surprise. Consequently, the nonverbal display of surprise is referred

as “slight anxiety” with a jaw-droop and widened eyes. It becomes more and more reasonable that individuals with phobic anxiety and psychoticism symptoms tend to recognize surprise on the cards. Moreover, Matsumoto (2002) stresses a favor through happiness and surprise in correctly identifying the intended emotion as in group advantage. These results must be replicated in cross-cultural studies.

In the current study, pursuit of happiness is a predictor of obsessive-compulsiveness, depression, psychoticism, and internalization/isolation problems. The internalization/isolation problems part is a group of SCL-90 subscales and consist of interpersonal sensitivity, depression, paranoid ideation, psychoticism, and hostility symptoms. The reason that this group is named that way is the idea that the emotional and behavioral problems of children usually are classified into two groups to be assessed (Kazdin, 1989). The first group is internalization problems include anxiety, depression, obsession and somatic complaints. In contrast, the second group includes hyperactivity, aggression, and delinquency. In the current study, grouping is made by the factor analysis, dimensions of externalization and internalization problems seem to set apart in terms of anxiety disorders symptoms and other symptoms. Therefore, the group of externalization problems is obsessive-compulsiveness, anxiety, phobic anxiety, and somatization; on the other hand, interpersonal sensitivity, depression, paranoid ideation, psychoticism, and hostility compose internalization problems. Inclusion of hostility is both relevant and consistent with the findings, because depending on its relationship with other concepts -particularly with shame-proneness-, it is figured out that hostility in this study refers indirect and non-aggressive expressions of anger.

Eid & Diener (2001) mention that although there are cultural differences in emotions, there are also similarities in some emotions such as love, happiness, and joy which are more desirable in all cultures. According to this idea, guilt, frustration, fear, shame, and embarrassment are consistently considered aversive. Cultures may be classified as being tight versus loose, similar to individualistic versus collectivist cultures classification. According to this classification, Australia and the United States are relatively tight nations with respect to norms for positive affect. It means that there might be pressure on individuals to be joyful, happy, and full of love and pride and to make use of their constitutional right to the pursuit of happiness.

Moreover, deviations from this norm of happiness might have a strong impact, and being unhappy might be regarded as something to be corrected by psychotherapy. Individualistic nations such as Australia and the United States are "loose" in terms of the norms for behavior; however, at the level of emotions, they appear to be "tight". The desirability of happiness seems to be prescribed by the culture. In fact, these cultures impose on people to follow their own desires and so everyone must be happy. Thus, allowing for more variability in individual behavior seems, ironically, to require a strong norm about the desirability of positive experiences. Pursuit for happiness may be also explained by another way: 'Audience effects'. This is the case in which social context influences whether a particular stimulus elicits emotional behavior. For example, Fernández-Dols and Ruiz-Belda (1995) mention audience effects on the production of the so-called 'true smile' which is the pan-cultural expression of happiness.

Regarding nonverbal cues that are helpful to recognize the dominant emotion on TAT cards, it is observed that each nonverbal cue listed for the study are significantly related to each other. Coming to their relationship to psychopathological symptoms, somatization is found to be related to all nonverbal cues, meaning people who tend to display somatization symptoms use all nonverbal cues to recognize others' emotions. In addition, focusing on lips and focusing on object(s) in the context are found to be related with almost all psychopathological symptoms. Therefore, people who display psychopathological symptoms such as obsessive-compulsiveness, depression, anxiety, psychoticism may tend to find helpful focusing on lips and focusing on object(s) in the context when recognizing others' emotions.

In fact, nonverbal cues of the study can be grouped into two: focused cues and avoided cues. People who tend to display interpersonal sensitivity, phobic anxiety, and paranoid ideation focus on lips to recognize others' emotions. The fear of being harmed may be one reason for it. On the other hand, people who tend to display hostility drift from body, people who tend to display paranoid ideation symptoms tend to drift from head posture of others, and people who tend to display anxiety or phobic anxiety drift from the face. These behaviors seem to be defense for handling psychopathological perception. The most frequently used cue to recognize others' emotion is object(s) in the context. This characteristic is observed in people

who show various psychopathological symptoms except interpersonal sensitivity. People, who have interpersonal sensitivity symptoms, do not focus on object(s) in the context but probably focus on the people directly.

The social context effects on emotion have been found in previous research. Explanations of these contextual effects have largely focused on social motives (Fridlund, 1994; Fernández-Dols, Sierra, and Ruiz-Belda, 1993) or on display rules (Ekman & Friesen, 1969; Philippot, Feldman, & Coats, 1999). It is considered that the different social motives that held by men and women under different social circumstances influence facial displays and other nonverbal behaviors (Efthim, Kenny and Mahalik, 2001). There is also cultural legitimization or illegitimization of certain emotion categories (Matsumoto and Ekman, 2004; Ekman and Davidson, 1994). For example, in some cultures, pride is not a socially desirable emotion, however, on some occasions pride is felt in response to another person's behavior or with the sense of group. There is a concept named as "national pride" which happens as a result of the close identification of the self with the group (Tangney, 1995).

Markus & Kitayama (1994) state that there are some prevalent emotions that are specific to cultural groups but in this way become more specific to individual phenomena. They mean that some cultural factors such as individual's immediate interpersonal setting and its associated social conventions as well as language (Parrott, 2004) determine how and what is felt and actuated the one's physiological, cognitive and behavioral processes.

4.3. Gender Effects

Gender differences are observed in predicting some psychopathological symptoms. Particularly, "being female" is a good predictor of general psychopathological symptoms such as somatization, interpersonal sensitivity, depression, anxiety, and externalization-internalization symptoms that are made up according to sum up some of the SCL-90 subscales.

Zahn-Waxler (1993) who adopts a developmental psychopathology perspective for understanding adaptive and maladaptive social patterns in males and females, and she proposes that particular forms of deviance in females may be considered as markers of their antisocial patterns such as somatic complaints,

sociability, poor performance. Although this indicates sex-specific criteria to assess psychopathological problems, she emphasizes the necessity of expanding the diagnostic categories.

Similarly, Lewis (1971), the pioneer of self-conscious emotion phenomenology, has extensively argued the differences between men and women regarding their experience of self and self-conscious emotions. More specifically, she describes differences in the way that men and women experience shame. According to Lewis, women are more prone to shame reactions than men are. Lewis attributes this difference to socialization processes. Socialization disciplines women to develop kind bonds with others and criticizes their expressions of assertion and aggression more severely. Therefore, there are long-standing empirical studies that show women to be more prone to experiencing shame due to the criticisms and regulations (Gottschalk & Gleser, 1969; Witkin, Lewis, & Weil, 1968). This situation is not limited to shame emotion. Evers, Fischer, Rodriguez Mosquera and Manstead (2005) mention that in their perceptions of the social implications of expressing their anger women differ from men. As a result, men and women learn different display rules for the expression of emotion (Hall and Matsumoto, 2004).

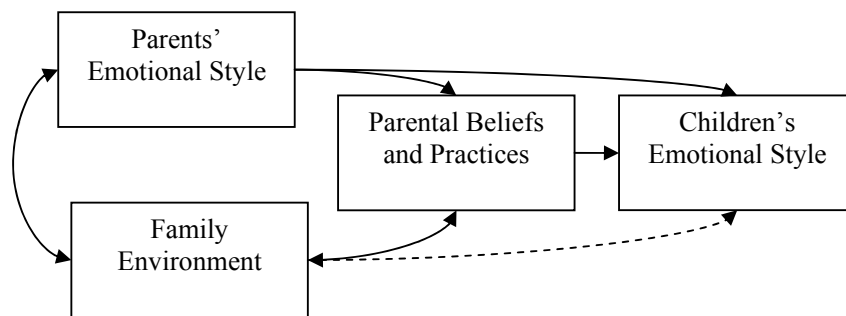
Since shame is the most prominent emotion which is related to various psychopathological symptoms and women are found to feel shame more than men; in further studies, the possible mediator role of shame should be examined in relationship between gender (being female) and psychopathology. In clinical settings, treatment plans should consider shame-proneness characteristics of individuals in order to be patient-specific and more successful.

Treatment plan of shame-prone individuals in psychotherapy should focus on reducing the level of self-inspection and isolation from others. Especially, shame-prone individuals who display depressive symptoms should be encouraged to both educate and challenge others concerning their own characteristics, or accept that his/her perception on these characteristics differs from the perceptions of others. Besides, they should be encouraged to seek out social support. They should be made aware of their tendency to generalize about their negative self-aspect to the whole self and be motivated about change. By giving hope, their perception of helplessness can be eliminated. The pace of the psychotherapy and their confidence in the

psychotherapist are very important factors affecting disclosure of their secrets. Without the fear of being rejected, the sources of shame feelings could be resolved in psychotherapy. Although revealing shame becomes less painful over time, exposure to shame would be under the patient's control.

On the other hand, guilt should be clearly identified whether it is related to seeking reassurance, perfectionism or distorted perception of controllability and responsibility. The self-inspective and ruminative kinds of guilt are considered to be unhealthy. The need for affection may be the underlying reason for guilt as well as shame. In psychotherapy sessions, the possible dependency problems should be dealt and self-acceptance should be increased. Paradoxical techniques and humor are found to be very effective in treating guilty feelings (White and Epston, 1990). It is mentioned that these kinds of individuals should be educated about forgiving rather than forgetting.

Family education on self-conscious emotions may prevent problems which are caused by stigma, especially made on women. Women have been condemned for their sexuality beginning as early as their childhood. Literature findings reveal the gender differences in emotional development and display rules (Brody, 1985). Therefore, it may be possible to avoid problems that stem from shame or guilt emotions by promoting parental education.



Source: Tangney and Dearing, 2002
 Figure 5.2 Socialization of Shame and Guilt

As seen in Figure 5.2, rather than a direct connection between parents' and children's emotional styles, certain parenting practices may have an important mediating function. Parental beliefs and practices may have the most direct effect on

the development of children's emotional styles. Children's moral emotional styles are strongly connected to their perceptions of parental discipline (Denham, 2007). Shame and anger relationship has been emphasized in parenting education in the literature (Tangney and Dearing, 2002). The vicious cycle between shame and anger affects both parents and child, resulting in corruption of the relationship. Therefore, in order to prevent relationship problems and developing psychopathological characteristics, family education will be very effective (Tangney, Stuewing, and Mashek, 2007).

4.4. Limitations and Strengths of the Current Study

Although in the design process of the study, a great deal of efforts is made for taking into account of all possible restrictions, there are some methodological limitations of the study to overcome in future research. Although the current findings of the study are in line with the literature, since the sample of the present study is composed of student population, further studies should be conducted with different samples in order to generalize these findings.

For data gathering, a combination method which is based on self-report is applied. The drawbacks of self-reports can be reduced by supporting TAT cards. However, the close-ended questions related to TAT cards are used for the first time. All the measures used in the study are strongly reliable and valid in the literature; therefore, only new procedure must be tested further more thoroughly. The cross-sectional design of the study may be another limitation. Examining possible changes in psychopathological symptoms and proneness to shame and guilt over time, longitudinal studies must be carried out.

As the study is closely linked to morality in terms of self-conscious emotions and their behavioral components, some participants may be influenced from social desirability and answer accordingly. In the literature, it is indicated that individuals in individualistic cultures tend to show self-serving biases in their self-rating but individuals in collectivist cultures do not show this tendency, even they may show self-effacing (Kitayama, Markus, Matsumoto, and Norasakkunkit, 1997). However, in the present study, the variety on content and format of measures does not allow social desirability or self-serving biases to affect the results of the study.

While interpreting the findings of the study differences between correlational results and further regression analyses are noticed. While some of the differences support the theoretical assumptions, some others need to be investigated in further studies.

To point out the strengths of the study, it should be noted that there are no administration problems in the procedure of the study. Since the material is transformed in the best-fit structure to answer the research questions, no confounding factor is suffered. Due to the appropriateness of the instruments, the construct validity is ensured and reliable findings are achieved as compared to the literature findings.

4.5. Implications of the Study

This is the first study which utilizes TAT cards for recognition of the self-conscious emotions and examine the relationships these emotions and psychopathology through this way. In addition, the results of the study provide supports to the differentiation of shame and guilt proneness. Farber, Berano, and Capobianco (2004) indicate that the accurate assessment of shame may uncover the suppression mechanism and this may prevent or reduce psychopathological symptoms. Since shame and guilt-proneness are considered to be cognitively based affective styles (by attributions) as noted by Tangney and Dearing (2002), in psychotherapy, individuals may be taught to shift from a shame-prone to a guilt-prone cognitive style that may produce more useful ways to management of their problems.

Since, the aim of the present study is to uncover the relationships between psychopathological symptoms and self-conscious emotions via examining individual differences in terms of deviation from the common ground when benefiting from nonverbal cues for recognition of these emotions, exploring unique nonverbal characteristics may help the discrimination of specific roles of these similar emotions (i.e. shame and guilt) and their contribution to psychopathology.

There are difficulties in the measurement of shame and guilt in terms of empirical validity. A valid and reliable nonverbal coding system which is in line with survey methods improves the study of self-conscious emotion. Since the importance

of self-conscious emotions in psychopathology has been emerged, reliable and valid measures in clinical and research areas are required. In addition, in the areas of assessment and classification of certain psychological disorder and psychotherapeutic alliance in clinical settings, the comprehensive conceptualization of self-conscious emotions is very necessary. Furthermore, the findings of every new study on self-conscious emotions -similar to this one that explores nonverbal expressions of them- would uncover new aspects of the relationship between self-conscious emotions and psychopathology.

4.6. Suggestion for further studies

The current study is conducted with non-clinical samples of university students, and although considerable variance was observed in the indices of psychopathology, there remains the question of whether a different pattern of results would emerge in a study of the links between affective style and psychopathology in a clinical population. Tangney, Wagner, Fletcher, Gramzow (1992) point out that the possibility of a different pattern of the associations between affective style and psychopathology in a clinical population demands further investigations for at least two reasons. First, the nature of guilt itself may be qualitatively different in the clinical range, perhaps resulting in a different pattern of relations between guilt and psychopathology. Second, in non-clinical samples, psychological symptoms may not be clustered into well-defined syndromes; rather, reported symptoms may simply reflect a kind of general negative affectivity (Watson & Clark, 1984).

The tripartite model of anxiety and depression which is proposed by Clark and Watson (1991) is validated with the current study's findings. In a few words, this model asserts that anxiety and depression have both overlapping and distinguishing symptoms that are useful to characterize these two distinct but similar disorders. The general marker of them is heightened dispositional negative affect, unique symptoms to each are heightened somatic arousal and tension for anxiety, and lowered positive affect for depression. Before mentioning the supportive findings of the current study, it is important to note that although in Clark and Watson's model, negative affect is considered as the neuroticism which is a stable, dispositional personality characteristic (Clark et al., 1994), the existing data on this important assumption are

not sufficient. The need for further studies to sort out the state and trait contributions of negative affect to anxiety is agreed on. Results of the present study reveal that while shame-proneness, guilt-proneness and state form of self-conscious emotions including increase in shame, guilt and decrease in pride are conceptually related to depression, in the case of anxiety among all of them guilt-proneness is not found to be related conceptually with anxiety. This result supports the insufficient empirical findings on trait contributions of negative affect to anxiety. In addition, further analyses display consistent findings on state forms of emotions. Depressive symptoms are found to be related with high state shame, high state guilt and low state pride, on the other hand, anxiety symptoms are not related with low pride state which may be seen as unique to depressive symptomatology.

Therefore, further study is needed to uncover the potential differences of state and trait self-conscious emotions on psychopathological symptoms by the help of other established theories. In addition to these, future research is needed to comprehend the ways of different cultural value orientations and gender differences influence self-conscious emotions. In sum, further efforts to identify other factors that are not addressed in the current study are important to comprehend self-conscious emotions phenomenon.

CHAPTER VI

OVERVIEW AND GENERAL DISCUSSION

The phenomenon of self-conscious emotions has been introduced to the clinical psychology in recent years. Empirical studies which have been conducted along with theoretical developments have supported the significance of these emotions in psychopathology. The nature of these emotions involves awareness of both others' and self-evaluations which are susceptible to social influence; therefore, cultural insight gains importance. The main purpose of this study was to uncover the relationships between psychopathological symptoms and self-conscious emotions by examining individual differences in terms of deviation from the common ground while benefiting from nonverbal cues for recognition of these emotions. Findings of the study were explained in a culture-specific point of view.

In the present study, self-conscious emotions were defined for Turkish culture and common comprehension on the recognition of these emotions was investigated. Some personality characteristics were questioned in individuals who had different attributions from the majority of population in terms of the nonverbal expressions of self-conscious emotions. Further investigation was made on the relationship between psychopathological symptoms and deviation from common comprehension on the recognition of self-conscious emotions. The study pointed out culture-specific characteristics that might determine both the common comprehension of the population and possible psychopathological characteristics of the individuals who deviated from the common comprehension. In the field of Clinical Psychology, self-conscious emotions have not been studied broadly; especially in terms of their nonverbal expressions. In Turkey, there is no similar study on self-conscious emotions.

The most important influence of self-conscious emotions studies may be seen in the areas of clinical assessment and classification of psychological disorders. Moreover, working on self-conscious emotions such as shame and guilt may strengthen psychotherapeutic alliance. Furthermore, by exploring the relationship

between self-conscious emotions and psychopathology, the present study may encourage preventive studies.

Although the study included three separate but interdependent parts with different objectives, the ultimate aim was to uncover the relationship between dispositional characteristics and psychopathological symptoms of individuals who deviated from the common comprehension on recognizing self-conscious emotions. The first part was an adaptation study of self-report measures of self-conscious emotions. The second part sought to establish a common ground on nonverbal expressions of self-conscious emotions by the use of selected TAT cards. The third part analyzed personality characteristics and psychopathological symptoms, which may involve the deviation from the recognition of self-conscious emotions.

1. General Findings

1.1 Study I: Adaptation of Self-Conscious Emotions' Scales: TOSCA-3 and SSGS

The first study aimed to examine the reliability and the validity of the Test of Self-conscious Affect-Version 3 (TOSCA-3; Tangney, Dearing, Wagner and, Gramzow, 2000) and State Shame and Guilt Scale (SSGS; Marschall, Sanftner, & Tangney, 1994). Factor analyses were conducted to discover the structures of TOSCA-3 and SSGS in the Turkish population. The analysis revealed that there were conceptual diversions from the original TOSCA-3 dimensions. Original guilt and pride dimensions diffused into each other. In fact, the developers of TOSCA-3 have stated that factor analysis was not applicable due to its scenario-based format (Tangney et al., 2000). Therefore, conceptualization of self-conscious emotions along these lines was misleading. As the correlations and reliability coefficients were consistent with the literature; the original dimensions were left unmodified.

The correlations between the TOSCA-3 subscales were found to be consistent with the literature. Shame-proneness dimension was significantly correlated with the guilt-proneness, externalization, and detachment dimensions. This finding was consistent with the literature. However, unexpectedly, shame-proneness was found to

be positively correlated with alpha-pride. This relationship revealed the negative nature of alpha pride. Alpha pride may be cultivated by an inferiority feeling that is shared by shame. In fact, it is mentioned in the literature that the relationship between these two (alpha pride and shame) emotions maintain the mechanism of narcissistic personality disorder. Painful feelings of shame are attempted to be suppressed by defensive feelings of hubristic pride (Lewis, 2000).

Guilt-proneness was positively related with both alpha and beta pride. Since the conceptualization of guilt-proneness differed in Turkish culture, what was measured with this concept was found to be related with both alpha and beta pride. Alternatively, in addition to this finding, the high correlation between alpha pride and beta pride displayed that people may not differentiate self from behavior while experiencing pride.

It was found that guilt-proneness dimension was positively correlated with externalization, which was inconsistent with the conceptualization of these emotions. Tangney (1990) stated that guilt-proneness should be negatively correlated with externalization of cause or blame because guilt involves the acceptance of responsibility for misbehavior in contrary to externalization. Therefore, the significant positive correlation between guilt-proneness and externalization was a very interesting finding. Defensive externalization due to the painful and devastating guilt feelings may be an explanation for this finding. Similarly, an alternative explanation may be the diffusion of responsibility. In a collectivist culture, the act of wrong-doing is emphasized rather than the agent. Therefore, when responsibility is not explicitly assigned in a group, people allow events, which they would never allow were they alone, to occur. If they do something wrong, they would tend to blame the group and if they do not prevent the wrong-doing, this would be the bystander effect, and in that case, yet again, they tend to blame other people who are around. However, deep inside, they feel the responsibility and regret over doing/not doing something.

One of the relationships found to be consistent with the literature was positive correlation between externalization and detachment/unconcern dimensions. Since both dimensions are defensive responses which repress or remove self-evaluation, their significant relationship was expected. Another expected relationship was

between shame-proneness and detachment dimensions. In fact, these two dimensions may be considered as bipolar characteristics on the basis of self-consciousness. While detachment/unconcern style does not involve any self-evaluation, shame engages significant negative evaluations about the self.

Studies that try to distinguish shame and guilt mostly focus on their relationships with psychopathological symptoms. Similarly, this study pointed out that shame and guilt differed in their relation to psychological symptoms. While shame-proneness dimension was found to have a significant correlation with depression, state anxiety, and with trait anxiety, guilt-proneness dimension was not found to be related to these concepts.

For testing the construct validity of the TOSCA-3, this adaptation study included the Turkish Guilt-Shame Scale. The relationships between the two measurement subscales were found to be significantly correlated. Therefore, construct validity of the dimensions were confirmed.

Regarding other moral affective styles' relationships with subscales, externalization dimension was found to have a significant correlation with Shame subscale of GSS-TR and state shame subscale of SSGS. Alpha Pride dimension was only correlated with GSS-TR shame subscale but beta pride dimension was significantly correlated with state guilt subscale of SSGS. Findings of their relationship with psychopathology revealed that externalization was correlated with trait anxiety positively while detachment dimension was correlated with trait anxiety negatively. In addition, beta pride was found to be positively correlated with depression. These findings illustrated the importance of proneness to anxiety which forces the individual to look for affective coping mechanisms. For example, blaming others and having a tendency to feel anxious about negative situations prevent an individual from being unconcerned.

Moral affective styles other than shame-and guilt-proneness have been generally ignored in the studies of self-conscious emotions. Nonetheless, the relationship between trait anxiety and externalization was not surprising conceptually. Since individuals have tendency to feel anxiety or have anxiety sensitiveness, they may defend themselves from what they are afraid of by blaming others or by putting the responsibility on something else. Similarly, since detachment

involves the tendency of lowering the seriousness of the negative outcomes, the point of view about the issue would be inattentive and does not include trait anxiety.

However, beta pride dimension and depression increase and decrease together according to the present study. To the best of the knowledge, this kind of relationship did not take place in the literature before. The explanation of this parallel relationship should be studied in a further study since it may result from cultural reasons.

In this study, SSGS, which is a self-report measure of state self-conscious emotions, was also adapted. This scale displayed a very good fit with the original structure. There was high internal consistency in each dimension and good construct validity in line with the literature (Ghatavi, Nicolson, MacDonald, Osher and Levitt, 2002; Sanftner and Crowther 1998).

Unexpectedly, a high retest reliability of state pride subscale indicated that it may have trait characteristics. Experiencing pride may be confused with being proud, honored, arrogant, superior, creditable, dignified in the Turkish culture. Moreover, methodologically, statement-based scale may invoke related adjectives involuntarily. Alternatively, the positive nature of the emotion always prompts individuals responding in a socially desirable way.

SSGS subscales were found to be highly related with each other, especially shame and guilt subscales. These two dimensions were positively related with each other while negatively related with pride dimension.

Regarding the relationships of state self-conscious emotions in similar measures, state shame and state pride were significantly correlated with shame subscale of the GSS-TR in opposite direction as expected. However, unexpectedly state guilt was negatively correlated with guilt subscale of GSS-TR; this reverse relationship between the two guilt dimensions could be explained by measuring its different inferred meanings. In addition, it should be mentioned that, in Turkish culture, guilt and proneness to guilt concepts differed from the international literature. In this sense, guilt is more culture-specific. Additionally, this finding supported that the “guilt” concept in Turkish population was different from that of what Tangney and her colleagues have measured.

Considering the relationship between psychopathological symptoms and situational self-conscious emotions, state shame and state guilt had significant

positive correlations with trait anxiety, state anxiety, and depression. On the other hand, state pride had negative significant correlations with trait anxiety, state anxiety, and depression. These findings were consistent with the literature and expected.

In conclusion, most of these findings were in line with the literature. Particularly, when relationships between self-conscious emotions and psychopathological symptoms are considered, proneness to shame was found to have significant relationships with both anxiety and depression symptoms. These relations have been constantly reported by other studies in the literature (Gilbert, 2000; Orth, Berking and Burkhardt, 2006). The results of other moral affective styles were found to be as expected. In fact, apart from the difference between Turkish guilt subscale and state guilt dimension, all of the state self-conscious emotions' relationships emerged as expected.

In sum, this study pointed out a possible conceptual difference in guilt in different cultures. The attributions to the reasons of negative events that evoke feelings of guilt may be affected by cultural tendencies. If there is a fatalistic tendency, and there is no specific person to blame, people may not elicit guilt. Moreover, the closeness of the harmed is another parameter for the degree of experienced guilt. For example, in some cultures, harming a person with whom an intimate or close relationship has been established, one feels much more guilt. In addition, if the person is not blamed by others, s/he may not feel guilty. In the light of these remarks, the cultural subjectivity of guilt feelings may affect the results of the study.

1.2 Study II: Identifying the Cues for Recognition of the Self-Conscious Emotions

The main goal of the second study was to provide a common comprehension on the recognition of self-conscious emotions through nonverbal behaviors such as the bodily gestures and/or facial expressions. In fact, this study aimed to discover particular nonverbal cues that are common in identifying specific self-conscious emotions; shame, guilt, or pride.

The existing literature findings have not been able to determine the most prototypical expressions of self-conscious emotions. To have the most accurate recognition of a specific self-conscious emotion, the right group of nonverbal behaviors should be detected.

In this study, participants were presented with 5 TAT cards and they were asked to rate emotions in terms of prominence at each card. In some cases, there was more than one dominant emotion reported. To determine the dominant emotion on each card, every emotion was examined and they were ranked according to their degree of intensity. Consequently, the most prominent emotion was decided by looking at percentages. As a result, for the first two cards, sadness was the dominant emotion. On the third card, shame became the dominant emotion, and on the fifth card, guilt was the dominant emotion. However, fourth card was ambiguous since guilt and sadness had equal percentage, which was not sufficient to determine the dominant emotion.

Shame and guilt cards were examined in order to determine the nonverbal expressions leading to associate each card with the specific emotion. The third card (3 GF) which was found to be a “shame” illustrating card represents a woman who covers her face with her hand while holding onto a door with her other hand. Participants reported that body and head posture, and positions of extremities help them recognize the dominant emotion. Thus, in this study, covering eyes with one’s hand was found to be a significant cue for recognizing shame. Consistent with this finding, Haidt & Keltner (1999) identified covering eyes with one’s hand as one of the representative displays of embarrassment in India. On the fifth card (13 MF), which was found to be a “guilt” illustrating card, there are a man and a woman; the man is standing in the middle of the room and covering his face with one hand and the woman is lying on the bed with closed eyes. Although body posture and positions of head and extremities were reported to help recognize the dominant emotion, contextual cues may sometimes become more important. Unlike the 3 GF, 13 MF has two people and a social context with connotations of sexual and criminal possibilities; therefore, it evokes “moral” emotions. Keltner et al. (1997) underlined the importance of social context, such as the status, intimacy, and responses of

others. He added that they influence emotion and the principles that govern the relations between individuals' emotions (Barrett & Campos, 1987).

This study suggested that shame and guilt have both common and specific nonverbal characteristics. Therefore, while they are not usually distinguished from each other, in some cases one of them can be differentiated by using contextual cues. While evaluating the context, factors such as “being alone or not”, “being male or female”, and “being old or young” seem to affect the appraisal process.

In sum, as this study states that self-conscious emotions can not be recognized only by using facial expressions unless there is no other cue, such as bodily gestures or/and social context cues. Studies indicate individual differences such as emotional awareness in expression and recognition of emotions. Therefore, to obtain precise codes of self-conscious emotions in spite of these individual differences, further studies must be done with different populations, particularly regarding individual and cultural differences. As a matter of fact, the third step of this study focuses on individual differences in terms of vulnerability in these emotions and having psychopathological symptoms that may play an important role in the recognition of self-conscious emotions.

1.3 Study III: Analysis of Self-Conscious Emotions' Recognition and Its Relationship with Psychopathology

The aim of the third study was to uncover the relationship between psychopathological symptoms and self-conscious emotions via examining individual differences in terms of deviation from the common ground while benefiting from nonverbal cues for the recognition of these emotions. In addition, exploring unique nonverbal characteristics may help the discrimination of specific roles of these similar emotions (i.e. shame and guilt) and their contribution to psychopathology. This study was conducted in the light of the findings from the first two studies. The adapted self-report measures were used for the assessment of state and trait self-conscious emotions. The specific nonverbal characteristics and contextual cues used in the second study formed the scope of the third study.

In order to determine group differences in state and trait self-conscious emotions on psychopathological levels, several multivariate analyses were conducted. These analyses revealed that after controlling the gender differences on psychopathological levels, all state emotions (state shame, state guilt, and state pride) indicated significant differences for different levels of psychopathology. Among trait emotions, only shame-proneness had an effect on different levels of psychopathology. State shame, state guilt, and shame-proneness seemed to intensify psychopathological symptoms, while state pride seemed to moderate these symptoms.

State forms of these emotions had an obvious and non-complicated relationship with each other as well as with psychopathological symptoms. States of shame and guilt were significantly related to each other in a positive way. Conversely, state of pride was negatively related to both shame and guilt states. The relationship between state self-conscious emotions and psychopathology was to be expected; state pride was negatively related with psychopathological symptoms while state shame and state guilt were positively related with them. State shame was related to all psychopathological symptoms without exception. In contrast, state guilt was found to be related with all psychopathological symptoms (i.e. somatization, obsessive-compulsiveness, depression, anxiety, hostility, psychoticism) except interpersonal sensitivity, phobic anxiety, and paranoid ideation. State pride was found to be negatively related to depression, psychoticism and general psychopathological symptoms. Therefore, state pride was considered to be “low positive affect” in relation with psychopathological symptoms and this was consistent with the literature. State of pride was expected to decrease in individuals who displayed psychopathological symptoms.

In this study, the expected relationships between moral affective styles such as shame-proneness and guilt-proneness were also validated. On the other hand, there were some unexpected relationships; for example, guilt-proneness was not found to have any significant relation with state self-conscious emotions, not even with state guilt.

In addition, being an adaptive affective style, guilt-proneness was not expected to be related to psychopathological symptoms. However, in zero-order

correlational findings of the study, guilt-proneness was found to have associations with somatization, depressive symptoms, interpersonal sensitivity and paranoid ideation. Somatization and depressive symptoms, due to shared negative affectivity, may be related to guilt-proneness. Interpersonal sensitivity and paranoid ideation are based on the fear of being vulnerable. Therefore, guilt-proneness was considered to be related to the perception of harm especially in interpersonal sensitivity. However, the positive relationship with paranoid ideation dimension can also be the result of one's concern of others' opinions about him/her. Feeling guilt may trigger preoccupations about being watched critically or hostilely. On the other hand, guilt-proneness was also found to have a negative relationship with psychoticism. Low guilt-proneness predicted a tendency to display psychotic symptoms. Strong relationship between guilt-proneness and empathy may be one of the explanations for this finding because empathic ability to take another person's perspective may help prevent psychological maladjustment.

Shame-proneness displayed significant relationships with psychopathological symptoms. Therefore, like state shame, shame-proneness may be considered as a prominent factor in psychopathology. Interestingly, although shame-proneness was found to have significant relations with somatization, hostility, and obsessive-compulsiveness symptoms in conceptual correlation nature, the multiple regression analyses did not display any main effects between shame-proneness and these symptoms.

Similarly, guilt-proneness and depressive symptoms seemed to be related conceptually. However, further multiple regression analyses revealed that guilt-proneness was not related to depressive symptoms. This finding was in line with the literature findings. Together with empirical findings, there is a strong theoretical background which explains why shame, in contrast to guilt, is linked to depression.

As in the second study, shame, guilt, and pride emotions on cards showed some relationships with other emotions. Thus, it was considered that these relationships indicated strong similarities between emotions. For instance, shame was strongly related with sadness and guilt. Similarly, guilt was related to sadness and surprise, as well as shame. It may be inferred that sadness is the confounding

emotion of both shame and guilt as it is their secondary emotion. On the other hand, pride was found to have relationships with anger, happiness, sadness, and surprise.

When the relationship between recognized emotions on the cards and psychopathological symptoms was considered, happiness became prominent. Happiness was positively related to obsessive-compulsiveness, depression, psychoticism, and symptoms which reflect sleep and appetite problems. This finding indicated that people, who had higher tendency to recognize happiness from an ambiguous stimulus, also had tendency to develop obsessive-compulsiveness, depression, psychoticism symptoms. Similarly, the recognition of surprise was positively related to phobic anxiety symptoms and psychoticism, meaning, individuals who tended to recognize surprise on the cards, also tended to display these symptoms.

In sum, in the current study, pursuit of happiness is an indicator of obsessive-compulsiveness, depression, psychoticism, and internalization/isolation problems. The internalization problems part is a group of SCL-90 subscales and consists of interpersonal sensitivity, depression, and paranoid ideation, psychoticism, and hostility symptoms. There might be some pressure on the individuals to pursue happiness. In fact, unfulfilling this norm may be something to be treated by psychotherapy.

The findings of the study point out several nonverbal cues that are helpful to recognize dominant emotions on TAT cards. These emotions are also related to psychopathological symptoms. Especially focusing on object(s) in the context is found to be related with almost all psychopathological symptoms. This finding indicates that people who display psychopathological symptoms such as obsessive-compulsiveness, depression, anxiety, psychoticism may tend to find it helpful to focus on object(s) in the context when recognizing others' emotions.

Specifically, the nonverbal cues which are related to psychopathological symptoms can be grouped in to two: focused cues and avoided cues. People who tend to display interpersonal sensitivity, phobic anxiety, and paranoid ideation focus on lips to recognize others' emotions. The fear of being harmed may be one of the reasons for it. On the other hand, the people who tend to display hostility avoid choosing bodily cues. This indicates people with paranoid ideation symptoms tend to

ignore head posture of others, and people who tend to display anxiety or phobic anxiety avoid the face. These behaviors can be considered as a defense for handling psychopathological perception. As mentioned before, the most frequently used cue to recognize others' emotion is object(s) in the context. This result shows that people with poor interpersonal abilities tend to focus on objects, which in turn indicates an immature coping style. In fact, focusing on object(s) does not show any significant relationship with interpersonal sensitivity symptoms, and this finding supports the statement above.

Gender differences are observed in predicting some psychopathological symptoms. Particularly, "being female" is found to be a good predictor of general psychopathological symptoms such as somatization, interpersonal sensitivity, depression, anxiety, and externalization-internalization symptoms that were formed by some of the SCL-90 subscales. This is also consistent with the literature. Particularly, women are considered to have some maladaptive social patterns which may be classified differently from men's patterns, for example somatization and sociability (Zahn-Waxler, 1993). Similarly, according to self-conscious phenomenology, there are considerable differences between men and women regarding their experience of self and self-conscious emotions. Women are more prone to experiencing shame due to the socialization process (Gottschalk & Gleser, 1969; Witkin, Lewis, & Weil, 1968). In fact, this situation is not confined to only shame. For example, while expressing their anger women are found to differ from men in terms of their perception of social implications (Evers, Fischer, Rodriguez Mosquera and Manstead, 2005). As a result, men and women learn different display rules for the expression of each emotion.

1.4 Summary of the Results

The results obtained from this study are as follows:

- State self-conscious emotions can be assessed accurately by SSGS which is found to be strongly reliable and valid measurement in Turkish culture.
- State shame and guilt are related to psychopathology positively and probably reflect general negative affect.

- When state pride is related to psychopathology, it shows a reverse relationship and may reflect low positive affect in psychopathology.
- TOSCA-3 findings are consistent with the literature findings in terms of conceptualization and empirical results.
- Shame-proneness is highly related to psychopathology.
- Guilt-proneness differs from shame-proneness in terms of its relation to psychopathology. Guilt-proneness either has a negative relation to psychoticism or no relation to any psychopathology.
- Externalization and detachment dimensions are found to be consistent with the literature in terms of their relationship with other concepts.
- Alpha and beta pride are high correlated with each other and they may either indicate the same concept, or alpha pride may subsume beta pride.
- Consistent with the literature shame seems to have its own nonverbal characteristics to be recognized (i.e. covering face with hands). Consistent with some theorists' (Izard 1977; Tomkins 1963) arguments, due to its universal nonverbal characteristics and action tendency (i.e. withdrawal, avoidance of others/isolation, hiding of self), shame may be more "basic" emotion than guilt.
- Recognition of guilt is probably based on the contextual factors rather than its own characteristics, therefore cultural factors may play an important role in the identification of guilt and in distinguishing this emotion from shame.
- Since TAT cards' nature is moody apriori, there is no exact results on recognition of pride. However, as pride is one of the few positive emotions, it could only be recognized if it does not confused with happiness or joy.
- It is found that some of the individuals with psychopathological symptoms (i.e. who display obsessive-compulsive, depression, psychoticism, and internalization/isolation problems) recognize happiness. Others (i.e. who display phobic anxiety symptoms and psychoticism) recognize surprise. Therefore, there is no confirmed hypothesis which states that individuals who tend to show psychopathological symptoms recognize self conscious emotions.

- Individuals with psychopathological symptoms (apart from those with interpersonal sensitivity) usually focus on object(s) to recognize emotions.
- People who have interpersonal sensitivity, phobic anxiety, and paranoid ideation usually focus on lips to recognize emotions.
- While recognizing emotions, people who show hostility symptoms avoid focusing on bodily nonverbal expressions, people who show paranoid ideation symptoms avoid focusing on head posture, and people who have anxiety or phobic anxiety symptoms avoid focusing on face.
- State shame, state guilt, and shame-proneness are found to have negative effects on individuals with high psychopathological symptoms after controlling gender effects.
- State pride is found to have positive effects on individuals with high psychopathological symptoms after controlling gender effects.

1.5 Limitations of the Study

One of the limitations of the study is the representativeness of the sample. Since the sample is composed of university students, the representativeness of this sample may not be sufficient to generalize the results to the whole population. In addition, because of the inquiry of the self-conscious emotions, some participants may be influenced from social desirability and respond accordingly. TAT cards protocol is modified from story-telling to close-ended questions related to the research questions. This new procedure must be tested further more thoroughly. As another methodological limitation, the cross-sectional design of the study may be considered. To investigate possible changes in psychopathological symptoms and proneness to shame and guilt over time, longitudinal studies must also be carried out.

1.6 Implications of the Study

Since the importance of self-conscious emotions in psychopathology has emerged, reliable and valid measures in clinical and research areas are required. Therefore, the adaptation of promising tools and developing new ones by considering cultural differences as well as similarities are necessary.

The results of the study provide support to the differentiation of shame and guilt proneness. In the literature, it is indicated that the assessment of shame may reduce psychopathological symptoms by uncovering the suppression mechanism (Farber, Berano, and Capobianco, 2004). Tangney and Dearing (2002), who conceptualize shame-proneness and guilt-proneness, suggest that individuals may be taught to shift from a shame-prone to a guilt-prone cognitive style that may produce more useful ways to management of their problems.

Although the comprehensive conceptualization of self-conscious emotions seems to be important for theoretical field, it is also essential for assessment and classification of certain psychological disorders. In addition, self-conscious emotions play considerable roles in psychotherapeutic alliance.

1.7 Suggestion for further studies

First of all, further studies on self-conscious emotions must be conducted with clinical population because the significant roles of shame and shame-proneness have emerged in psychopathology. The existing studies usually lack the information about intensity, frequency, and duration of shame and guilt experiences. However, this information would be very useful in terms of comprehensive investigation of subjectivity of these emotions.

Although self-conscious emotions have been the focus of cross-cultural studies and assumed to change in different cultural groups, research on cultural aspects of shame and guilt has conflicting findings (Eid & Diener, 2001; Markus & Kitayama, 1991). There may be differences between studies on shame and guilt because the meaning of these emotions varies across cultures. Empirical studies on shame and guilt have pointed out high cross-cultural similarities as well as important cultural differences. Therefore, the conceptualization of the effects of culture should be very important. Culture can determine which specific situations are relevant for the guilt and shame domain. For example eating pork would be appraised as a moral violation by Muslims but not by Christians. Moreover, the salience or the limits of emotion expression may depend on culture. For example, in the Turkish culture it is not socially appropriate to express one's own pride overtly.

Some researchers offer the cultural effects of self-conscious emotions by using the terms: interdependent and independent cultural groups. However, culture may have an influence at the personal dimensions as well (Kitayama, Markus, & Matsumoto, 1995). The ways in which culture has an effect on shame and guilt emotions can be organized by (a) whether the impact of culture is at a situational or at a personal level, and (b) whether the impact of culture is specific or generalized (Fontaine et al., 2006). In fact, the cultural effects on self-conscious emotions are very complicated to study.

Clinical theory (Morrison, 1983) and empirical research (Tangney et al., 1992) indicates that the phenomenology of shame and guilt within European American culture may be very different from those within Eastern cultures. Shame is found to be commonly related to anger in European Americans (Miller, 1985) and some theorists propose that this relation is influenced by independence phenomena in European Americans (Kitayama, Markus, and Matsumoto, 1995). The relation may be explained by the mechanism of defense against the frustration. In order to maintain a sense of control, Western people externalize their anger by showing hostility onto others. Tangney and Fischer (1995) emphasize that shame and guilt may be designed to promote behaviors which pursue specific cultural rules. That is, culture may influence the expressions of self-conscious emotions as well as the subjective nature of their experiences. Therefore, future studies of self-conscious emotions which focus more on cross-cultural effects are strongly encouraged.

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APPENDICES

APPENDIX A

TURKISH VERSION OF THE BECK DEPRESSION INVENTORY (BDI)

Aşağıda, kişilerin ruh durumlarını ifade ederken kullandıkları bazı cümleler verilmiştir. Her madde, bir çeşit ruh durumunu anlatmaktadır. Her maddede o duygu durumunun derecesini belirleyen 4 seçenek vardır. Lütfen bu seçenekleri dikkatlice okuyunuz. Son bir hafta içindeki (şu an dahil) kendi duygu durumunuzu göz önünde bulundurarak, size uygun olan ifadeyi bulunuz. Daha sonra, o madde numarasının karşısında, size uygun ifadeye karşılık gelen seçeneği bulup işaretleyiniz.

1. a) Kendimi üzgün hissetmiyorum.
b) Kendimi üzgün hissediyorum.
c) Her zaman için üzgünüm ve kendimi bu duygudan kurtaramıyorum.
d) Öylesine üzgün ve mutsuzum ki dayanamıyorum.
2. a) Gelecekte umutsuz değilim.
b) Geleceğe biraz umutsuz bakıyorum.
c) Gelecekte beklediğim hiçbir şey yok.
d) Benim için bir gelecek yok ve bu durum düzelmeyecek.
3. a) Kendimi başarısız görmüyorum.
b) Çevremdeki birçok kişiden daha fazla başarısızlıklarım oldu sayılır.
c) Geriye dönüp baktığımda, çok fazla başarısızlığımın olduğunu görüyorum.
d) Kendimi tümüyle başarısız bir insan olarak görüyorum.
4. a) Herşeyden eskisi kadar zevk alabiliyorum.
b) Herşeyden eskisi kadar zevk alamıyorum.
c) Artık hiçbirşeyden gerçek bir zevk alamıyorum.
d) Bana zevk veren hiçbir şey yok. Herşey çok sıkıcı.
5. a) Kendimi suçlu hissetmiyorum.
b) Arada bir kendimi suçlu hissettiğim oluyor.
c) Kendimi çoğunlukla suçlu hissediyorum.
d) Kendimi her an için suçlu hissediyorum.
6. a) Cezalandırıldığımı düşünmüyorum.
b) Bazı şeyler için cezalandırılabilirim hissediyorum.
c) Cezalandırılmayı bekliyorum.
d) Cezalandırıldığımı hissediyorum.

7. a) Kendimden hoşnutum.
b) Kendimden pek hoşnut değilim.
c) Kendimden hiç hoşlanmıyorum.
d) Kendimden nefret ediyorum.
8. a) Kendimi diğer insanlardan daha kötü görmüyorum.
b) Kendimi zayıflıklarım ve hatalarım için eleştiriyorum.
c) Kendimi hatalarım için her zaman suçluyorum.
d) Her kötü olayda kendimi suçluyorum.
9. a) Kendimi öldürmek gibi düşüncelerim yok.
b) Bazen kendimi öldürmeyi düşünüyorum fakat bunu yapamam.
c) Kendimi öldürebilmeyi isterdim.
d) Bir fırsatını bulursam kendimi öldürürdüm.
10. a) Her zamankinden daha fazla ağladığımı sanmıyorum.
b) Eskisine göre şu sıralarda daha fazla ağlıyorum.
c) Şu sıralar her an ağlıyorum.
d) Eskiden ağlayabilirdim, ama şu sıralarda istesem de ağlayamıyorum.
11. a) Her zamankinden daha sinirli değilim.
b) Her zamankinden daha kolayca sinirleniyor ve kızıyorum.
c) Çoğu zaman sinirliyim.
d) Eskiden sinirlendiğim şeylere bile artık sinirlenemiyorum.
12. a) Diğer insanlara karşı ilgimi kaybetmedim.
b) Eskisine göre insanlarla daha az ilgiliyim.
c) Diğer insanlara karşı ilgimin çoğunu kaybettim.
d) Diğer insanlara karşı hiç ilgim kalmadı.
13. a) Kararlarımı eskisi kadar kolay ve rahat verebiliyorum.
b) Şu sıralarda kararlarımı vermeyi erteliyorum.
c) Kararlarımı vermekte oldukça güçlük çekiyorum.
d) Artık hiç karar veremiyorum.
14. a) Dış görünüşümün eskisinden daha kötü olduğunu sanmıyorum.
b) Yaşlandığımı ve çekiciliğimi kaybettiğimi düşünüyorum ve üzülüyorum.
c) Dış görünüşümde artık değiştirilmesi mümkün olmayan olumsuz değişiklikler olduğunu hissediyorum.
d) Çok çirkin olduğumu düşünüyorum.
15. a) Eskisi kadar iyi çalışabiliyorum.
b) Bir işe başlayabilmek için eskisine göre kendimi daha fazla zorlamam gerekiyor.
c) Hangi iş olursa olsun, yapabilmek için kendimi çok zorluyorum.
d) Hiçbir iş yapamıyorum.

16. a) Eskisi kadar rahat uyuyabiliyorum.
b) Şu sıralar eskisi kadar rahat uyuyamıyorum.
c) Eskisine göre 1 veya 2 saat erken uyanıyor ve tekrar uyumakta zorluk çekiyorum.
d) Eskisine göre çok erken uyanıyor ve tekrar uyuyamıyorum.

17. a) Eskisine kıyasla daha çabuk yorulduğumu sanmıyorum.
b) Eskisinden daha çabuk yoruluyorum.
c) Şu sıralarda neredeyse herşey beni yoruyor.
d) Öyle yorgunum ki hiçbir şey yapamıyorum.

18. a) İştahım eskisinden pek farklı değil.
b) İştahım eskisi kadar iyi değil.
c) Şu sıralarda iştahım epey kötü.
d) Artık hiç iştahım yok.

19. a) Son zamanlarda pek fazla kilo kaybettiğimi sanmıyorum.
b) Son zamanlarda istemediğim halde üç kilodan fazla kaybettim.
c) Son zamanlarda beş kilodan fazla kaybettim.
d) Son zamanlarda yedi kilodan fazla kaybettim.

-Daha az yiyerek kilo kaybetmeye çalışıyorum. EVET () HAYIR () –

20. a) Sağlığım beni pek endişelendirmiyor.
b) Son zamanlarda ağrı, sızı, mide bozukluğu, kabızlık gibi sorunlarım var.
c) Ağrı, sızı gibi bu sıkıntılarım beni epey endişelendirdiği için başka şeyleri düşünmek zor geliyor.
d) Bu tür sıkıntılar beni öylesine endişelendiriyor ki, artık başka birşey düşünemiyorum.

21. a) Son zamanlarda cinsel yaşantımda dikkatimi çeken birşey yok.
b) Eskisine göre cinsel konularla daha az ilgileniyorum.
c) Şu sıralarda cinsellikle pek ilgili değilim.
d) Artık, cinsellikle hiçbir ilgim kalmadı.

TURKISH VERSION OF THE STAIT TRAIT ANXIETY (STAI) -STATE FORM

Aşağıda kişilerin kendilerine ait duygularını anlatmada kullandıkları bir takım ifadeler verilmiştir. Her ifadeyi dikkatlice okuyun, sonra da o anda nasıl hissettiğinizi, ifadelerin sağ tarafındaki rakamlardan uygun olanını işaretlemek suretiyle belirtin. Doğru ya da yanlış cevap yoktur. Herhangi bir ifadenin üzerinde fazla zaman sarf etmeksizin, **şu anda nasıl hissettiğinizi** gösteren cevabı işaretleyin.

		Hiç	Biraz	Çok	Tamamiyle
1.	Şu anda sakinim	(1)	(2)	(3)	(4)
2.	Kendimi emniyette hissediyorum	(1)	(2)	(3)	(4)
3	Su anda sinirlerim gergin	(1)	(2)	(3)	(4)
4	Pişmanlık duygusu içindeyim	(1)	(2)	(3)	(4)
5.	Şu anda huzur içindeyim	(1)	(2)	(3)	(4)
6	Şu anda hiç keyfim yok	(1)	(2)	(3)	(4)
7	Başıma geleceklerden endişe ediyorum	(1)	(2)	(3)	(4)
8.	Kendimi dinlenmiş hissediyorum	(1)	(2)	(3)	(4)
9	Şu anda kaygılıyım	(1)	(2)	(3)	(4)
10.	Kendimi rahat hissediyorum	(1)	(2)	(3)	(4)
11.	Kendime güvenim var	(1)	(2)	(3)	(4)
12	Şu anda asabım bozuk	(1)	(2)	(3)	(4)
13	Çok sinirliyim	(1)	(2)	(3)	(4)
14	Sinirlerimin çok gergin olduğunu hissediyorum	(1)	(2)	(3)	(4)
15.	Kendimi rahatlamış hissediyorum	(1)	(2)	(3)	(4)
16.	Şu anda halimden memnunum	(1)	(2)	(3)	(4)
17	Şu anda endişeliyim	(1)	(2)	(3)	(4)
18	Heyecandan kendimi şaşkına dönmüş hissediyorum	(1)	(2)	(3)	(4)
19.	Şu anda sevinçliyim	(1)	(2)	(3)	(4)
20.	Şu anda keyfim yerinde.	(1)	(2)	(3)	(4)

TURKISH VERSION OF THE STAIT TRAIT ANXIETY (STAI) –TRAIT FORM

Aşağıda kişilerin kendilerine ait duygularını anlatmada kullandıkları bir takım ifadeler verilmiştir. Her ifadeyi dikkatlice okuyun, sonra da **genel olarak** nasıl hissettiğinizi, ifadelerin sağ tarafındaki rakamlardan uygun olanını işaretlemek suretiyle belirtin. Doğru ya da yanlış cevap yoktur. Herhangi bir ifadenin üzerinde fazla zaman sarf etmeksizin, **genel olarak** nasıl hissettiğinizi gösteren cevabı işaretleyin.

		Hiç	Biraz	Çok	Tamamiyle
1.	Genellikle keyfim yerindedir	(1)	(2)	(3)	(4)
2.	Genellikle çabuk yorulurum	(1)	(2)	(3)	(4)
3.	Genellikle kolay ağlarım	(1)	(2)	(3)	(4)
4.	Başkaları kadar mutlu olmak isterim	(1)	(2)	(3)	(4)
5.	Çabuk karar veremediğim için fırsatları kaçıırım	(1)	(2)	(3)	(4)
6.	Kendimi dinlenmiş hissediyorum	(1)	(2)	(3)	(4)
7.	Genellikle sakin, kendine hakim ve soğukkanlıyım	(1)	(2)	(3)	(4)
8.	Güçlüklerin yenemeyeceğim kadar biriktiğini hissederim	(1)	(2)	(3)	(4)
9.	Önemsiz şeyler hakkında endişelenirim	(1)	(2)	(3)	(4)
10.	Genellikle mutluyum	(1)	(2)	(3)	(4)
11.	Herşeyi ciddiye alır ve endişelenirim	(1)	(2)	(3)	(4)
12.	Genellikle kendime güvenim yoktur	(1)	(2)	(3)	(4)
13.	Genellikle kendimi emniyette hissederim	(1)	(2)	(3)	(4)
14.	Sıkıntılı ve güç durumlarla karşılaşmaktan kaçınırım	(1)	(2)	(3)	(4)
15.	Genellikle kendimi hüzünlü hissederim	(1)	(2)	(3)	(4)
16.	Genellikle hayatımdan memnunum	(1)	(2)	(3)	(4)
17.	Olur olmaz düşünceler beni rahatsız eder	(1)	(2)	(3)	(4)
18.	Hayal kırıklıklarını öylesine ciddiye alırım ki hiç unutamam	(1)	(2)	(3)	(4)
19.	Aklı başında ve kararlı bir insanım	(1)	(2)	(3)	(4)
20.	Son zamanlarda kafama takılan konular beni tedirgin ediyor	(1)	(2)	(3)	(4)

TURKISH GUILT – SHAME SCALE

Bu ölçeğin amacı bazı duyguların hangi durumlarda ne derece yoğun olarak yaşandığını belirlemektir. Aşağıda bazı olaylar verilmiştir. Bu olaylar sizin başınızdan geçmiş olsaydı, ne kadar rahatsızlık duyardınız. Lütfen her durumu dikkatle okuyup öyle bir durumda ne kadar rahatsızlık duyacağınızı aşağıdaki ölçekten yararlanarak maddelerin yanındaki sayıların üzerine (X) işareti koyarak belirleyiniz.

1. Hiç rahatsızlık duymazdım
2. Biraz rahatsızlık duyardım
3. Oldukça rahatsızlık duyardım
4. Epey rahatsızlık duyardım
5. Çok rahatsızlık duyardım

Sizi ne kadar rahatsız ederdi?

HİÇ

ÇOK

	1	2	3	4	5
1. Bir tartışma sırasında büyük bir hararetle savunduğunuz bir fikrin yanlış olduğunu öğrenmek					
2. Evinizin çok dağınık olduğu bir sırada beklenmeyen bazı misafirlerin gelmesi					
3. Birinin size verdiği bir sırrı başkalarına açıklamak					
4. Karşı cinsten birinin kalabalık bir yerde herkesin dikkatini çekecek bir şekilde size açıkca ilgi göstermesi					
5. Giysinizin, vücudunuzda kapalı tuttuğunuz bir yeri açığa çıkaracak şekilde buruşması ya da kıvrılması					
6. Bir aşk ilişkisi içinde sadece kendi isteklerinizi elde etmeye çalıştığınızı ve karşı tarafı sömürdüğünüzü fark etmeniz					
7. Sorumlusu siz olduğunuz halde bir kusur ya da bir yanlış için bir başkasının suçlanmasına seyirci kalmak					
8. Uzman olmanız gereken bir konuda, bir konuşma yaptıktan sonra dinleyicilerin sizin söylediğinizin yanlış olduğunu göstermesi					
9. Çok işlek bir iş merkezinin bulunduğu bir köşede herkesin size bakmasına sebep olacak bir olay yaşamak					
10. Lüks bir restoranda başkaları size bakarken çatal bıçak kullanmanız gereken yerde elle yemek yediğinizi fark etmek					
11. Başkalarını aldatarak ve onları sömürerek büyük kazanç sağlamak					
12. İşçilerinizin sağlığına zarar vereceğini bildiğiniz halde, bir yönetici olarak çalışma koşullarında bir değişiklik yapmamak					
13. Sözlü bir sınav sırasında kekeleydiğiniz ve heyecandan şaşırduğumuzda, hocanın sizin bu halinizi kötü bir sınav örneği olarak bütün sınıfa göstermesi					

14. Tanıdığınız birinin sıkıntıda olduğunu bildiğiniz ve yardım edebileceğiniz halde yardım etmemek	1	2	3	4	5
15. Bir partide yeni tanıştığınız insanlara açık saçık bir fikra anlattığınızda bir çoğunun bundan rahatsız olması	1	2	3	4	5
16. Akılsızca, bencilce ya da gereksizce büyük bir harcama yaptıktan sonra ebeveynlerinizin mali bir sıkıntı içinde olduklarını öğrenmek	1	2	3	4	5
17. Arkadaşınızdan bir şeyler çaldığınız halde arkadaşınızın hırsızlık yapanın siz olduğunu hiçbir zaman anlamaması	1	2	3	4	5
18. Bir davete ya da toplantıya rahat, gündelik giysilerle gidip herkesin resmi giyindiğini görmek	1	2	3	4	5
19. Bir yemek davetinde bir tabak dolusu yiyeceği yere düşürmek	1	2	3	4	5
20. Herkesten sakladığınız ve hoş olmayan bir davranışın açığa çıkarılması	1	2	3	4	5
21. Bir kişiye hak etmediği halde zarar vermek	1	2	3	4	5
22. Alış-veriş sırasında paranızın üstünü fazla verdikleri halde sesinizi çıkarmamak	1	2	3	4	5
23. Ailenizin sizden beklentilerini yerine getirememek	1	2	3	4	5
24. Çeşitli bahaneler bularak yapmanız gereken işlerden kaçmak	1	2	3	4	5

TURKISH VERSION OF THE SHAME AND GUILT SCALE (SSGS)

Aşağıda, *şu anda* nasıl hissettiğinizi tanımlayan veya tanımlamayan bazı ifadeler var. Lütfen her ifadeyi alttaki 5 puanlık ölçekle değerlendirin. Her ifadeyi *şu anda* nasıl hissettiğinize dayanarak değerlendirmeyi unutmayın.

Hiç katılmıyorum		Biraz katılıyorum		Çok katılıyorum
1	2	3	4	5

1. Kendimle ilgili iyi hissediyorum.	1	2	3	4	5
2. Yerin dibine batıp, yok olmak istiyorum.	1	2	3	4	5
3. Vicdan azabı, pişmanlık hissediyorum.	1	2	3	4	5
4. Değerli, kıymetli hissediyorum.	1	2	3	4	5
5. Önemsiz hissediyorum.	1	2	3	4	5
6. Yapmış olduğum birşeyle ilgili gergin hissediyorum.	1	2	3	4	5
7. Yeterli, yararlı hissediyorum.	1	2	3	4	5
8. Kötü biriymişim gibi hissediyorum.	1	2	3	4	5
9. Yapmış olduğum kötü birşeyi düşünmeden duramıyorum.	1	2	3	4	5
10. Onurlu hissediyorum.	1	2	3	4	5
11. Aşağılanmış, rezil edilmiş hissediyorum.	1	2	3	4	5
12. Özür dileyecek, itiraf edecek gibi hissediyorum.	1	2	3	4	5
13. Yapmış olduğum birşeyden dolayı memnun hissediyorum.	1	2	3	4	5
14. Değersiz, güçsüz hissediyorum.	1	2	3	4	5
15. Yapmış olduğum birşeyden dolayı kötü hissediyorum.	1	2	3	4	5

TURKISH VERSION OF THE TEST OF SELF-CONSCIOUS AFFECT-3

Aşağıda insanların günlük yaşamlarında karşılaşmaları mümkün olaylar ve bu olaylara verilen yaygın bazı tepkiler vardır.

Her senaryoyu okurken, kendinizi o durumda hayal etmeye çalışın. Sonra, tanımlanan her durumda tepki verme olasılığınızı belirtin. Sizden bütün cevapları değerlendirmenizi istiyoruz, çünkü insanlar aynı duruma karşı birden fazla şey hissedebilir veya birden fazla tepki gösterebilir, ya da farklı zamanlarda farklı şekillerde tepki gösterebilirler.

	Mümkün Değil		Çok Mümkün		
	1	2	3	4	5
Örnek: Bir cumartesi sabahı erkenden uyandınız. Dışarıda hava soğuk ve yağmurlu.					
a) Havadisleri almak için bir arkadaşınıza telefon ederdingiz.	1	2	3	4	5
b) Gazete okumak için fazladan zaman harcardınız.	1	2	3	4	5
c) Hava yağmurlu olduğu için hayal kırıklığı hissederdiniz.	1	2	3	4	5
d) Neden bu kadar erken kalktığınızı merak ederdingiz.	1	2	3	4	5

Yukardaki örnekte, bütün cevapları, bir sayıyı yuvarlak içine alarak değerlendirdim. (a) cevabı için "1"i yuvarlak içine aldım çünkü bir cumartesi sabahı arkadaşımı çok erken uyandırmak istemezdim. Bu yüzden, bunu yapma olasılığım pek mümkün değil. (b) cevabı için "5"i yuvarlak içine aldım, çünkü eğer sabah zaman varsa nerdeyse her zaman gazete okurum (çok mümkün). (c) cevabı için "3"ü yuvarlak içine aldım, çünkü benim için bu cevap, yarı yarıya bir olasılık. Bazen yağmurla ilgili hayalkırıklığı hissedirdim, bazen hissetmezdim; bu, planladığım şeye bağlı olurdu. Ve (d) cevabı için "4"ü yuvarlak içine aldım, çünkü büyük olasılıkla neden bu kadar erken kalktığımı merak ederdim.

Lütfen hiçbir maddeyi atlamayın, bütün cevapları değerlendirin.

1) Bir arkadaşınızla öğle yemeğinde buluşmak için plan yapıyorsunuz. Saat 5'te, onu beklediğinizi farkediyorsunuz.					
	Mümkün Değil			Çok Mümkün	
a) "Düşüncesizim" diye düşünürdünüz.	1	2	3	4	5
b) "Beni anlayacaktır." diye düşünürdünüz.	1	2	3	4	5
c) Bu durumu olabildiğince onun üzerine yıkmanız gerektiğini düşünürdünüz.	1	2	3	4	5
d) "Patronum öğle yemeğinden az önce beni meşgul etti" diye düşünürdünüz.	1	2	3	4	5

2) İşyerinde birşey kırıyorsunuz ve sonra onu saklıyorsunuz.					
	Mümkün Değil			Çok Mümkün	
"Bu beni tedirgin ediyor. Onu ya kendim tamir etmeliyim ya da birine tamir ettirmeliyim" diye düşünürdünüz.	1	2	3	4	5
İşi bırakmayı düşünürdünüz.	1	2	3	4	5
"Bugünlerde birçok şey iyi yapılmıyor" diye düşünürdünüz.	1	2	3	4	5
"Bu sadece bir kazaydı." diye düşünürdünüz.	1	2	3	4	5

3) Bir akşam arkadaşlarınızla dışardasınız ve kendinizi özellikle espirili ve çekici hissediyorsunuz. En iyi arkadaşınızın eşi, bilhassa sizin olmanızdan çok hoşlanıyor gibi görünüyor.					
	Mümkün Değil			Çok Mümkün	
a) "En iyi arkadaşımın ne hissettiğinin farkında olmalıyım" diye düşünürdünüz.	1	2	3	4	5
b) Görünümünüz ve kişiliğinizle ilgili kendinizi mutlu hissederdiniz.	1	2	3	4	5
c) Böyle iyi bir izlenim bıraktığınızdan dolayı memnuniyet hissederdiniz.	1	2	3	4	5
d) En iyi arkadaşınızın eşine dikkat etmesi gerektiğini düşünürdünüz.	1	2	3	4	5
e) Muhtemelen uzun süre göz temasından kaçınırdınız.	1	2	3	4	5

4) (İşyerinde) bir projeyi planlamak için son dakikaya kadar bekliyorsunuz ve kötü sonuçlanıyor.					
	Mümkün Değil			Çok Mümkün	
a) Kendinizi yetersiz hissederdiniz.	1	2	3	4	5
b) "Gün içinde asla yeterli zaman yok" diye düşünürdünüz.	1	2	3	4	5
c) "Projeyi kötü yönettiğim için kınanmayı hak ediyorum." diye hissederdiniz	1	2	3	4	5
d) "Yapılmış yapılmıştır." diye düşünürsünüz.	1	2	3	4	5

5) (İşyerinde) bir hata yapıyorsunuz ve bu hatadan dolayı bir (iş) arkadaşınızın suçlandığını öğreniyorsunuz.					
	Mümkün Değil			Çok Mümkün	
a) Firmanın (iş) arkadaşınızdan hoşlanmadığını düşünürdünüz.	1	2	3	4	5
b) "Hayat adil değil" diye düşünürdünüz.	1	2	3	4	5
c) Sessiz kalırdınız ve o (iş) arkadaşınızdan kaçınırdınız.	1	2	3	4	5
d) Mutsuz hisseder ve durumu düzeltmeye gayret ederdiniz.	1	2	3	4	5

6) Birkaç gündür zor bir telefon görüşmesini erteliyorsunuz. Son dakikada, görüşmeyi yapıyorsunuz ve konuşmayı yönlendirebildiğiniz için herşey iyi gidiyor.					
	Mümkün Değil			Çok Mümkün	
a) "Sanırım düşündüğümde daha ikna ediciyim" diye düşünürdünüz.	1	2	3	4	5
b) Bu konuşmayı ertelediğinize pişman olurdunuz.	1	2	3	4	5
c) Kendinizi bir korkak gibi hissederdiniz.	1	2	3	4	5
d) "İyi iş çıkardım" diye düşünürdünüz.	1	2	3	4	5
e) Baskı hissettiğiniz telefon konuşmalarını yapmamanız gerektiğini düşünürdünüz.	1	2	3	4	5

7) Oyun oynarken, bir top atıyorsunuz ve arkadaşınızın suratına çarpıyor.					
	Mümkün Değil			Çok Mümkün	
a) Bir topu bile atamadığınız için kendinizi yetersiz hissederdiniz.	1	2	3	4	5
b) Arkadaşınızın belki de top yakalama konusunda daha fazla pratiğe ihtiyacı olduğunu düşünürdünüz.	1	2	3	4	5
c) “Bu sadece bir kazaydı.” diye düşünürdünüz.	1	2	3	4	5
d) Özür dilerdiniz ve arkadaşınızın daha iyi hissettiğinden emin olurdunuz.	1	2	3	4	5

8) Ailenizin yanından yeni taşındınız ve herkes çok yardımcı oldu. Birkaç kere borç para almaya ihtiyacınız oldu, fakat en kısa sürede geri ödediniz.					
	Mümkün Değil			Çok Mümkün	
a) Olgunlaşmamış hissederdiniz.	1	2	3	4	5
b) “Kesinlikle şansım kötü gitti.” diye düşünürdünüz.	1	2	3	4	5
c) Olabildiğince çabuk iyiliğin karşılığını verirdiniz.	1	2	3	4	5
d) “Ben güvenilir biriyim.” diye düşünürdünüz.	1	2	3	4	5
e) Borçlarınızı geri ödediğiniz için gurur duyardınız.	1	2	3	4	5

9) Yolda araba sürüyorsunuz ve küçük bir hayvana çarpıyorsunuz.					
	Mümkün Değil			Çok Mümkün	
a) Hayvanın yolda olmaması gerektiğini düşünürdünüz.	1	2	3	4	5
b) “Rezil biriyim.” diye düşünürdünüz.	1	2	3	4	5
c) “Bu bir kazaydı.” diye hissederdiniz.	1	2	3	4	5
d) Arabayı daha dikkatli sürmediğiniz için kötü hissederdiniz.	1	2	3	4	5

10) Bir sınavdan son derece iyi yaptığınızı düşünerek çıkıyorsunuz. Sonra, daha kötü yaptığınızı anlıyorsunuz.					
			Mümkün Değil		Çok Mümkün
a) “Sadece bir sınav” diye düşünürdünüz.	1	2	3	4	5
b) “Hoca benden hoşlanmıyor.” diye düşünürdünüz	1	2	3	4	5
c) “Daha fazla çalışmalıydım.” diye düşünürdünüz.	1	2	3	4	5
d) Kendinizi aptal gibi hissederdiniz.	1	2	3	4	5

11) Siz ve bir grup (iş) arkadaşınız, bir proje üzerinde sıkı çalıştınız. Patronunuz proje bu kadar başarılı olduğu için sadece sizi ödüllendiriyor.					
			Mümkün Değil		Çok Mümkün
a) Patronun oldukça dar görüşlü olduğunu hissederdiniz.	1	2	3	4	5
b) Kendinizi yalnız ve meslektaşlarınızdan ayrı hissederdiniz	1	2	3	4	5
c) Çok çalışmanızın karşılığını aldığınızı hissederdiniz.	1	2	3	4	5
d) Kendinizi yeterli hissederdiniz ve kendinizle gurur duyardınız	1	2	3	4	5
e) Bunu kabul etmemeniz gerektiğini hissederdiniz.	1	2	3	4	5

12) Bir grup arkadaşınızla dışardayken, orada olmayan bir arkadaşınızla dalga geçiyorsunuz.					
			Mümkün Değil		Çok Mümkün
a) “Sadece eğlence içindi, zararsız birşey” diye düşünürdünüz.	1	2	3	4	5
b) Tıpkı bir fare gibi küçük hissederdiniz.	1	2	3	4	5
c) O arkadaşınızın belki de kendini savunmak için orada bulunması gerektiğini düşünürdünüz.	1	2	3	4	5
d) Özür dilerdiniz ve o kişinin iyi yönleri hakkında konuşurdunuz.	1	2	3	4	5

13) İşyerinde, önemli bir projede büyük bir hata yapıyorsunuz. Projede çalışanlar size bağlıydı ve patronunuz sizi eleştiriyor.					
	Mümkün Değil			Çok Mümkün	
a) Patronunuzun sizden ne beklenildiğiyle ilgili daha net olması gerektiğini düşünürdünüz.	1	2	3	4	5
b) Saklanmak istediğinizi hissederdiniz.	1	2	3	4	5
c) “Sorunu anlamalı ve daha iyi bir iş çıkarmalıydım.” diye düşünürdünüz	1	2	3	4	5
d) “Hiçkimse mükemmel değildir ki” diye düşünürdünüz.	1	2	3	4	5

14) Özürlü çocuklar için düzenlenen yerel yarışmalara yardım etmek için gönüllü oluyorsunuz. Bu iş sizi engelleyici ve çok zamanınızı alan bir işe dönüşüyor. Ciddi olarak bırakmayı düşünüyorsunuz ama sonra çocukların nasıl mutlu olduğunu görüyorsunuz.					
	Mümkün Değil			Çok Mümkün	
a) Bencil olduğunuzu hissederdiniz ve esasen tembel olduğunuzu düşünürdünüz	1	2	3	4	5
b)Yapmak istemediğiniz birşeye zorlandığınızı hissederdiniz.	1	2	3	4	5
c) “Daha az şanslı insanlar hakkında daha ilgili olmalıyım” diye düşünürdünüz.	1	2	3	4	5
d) Başkalarına yardım ettiğiniz için çok iyi hissederdiniz.	1	2	3	4	5
e) Kendinizden çok hoşnut olmuş hissederdiniz.	1	2	3	4	5

15) Onlar tatildeyken, arkadaşınızın köpeğine bakıyorsunuz ve köpek kaçıyor.					
	Mümkün Değil			Çok Mümkün	
a) “Ben sorumsuz ve yetersizim” diye düşünürdünüz.	1	2	3	4	5
b) Arkadaşınızın köpeğine çok iyi bakmadığımı yoksa köpeğin kaçmayacağını düşünürdünüz.	1	2	3	4	5
c) Gelecek sefer daha dikkatli olmaya söz verirdiniz.	1	2	3	4	5
d) Arkadaşınızın yeni bir köpek alabileceğini düşünürdünüz.	1	2	3	4	5

16) (İş) arkadaşınızın evindeki "Hoşgeldin" partisine katılıyorsunuz ve yeni, krem rengi halılarına kırmızı şarap döküyorsunuz ama kimsenin farketmediğini düşünüyorsunuz.					
	Mümkün Değil			Çok Mümkün	
a) Arkadaşınızın böyle büyük bir partide bazı kazaların olabileceğini beklemesi gerektiğini düşünürdünüz.	1	2	3	4	5
b) Partiden sonra lekeyi temizlemeye yardım için geç vakte kadar kalırdınız.	1	2	3	4	5
c) Bu parti dışında herhangi başka bir yerde olmayı dilerdiniz.	1	2	3	4	5
d) Arkadaşınızın neden yeni, açık renkli bir halıyla kırmızı şarap ikram etmeyi uygun gördüğünü merak ederdiniz.	1	2	3	4	5

APPENDIX B

TAT CARDS:

- 1) 1.CARD (Violin boy)**
- 2) 3 BM**
- 3) 3 GF**
- 4) 6 BM**
- 5) 13 MF**

Katılımcı no.:

Kart no.:

Yaş: ____

Cinsiyet: ____

Bölüm :

Sınıf: Hazırlık ____ 1. sınıf ____ 2.sınıf ____ 3. sınıf ____ 4.sınıf ____ Master ____

Doktora ____

Yaşamınızın çoğunu geçirdiğiniz yer: Büyük şehir ____ Şehir ____ Kasaba ____

Köy ____

Ailenizin gelir düzeyi: Düşük ____ Orta ____ Yüksek ____

1. Kartta dikkatinizi çeken **en baskın duygu** aşağıdakilerden hangisidir?
Sizce ne şiddette vurgulanıyor?

	Hiç	Çok
Suçluluk	0.....1.....2.....3.....4	
Utanç	0.....1.....2.....3.....4	
Gurur	0.....1.....2.....3.....4	
Korku	0.....1.....2.....3.....4	
Mutluluk	0.....1.....2.....3.....4	
Üzüntü	0.....1.....2.....3.....4	
İğrenme	0.....1.....2.....3.....4	
Şaşkınlık	0.....1.....2.....3.....4	
Öfke	0.....1.....2.....3.....4	

2. Bunu karttaki karakter(ler)le ilgili olarak nereden anladınız?

Beden duruş(lar)ından

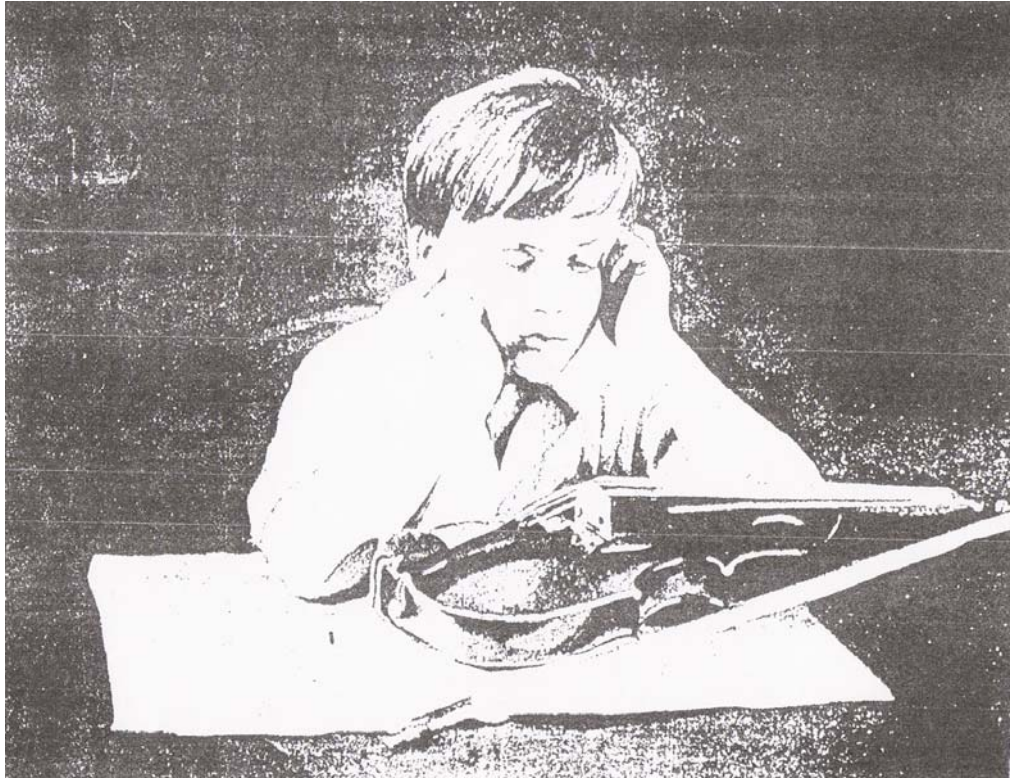
El ve ayaklarından

Kafa duruşundan

Yüz ifadesinden:

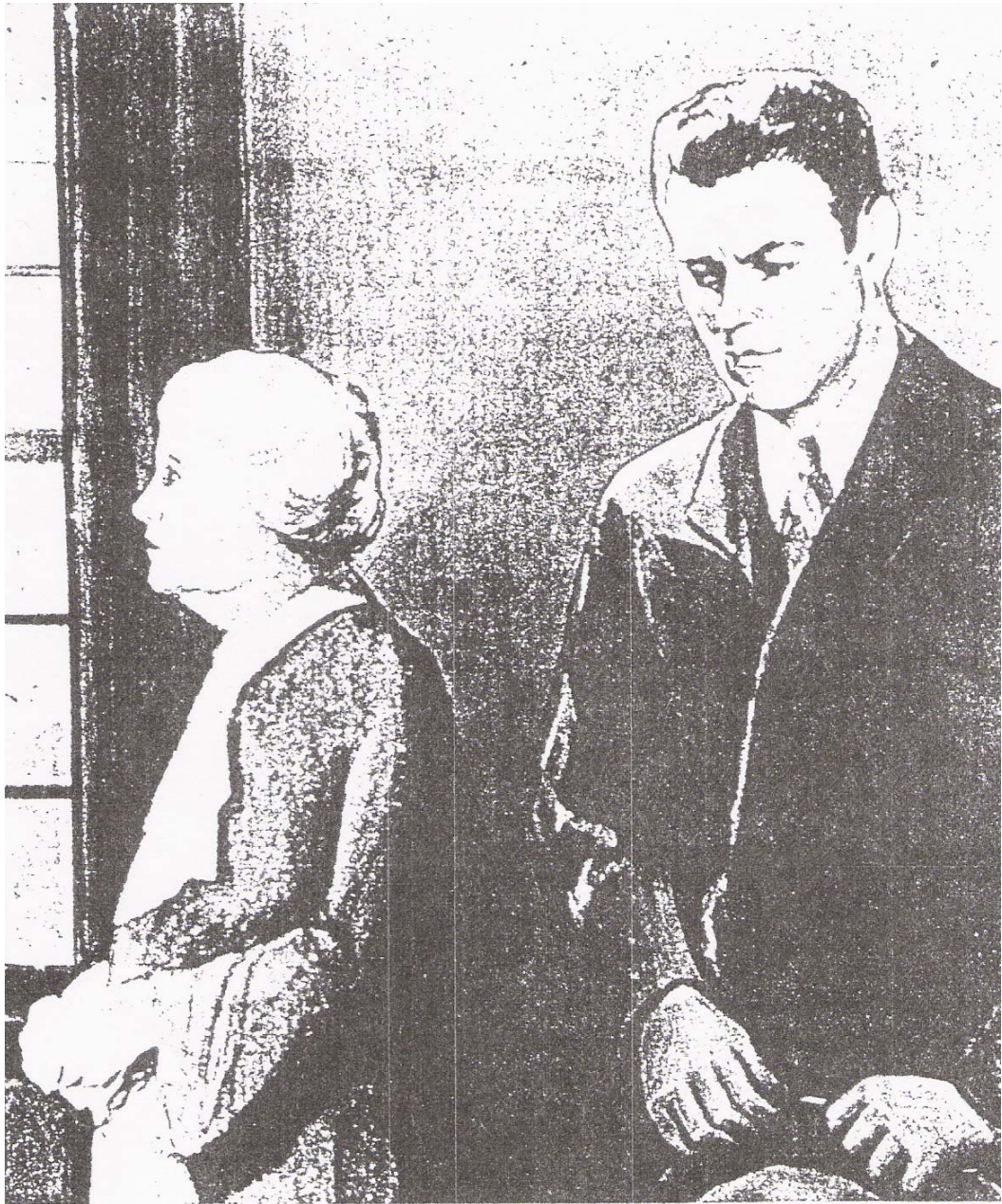
Gözler-kaşlar:

Ağız:











APPENDIX C

TAT CARDS:

1) 1.CARD (Violin boy)

2) 3 BM

3) 3 GF

4) 4. CARD

5) 6 BM

6) 7 BM

7) 8 GF

8) 13 MF

9) 18 GF

For the 1.Card, 3BM, 3GF, 6BM, and 13MF see Appendix B.

Yaş: ____
Cinsiyet: ____
Bölüm :
Sınıf: Hazırlık ____ 1. sınıf ____ 2.sınıf ____ 3. sınıf ____ 4.sınıf ____ Master ____
Doktora ____
Yaşamınızın çoğunu geçirdiğiniz yer: Büyük şehir ____ Şehir ____ Kasaba ____
Köy ____
Ailenizin gelir düzeyi: Düşük ____ Orta ____ Yüksek ____

1. Kartta dikkatinizi çeken **en baskın duygu** aşağıdakilerden hangisidir?
“Sadece o duyguyu” işaretleyiniz.

Öfke <input type="checkbox"/>	Gurur <input type="checkbox"/>	İğrenme <input type="checkbox"/>
Utanç <input type="checkbox"/>	Mutluluk ... <input type="checkbox"/>	Şaşkınlık ... <input type="checkbox"/>
Korku <input type="checkbox"/>	Üzüntü <input type="checkbox"/>	Suçluluk ... <input type="checkbox"/>

2. En baskın duyguyu kartın hangi özelliğinden anladınız?

Beden duruş(lar)ından	<input type="checkbox"/>
El ve ayaklardan	<input type="checkbox"/>
Kafa duruşundan.....	<input type="checkbox"/>
Yüz ifadesinden	<input type="checkbox"/>
Göz ve kaşlardan	<input type="checkbox"/>
Ağız ve dudaklardan	<input type="checkbox"/>
Karttaki genel durumdan	<input type="checkbox"/>
Kişilerin mesafesinden	<input type="checkbox"/>
Kişilerin duruş açılarından	<input type="checkbox"/>
Kartta görülen nesne(ler)den	<input type="checkbox"/>









TURKISH VERSION OF THE SYMPTOMS CHECKLIST-90 (SCL-90)

Aşağıda zaman zaman herkeste olabilecek yakınma ve sorunların bir listesi vardır. Lütfen her birini dikkatlice okuyunuz. Sonra bu durumun bugün de dahil olmak üzere son bir ay içinde sizi ne ölçüde huzursuz ve tedirgin ettiğini göz önüne alarak aşağıda belirtilen tanımlamalardan uygun olanının numarasını karşısındaki boşluğa yazınız. Düşüncenizi değiştirirseniz ilk yazdığımız numarayı tamamen siliniz. Lütfen başlangıç örneğini dikkatle okuyunuz ve anlamadığımız bir cümle ile karşılaştığınızda uygulayan kişiye danışınız.

Aşağıda belirtilen sorundan ne ölçüde rahatsız olmaktadır?	Hic	Çok az	Orta Derecede	Oldukça Fazla	Aşırı Düzeyde
Baş ağrısı	0	1	2	3	4
Sinirlilik ya da içinin titremesi	0	1	2	3	4
Zihinden atamadığımız yineleyici hoş gitmeyen düşünceler	0	1	2	3	4
Baygınlık ve baş dönmeleri	0	1	2	3	4
Cinsel arzuya ilginin kaybı	0	1	2	3	4
Başkaları tarafından eleştirilme duygusu	0	1	2	3	4
Herhangi bir kimsenin düşüncelerinizi kontrol edebileceği fikri	0	1	2	3	4
Sorunlarınızdan pek çoğu için başkalarının suçlanması gerektiği fikri	0	1	2	3	4
Olayları anımsamada güçlük	0	1	2	3	4
Dikkatsizlik veya sakarlıkla ilgili endişeler	0	1	2	3	4
Kolayca gücenme, rahatsız olma hissi	0	1	2	3	4
Göğüs veya kalp bölgesinde ağrılar	0	1	2	3	4
Caddelerde veya açık alanlarda korku hissi	0	1	2	3	4
Enerjinizde azalma veya yavaşlama hali	0	1	2	3	4
Yaşamınızın sona ermesi düşünceleri	0	1	2	3	4
Başka kişilerin duymadıkları sesleri duyma	0	1	2	3	4
Titreme	0	1	2	3	4
Çoğu kişiye güvenilmemesi gerektiği düşüncesi	0	1	2	3	4

İştah azalması	0	1	2	3	4
Kolayca ağlama	0	1	2	3	4
Karşı cinsten kişilerle ilgili utangaçlık ve rahatsızlık hissi	0	1	2	3	4
Tuzağa düşürülmüş veya tuzağa yakalanmış hissi	0	1	2	3	4
Bir neden olmaksızın aniden korkuya kapılma	0	1	2	3	4
Kontrol edilmeyen öfke patlamaları	0	1	2	3	4
Evden dışarı yalnız çıkma korkusu	0	1	2	3	4
Olanlar için kendini suçlama	0	1	2	3	4
Belin alt kısmında ağrılar	0	1	2	3	4
İşlerin yapılmasında erteleme düşüncesi	0	1	2	3	4
Yalnızlık hissi	0	1	2	3	4
Karamsarlık hissi	0	1	2	3	4
Her şey için çok fazla endişe duyma	0	1	2	3	4
Her şeye karşı ilgisizlik hali	0	1	2	3	4
Korku hissi	0	1	2	3	4
Duyularınızın kolayca incitilebilmesi hali	0	1	2	3	4
Diğer insanların sizin düşündüklerinizi bilmesi hissi	0	1	2	3	4
Başkalarının sizi anlamadığı veya hissedemeyeceği duygusu	0	1	2	3	4
Başkalarının sizi sevmediği ya da dostça olmayan davranışlar gösterdiği hissi	0	1	2	3	4
İşlerin doğru yapıldığından emin olabilmek için çok yavaş yapmak	0	1	2	3	4
Kalbin çok hızlı çarpması	0	1	2	3	4
Bulantı veya midede rahatsızlık hissi	0	1	2	3	4
Kendini başkalarından aşağı görme	0	1	2	3	4
Adale ağrıları	0	1	2	3	4
Başkalarının sizi gözlediği veya hakkınızda konuştuğu hissi	0	1	2	3	4
Uykuya dalmada güçlük	0	1	2	3	4
Yaptığımız işleri bir ya da birkaç kez kontrol etme	0	1	2	3	4

Karar vermede güçlük	0	1	2	3	4
Otobüs, tren, metro gibi araçlarla yolculuk etme korkusu	0	1	2	3	4
Nefes almada güçlük	0	1	2	3	4
Soğuk ve sıcak basması	0	1	2	3	4
Sizi korkutan belirli uğraş, yer veya nesnelere kaçınma durumu	0	1	2	3	4
Hiç bir şey düşünmeme hali	0	1	2	3	4
Bedeninizin bazı kısımlarında uyuşma, karıncalanma olması	0	1	2	3	4
Boğazınıza bir yumru tıkanmış hissi	0	1	2	3	4
Gelecek konusunda ümitsizlik	0	1	2	3	4
Düşüncelerinizi bir konuya yoğunlaştırmada güçlülük	0	1	2	3	4
Bedeninizin çeşitli kısımlarında zayıflık hissi	0	1	2	3	4
Gerginlik veya coşku hissi	0	1	2	3	4
Kol ve bacaklarda ağırlık hissi	0	1	2	3	4
Ölüm ya da ölme düşünceleri	0	1	2	3	4
Aşırı yemek yeme	0	1	2	3	4
İnsanlar size baktığı veya hakkınızda konuştuğu zaman rahatsızlık duyma	0	1	2	3	4
Size ait olmayan düşüncelere sahip olma	0	1	2	3	4
Bir başkasına vurmaya, zarar vermeye, yaralamaya dürtülerinin olması	0	1	2	3	4
Sabahın erken saatlerinde uyanma	0	1	2	3	4
Yıkama, sayma, dokunma gibi bazı hareketleri yenileme hali	0	1	2	3	4
Uykuda huzursuzluk, rahat uyuyamama	0	1	2	3	4
Bazı şeyleri kırıp dökme isteği	0	1	2	3	4
Başkalarının yanında kendini çok sıkışık hissetme	0	1	2	3	4
Başkalarının yanında kendini çok sıkışık hissetme	0	1	2	3	4
Çarşı, sinema gibi kalabalık yerlerde rahatsızlık hissi	0	1	2	3	4
Her şeyin bir yük gibi görünmesi	0	1	2	3	4

Dehşet ve panik nöbetleri	0	1	2	3	4
Toplum içinde yer içerken huzursuzluk hissi	0	1	2	3	4
Sık sık tartışmaya girme	0	1	2	3	4
Yalnız bıraktığınızda sinirlilik hali	0	1	2	3	4
Başkalarının sizi başarılarınız için yeterince takdir etmediği duygusu	0	1	2	3	4
Başkalarıyla birlikte olunan durumlarda bile yalnızlık hissetme	0	1	2	3	4
Yerinizde durmayacak ölçüde rahatsızlık duyma	0	1	2	3	4
Değersizlik duygusu	0	1	2	3	4
Size kötü bir şey olacakmış duygusu	0	1	2	3	4
Bağırma ya da eşyaları fırlatma	0	1	2	3	4
Topluluk içinde bayılacağınız korkusu	0	1	2	3	4
Eğer izin verirsiniz insanların sizi sömüreceği duygusu	0	1	2	3	4
Cinsellik konusunda sizi çok rahatsız eden düşüncelerinizin olması	0	1	2	3	4
Günahlarınızdan dolayı cezalandırmanız gerektiği düşüncesi	0	1	2	3	4
Korkutucu türden düşünce ve hayaller	0	1	2	3	4
Bedeninizde ciddi bir rahatsızlık olduğu düşüncesi	0	1	2	3	4
Başka bir kişiye karşı asla yakınlık duymama	0	1	2	3	4
Suçluluk duygusu	0	1	2	3	4
Aklınızda bir bozukluğun olduğu düşüncesi	0	1	2	3	4

APPENDIX D

TURKISH SUMMARY

MORAL DUYGULARIN TANINMASI VE PSİKOPATOLOJİ İLE İLİŞKİLERİ

1. Giriş

Bu çalışma, moral duyguların tanınması konusunda yardımcı olan sözsüz, bedensel ve/veya durumsal ipuçlarını tespit etmeyi, böylece bu ipuçlarını kullanarak moral duyguları tanıma açısından oluşabilecek bazı kişilerarası farklılıkları kişilik özellikleri ve psikopatolojik belirtilerle ilişkiler bağlamında yorumlamayı hedeflemektedir. Bu çalışma ayrıca moral duygular, bu duyguların tanınması ve psikopatoloji ile ilişkileri konusunda kültürün olası etkilerini ortaya koymayı amaçlanmaktadır.

Psikopatolojide, moral duyguların etkilerinin duygudurum bozukluklarından (Ghatavi, Nicolson, MacDonald, Osher, ve Levitt, 2002; Andrews, Brewin, Rose ve Kirk, 2000), yeme bozukluklarına (Sanftner ve Crowther, 1998); madde bağımlılıklarından (Dearing, Stuewig ve Tangney, 2005; Kalyoncu, Mırsal, Pektaş, Gümüş, Tan ve Beyazyürek, 2002) kişilik bozukluklarına (Lewis, 1987; Nathanson, 1994) kadar uzanan geniş bir yelpazeye yayıldığı bulunmuştur (Averill, Diefenbach, Stanley, Breckenridge, ve Lusby, 2002; Gilbert, 2000; Hayaki, Friedman, ve Brownell, 2002).

Bu durumda, kişisel özellikler açısından moral duygulara yatkınlıkla bağlantılı olarak bazı psikopatoloji grupları arasında farklar olup olmadığını incelemek büyük bir ihtiyaç haline gelmiştir (Tangney, 1990). Duygusal etmenlerin genel olarak tüm psikolojik bozukluklara yatkınlık oluşturan ve psikoterapötik değişimi yordayan unsurlar olabileceğine ilişkin önemli bulgular vardır (Andrew ve McMullen, 2000; Hahn, 2004). Sonuç olarak, duygulara ağırlık veren yaklaşımların literatürde hak ettiği yeri alarak, varolan psikopatoloji ve psikoterapi yönelimlerini etkilemeye başladığı görülmektedir.

1.1 Literatür Özeti

Moral duygular, kişinin sosyal kıyaslamalar sonucu kendisini koyduğu konuma bağlı olarak hissettiği utanç, suçluluk ve onur gibi duygulardır (Lewis, 1971). Bu duygular, temel duygulara (örneğin; öfke, korku, mutluluk, iğrenme, şaşkınlık, üzüntü) oranla daha karmaşık olarak tanımlanmaktadırlar, çünkü moral duygulardaki toplumsal endişeler temel duygulardaki hayatta kalma güdüsü gibi otomatikleşmiş bir süreç değildir. Kişinin utanç, suçluluk, onur gibi moral duygular yaşaması için sosyal karşılaştırma yapılan bir bilişsel süreç gerekmektedir (Oatley ve Johnson-Laird, 1987).

Temel duyguların pek çoğu yaşamın ilk dokuz ayında gözlemlenebilirken, moral duygulardan mahçubiyet duygusu gelişimin 18-24 aylarından önce gelişmemektedir. Hatta utanç, suçluluk ve onur gibi daha karmaşık olduğu iddia edilen duyguların, ancak üç yaş sonunda gözlemlenebildiği bilinmektedir (Ferguson, Stegge, Eyre, Vellmer ve Ashbaker, 2000). Bu durumda, moral duyguların öfke, mutluluk, iğrenme gibi temel duygulardan sonra geliştiği bilinmektedir (Izard, 1971). Bu geç gelişimin nedenlerinden biri olarak, moral duyguların doğasına özgü bir biçimde sosyal kuralların anlaşılabilir ve ifade etme aşamasında sosyal düzeyde uygun davranışın belirlenebilme becerisinin gelişiminin de tamamlanmasının beklenmesi görülmektedir (Tracy ve Robins, 2004).

Bir görüşe göre, duygular, bir araya gelerek yeni duygular oluşturabilmektedirler, örneğin şaşkınlık ve üzüntü hayalkırıklığı duygusu yaratabilirken, neşe, heyecan ve kabul duyguları sevgiyi oluşturur (Ekman, Friesen, ve Ellsworth, 1982). Plutchick'e göre (1980), duygular şiddet olarak değiştikçe farklı adlandırılırlar. Örneğin öfkenin en yoğun hali kin, en hafif şekli sıkıntıdır. Başka bir görüşe göre ise, temel duygular farklıysa, genelde birbirlerinden ayrı deneyimlenmelidirler (Keltner, 1995; Keltner ve Buswell, 1997). Bu durumda, duyguların nadiren beraber görüldüğü ve yaşantı bakımından da tek olduklarına inanılmaktadır.

Ekman (1992) temel duyguların özelliklerini şu şekilde tanımlar: Temel duyguların gözlemlenebilen, evrensel yüz ifadeleri ve kendilerine özgü ayrıştırıcı

fizyolojik tepkileri vardır. Bu duygular sadece insanlarda değil, diğer primatlarda da vardır. Temel duygular, kendiliklerinden ve ani biçimde ortaya çıkarlar, kısa sürerler. Kendilerine özgü, ayrıştırıcı öncül olayları değerlendirme ve tutarlı tepki örüntüleri vardır. Temel duyguların moral duygularla kesiştikleri noktalar tartışılmaktadır. Hatta temel duyguların bir araya gelerek moral duyguları oluşturduğu iddiası ortaya atılmıştır (Oatley ve Jenkins, 1996). Bu görüşe göre, utanç, suçluluk, onur ve empati duygularının üzüntü ve öfke gibi duygusal deneyimlerin bir parçası olduğunu iddia etmektedirler. Öte yandan, Izard'ın temel duygular olarak öfke, sıkıntı, iğrenme, korku, sevinç ve ilginin yanı sıra utanç, suçluluk ve küçümseme duygularını da kabul ettiği görülmektedir (Izard, 1977). Bazı araştırmacılar, moral duyguların farklı yüz ifadeleri olmamasına rağmen yüz ifadelerine eşlik eden vücut duruşu veya baş hareketlerinin moral duyguların ayırt edici ifadeleri olabildiğini düşünmektedir (Keltner, 1995; Tracy ve Robins, 2004). Öte yandan, Lewis ve arkadaşları (1989) da mahçubiyetin, kızarma veya farklı bir gülümseme gibi sözel olmayan ifadelerle suçluluk ve utanç duygularından bile ayırt edilebileceğini iddia ederler (Keltner ve Ekman, 1996; Lewis, Sullivan, Stanger ve Weiss, 1989). Hatta yüz kızarmasının başta Darwin (1965) olmak üzere uzun yıllardır literatürde pek çok bilim adamı tarafından utanç duygusuna özgü olduğu görüşü iddia edilmiştir.

Öte yandan, moral duyguların, öncelikle sosyal gereksinimler doğrultusunda işe yaradığı ve kişiyi özellikle sosyal amaçları elde etmeye teşvik ettiği açıktır (Keltner ve Buswell, 1997). Bir görüşe göre, bu duyguların esas işlevi, bireyin düşüncelerini ve davranışlarını düzenleyerek toplum içinde sosyalleşmesini sağlamaktır (Campos ve Mumme, 1994).

Bu durumda eğer moral duyguların iletişim işlevleri olduğuna inanılıyorsa ve aynı zamanda evrensel olarak tanınmıyor veya diğer duygulardan ayırt edilemiyorlarsa, sosyal durum hakkında kişileri uyaran sinyaller oldukları konusu tartışmaya açıktır. Tracy ve Robins (2004) moral duyguların işareti olarak kabul edilen, ayrı yüz ifadelerinin olmayışına dair bazı nedenler ileri sürmektedir. İlk neden, moral duyguların basit, doğrudan yüz kaslarının hareketi yoluyla ifadesi yerine daha karmaşık, sözel

olmayan yollarla da etkin biçimde iletilebildiğidir. İkinci neden olarak, moral duyguların ifadesinde genellikle sözel olmayan ifadeler yerine sözel ifadenin kullanımının süregelmesi verilebilir. Yüz ifadelerinin otomatik ve çabuk olma avantajı bir yana, moral duygular temel duygulardan “daha az acil” biçimde aktarılabilir ve bu durum, olayı işleme ve iletişimin sözel yolu olan, dili seçme konusunda kişiye imkan tanır (Tracy ve Robins, 2004).

Moral duygularda yüz ifadelerinin sinyal olarak kullanılmamasının bir başka nedeni olarak da, bu duyguların ifadesinin bazen toplum tarafından “uygunsuz” bulunabilmesidir; dolayısıyla moral duyguların düzenlenmelerinin gerekliliğinin önemi vurgulanmaktadır (Smith, Webster, Parrott ve Eyre, 2002). Örneğin, birçok kültürde onur duygusunun açıkça gösterilmesi kabul görmez ve bu tip ifadeler kişinin hoşlanırlığını azaltabilir veya kişiye karşı koalisyonlar kurulmasına sebep olabilir. Üstelik bu aşamada kişiler, yalnızca ifadeyi düzenlemekle kalmayıp, moral duyguların deneyimlenmesini de düzenlemiş olurlar. Örneğin, utanç kişiye zarar ve acı veren bir hale geldiğinde bilişsel yordamaların otomatik bir bastırma işlevi gösterdiği olur (Tangney, Wagner ve Gramzow, 1992). Psikoterapide utanç duygusu sağlıklı bir duygusal düzenleme sayesinde, öfke veya kabullenme gibi daha uyumlu, olumlu şekillere dönüştürülür (Kaufman, 1996). Öte yandan, evrimsel yaklaşımda, utanç duygusunun kişiyi olası tehditlerden koruduğu düşünülmekte olduğundan doğal savunmalardan olduğu fikri de vardır (Gilbert, 2001).

Moral duyguların bilişsel olarak karmaşık oldukları kanıtlanmıştır. Izard ve arkadaşları, utanç, suçluluk ve onuru temel duygulara kıyasla "bilişsel bağlı" duygular olarak ortaya koymaktadırlar (Lewis ve Haviland-Jones, 1993). Örneğin, korku yaşantısı için, yaşamsal gayeler bakımından tehdit edici bir durum olduğunu yorumlamak için çok az bilişsel kapasite yeterlidir (Lazarus, 1991). Öte yandan, utanç deneyimlemek için, bir kişinin kalıcı benlik sunumları geliştirebilme kapasitesi ve davranışıyla benlik temsilleri veya başkalarının dışarıdan değerlendirmeleri arasındaki farkların bilincinde olması gerekmektedir. Bu demektir ki, kişi sadece yaşamsal amaçları değil, benlikle ve ideal benlik temsilleri ile ilgili amaçları da göz önünde bulundurmaktadır. Duruma içsel

atıfları yapılmadığında moral duyguların hissedilmediği düşüncesi vardır. Söz gelimi, yardım etme davranışları göstermek için diğerlerine yardım etmek gerektiğini bilmek yeterli değildir, eğer kişide “cömert ve yardımsever kişi” benlik temsilleri varsa, ideal benlik temsiline uygun davranmadığı zaman suçluluk veya utanç duyguları kişiyi rahat bırakmaz. İçsel atıfların süreklilik ve genellenebilirlik boyutları, moral duygularda farklılıklar yaratmaktadır. Örneğin, utanç daha sürekli ve genellenebilir nedenlerle ilişkili bulunurken, suçluluk daha geçici ve özgün nedenlerle ilişkili bulunmaktadır (Tangney, Niedenthal, Covert ve Barlow, 1998).

Sonuç olarak, bazı teoriler, benlik yeterliliğiyle veya benlikle ilgili yorumların moral duygularla yakından ilişkili olduğuna dikkat çekmektedir. Başka teoriler, olayın nedeninin benlik içindeki yerini araştıran yorumlara yer vererek, bu değerlendirmelerin boyutlarını "açıklanabilirlik", "sorumluluk" ve "aracılık" olarak öne sürmüşlerdir (Roseman, 1991). Bu nedensel odaklarla ilgili değerlendirmelerin moral duygularla diğer duyguları birbirinden ayırt edebildiği düşünülmektedir ancak farklı moral duyguları birbirinden ayırt edememektedirler (Smith ve Ellsworth, 1985). Kısaca, bu teoriler bazı değerlendirme boyutları öne sürseler de, moral duyguları üreten özellikleri net ve görüş birliğiyle ortaya koyamamışlardır.

Temel duygulara uygun modellerin, moral duygulara uyarlanamamasının sebeplerinden biri, benlik değerlendirme süreçlerini tam olarak kapsamamalarıdır. Örneğin, kendine odaklı dikkatin rolü, değişmez benlik temsillerinin etkinleşmesi ve mevcut benlik durumu ile ideal benlik temsilleri arasındaki farklar henüz etkili bir biçimde çalışılmamıştır. Oysa ki, bu etmenler kişilerin psikopatolojik semptomlar göstermesinde önemli rol oynamaktadır. Moral duyguların kişilerarası işlevlerinin yanı sıra kişinin kendi içinde de işlevleri vardır (Tangley ve Dearing, 2002). Kişi, toplumsal inançlarını mevcut ve ideal benlik temsilleri ile içselleştirir; moral duygular kişiyi bu benlik temsillerinin amaçları doğrultusunda teşvik eder. Bu durumda, davranışla veya mevcut benlik temsiliyle idealize edilmiş benlik temsillerindeki çelişki, uyumsuz duyguların yaşanmasına yol açmaktadır. Uyumsuz duygularıyla başa çıkamayan kişilerde pek çok psikopatolojik belirti görülebilmektedir.

Literatürde özellikle utanç duygusu psikopatolojik belirtilerle ilişkilendirilmiştir. Depresyon başta olmak üzere somatizasyon, post-travmatik stres bozukluğu gibi anksiyete bozuklukları ve narsistik kişilik bozukluğu gibi bazı kişilik bozuklukları temelinde utanç duygusuna önemli yer verilmektedir (Tangney ve ark, 1992). Utanç duygusuna yatkınlık, psikopatolojik özellikler gösterme konusunda önemli bir risk faktörü olmuştur. Suçluluk ve utanç duyguları kolaylıkla birbirlerine karıştırılmaktadır. Bu duyguları doğru tesbit edilebilmek için çaba ve özen gösterildiğinde, birbirlerinden arındırılmış halleri psikopatolojiyle ilişki bakımından önemli farklılıklar göstermektedir. Özellikle, suçluluk duygusu daha çok duruma intibakı kolaylaştıran, nisbeten sağlıklı bir duygu olarak öne çıkmaktadır. Bu durumda, utanç duygusu psikopatoloji ile olumlu ilişki gösterirken, suçluluk duygusu psikopatolojiden bağımsız kalabilmektedir.

Utanç ve gurur duygularının aşırı ve/veya sürekli halleri döngüsel olarak narsistik bozuklukla anılmaktadır (Broucek, 1991; Morrison, 1989; Lewis, 1992). Bu teorisyenlere göre, narsisizmin en baskın duygusu olarak göze çarpan “kibir” duygusunun altında, yoğun olarak hissedilen kendinden utanma ve aşağılık duygularıyla başa çıkamama yatmaktadır.

Sonuç olarak, utanç ve suçluluk duyguları ortak bir olumsuz duygulanım yansıtıklarından veya kendileri olumsuz moral duygular olduklarından özellikle durumluk halleriyle psikopatolojiyle içiçe bulunmaktadır. Ancak, sürekli-kişilik özelliği olarak, bu duygulara yatkınlık incelendiğinde, utanç duygusuna yatkınlık psikopatolojiye önemli bir etki sağlıyor gibi bulunurken, suçluluğa yatkınlık psikopatolojiyle ilişkili bulunmamaktadır. Olumlu bir moral duygu olarak gurur incelendiğinde ise, bu duygunun sadece durumluk olumlu duygulanım halinde, depresyon gibi bazı psikolojik bozukluklarda azaldığı yönünde bulgular vardır. Ancak, gurur duygusunda sadece kendine odaklanma ve kişinin çarpıtılmış bir algıyla benlik değeriyle ilgili yanılgısı, aşırıya kaçan bu histen tatmin olma yoluna sürekli başvuruyor olması, bu duygunun da psikopatolojiyle karmaşık bir ilişkisini ortaya çıkarmaktadır.

1.2 Araştırmanın amacı

Ülkemizde duygu araştırmalarında, dış literatürle uyumlu olarak başlangıçta mutluluk, üzüntü, öfke, şaşkınlık, iğrenme, korku gibi temel duygular çalışılmıştır. Örneğin, duygusal yüz ifadelerini tanıma çalışması sonucunda “Yüz İfadelerini Teşhis Testi” (Dökmen, 1987) geliştirilmiştir. Ancak moral duygular göz önüne alındığında, benzer bir çalışmaya ülkemiz literatüründe rastlanmamıştır. Bu durumda, temel duygulardan farklı olan moral duygu ifadelerinin genellenebilir yönlerinin veya kültüre özgü olarak farklılaşan yönlerinin bilimsel bir araştırma ile incelenmesine ihtiyaç duyulmaktadır. Tüm bu aktarılanlar doğrultusunda, bu çalışmanın temel amacı, moral duyguların tanınması konusunda ülkemizde bir altyapı hazırlamak ve bu duygulara yatkınlığı belirleyen kişilik özelliklerinin ve psikopatoloji belirtilerinin moral duyguları tanıma açısından oluşturabileceği kişiler arası farklılıkları araştırmaktır.

2. YÖNTEM

Bu araştırma ana hedeflerine ulaşmak için, birbirine bağlı ancak aynı zamanda bağımsız yürütülen üç ayrı aşamadan oluşmaktadır. İlk aşamada, durumluk ve özellik moral duyguları ölçmede kullanılan iki ölçek uyarlaması yapılmıştır. İkinci aşamada, utanç, suçluluk gibi moral duyguların tanınmasında kullanılacak sözsüz ipuçlarının tespiti yapılmıştır. Üçüncü ve son aşamada, moral duyguların tanınması konusunda kişilik özelliklerinin ve psikopatoloji belirtilerinin katkıları araştırılmıştır.

2.1 Katılımcılar

Bu araştırmanın, ölçek uyarlaması amacıyla yapılan ilk aşamasında üniversite öğrencilerinden oluşan 250 kişilik bir örneklem grubu yer almıştır. Katılımcıların % 72’si kadın (180 kişi) ve % 28’i erkek (69 kişi) tir. Bir katılımcı cinsiyet belirtmemiştir. Katılımcıların yaşlarının ortalaması 22.34 (Standart Sapma = 3.40) olarak hesaplanmıştır. Her katılımcıya kendisinin yanıtlayacağı anketler biçiminde çeşitli ölçüm araçlarından oluşan bir batarya uygulanmıştır. Bu bataryada, “Durumluk Utanç ve Suçluluk Ölçeği” (State Shame and Guilt Scale-SSGS; Marshall, Sanftner ve Tangney, 1994), Moral Duygulanım Testi (Test of Self-Conscious Affect-TOSCA-3; Tangney, Dearing, Wagner ve Gramzow, 2000), Suçluluk-Utanç Ölçeği (SUTÖ; Şahin ve Şahin,

1992), Durumluk-Sürekli Kaygı Envanteri (DSKE; Spielberger, Gorsuch ve Lushene, 1970; Öner ve Le Compte 1983) ve Beck Depresyon Envanteri (BDE; Beck, Rush, Shaw, ve Emery, 1979; Hisli, 1988/1989) ölçümleri kullanılmıştır.

Moral duyguların tanınmasında kullanılacak ipuçlarının tespiti amacıyla yapılacak ikinci aşamada, katılımcı olan 45 üniversite öğrencisi ile ayrı oturumlarda görüşülmüştür. Bu katılımcıların % 80'i (36 kişi) kadın ve % 20'si (9 kişi) erkektir. Her katılımcı 5 adet Tematik Algı Testi (Thematic Apperception Test-TAT; Murray, 1943) kartından oluşan projektif uygulamaya, araştırma amacına yönelik hazırlanmış kapalı uçlu sorularla yanıt vermiştir. Katılımcıların yaş ortalaması 21.09 (Standart Sapma= 2.50) olarak görülmektedir.

Üçüncü aşamada, moral duyguların tanınması konusunda bir önceki aşamada tespit edilmiş olan ipuçlarının seçilebileceği TAT kartları, aynı zamanda durumluk duyguların, kişilik özelliklerinin ve psikopatoloji belirtilerinin tespit edilebildiği ölçüm araçları -TOSCA-3, SSGS, ve Symptom Checklist-90; SCL-90 - Derogatis L.R., Lipman R.S. ve Covi L. (1973)/Dağ İ.(1991)- kullanılmıştır. Bu aşamada 250 üniversite öğrencisinden oluşan katılımcı grubunun, % 46'sı kadın ve % 54'ü erkektir. Grubun yaş ortalaması 21.30 (Standart Sapma= 2.57) olarak görülmektedir.

2.2 Psikometrik Ölçme Araçları

Araştırmanın her aşamasında farklı ölçüm araçları kullanılmıştır. İlk aşamada, Durumluk Utanç ve Suçluluk Ölçeği, Moral Duygulanım Testi, Suçluluk-Utanç Ölçeği, Durumluk-Sürekli Kaygı Envanteri ve Beck Depresyon Envanteri kullanılmıştır. İkinci aşamada, 3 deneyimli klinik psikolog tarafından önerilen ve literatür araştırması ile doğrulanan, konuyla ilgili 5 TAT kartı kullanılmıştır. Üçüncü aşamada ise, ilk iki aşamadaki ölçümlerden Suçluluk-Utanç Ölçeği, depresyon ve kaygı ölçümleri çıkartılmış; 4 TAT kartı ve Belirti Tarama Ölçeği (SCL-90) ilave edilmiştir. Böylece bu aşamada kullanılan ölçümler 9 TAT kartı, Durumluk Utanç ve Suçluluk Ölçeği, Moral Duygulanım Testi ve Belirti Tarama Ölçeği olmuştur. Ayrıca her aşamada, katılımcılardan cinsiyet, yaş, eğitim durumu, en uzun süre yaşanan yer, ekonomik durum gibi demografik bilgileri içeren formun işaretlenmesi istenmiştir.

2.3 İşlem

Birinci ve üçüncü aşamalarda, örneklem grubundaki öğrencilerden veri toplama işlemi ders saatleri içerisinde gerçekleştirilmiştir. Öğrencilerden bir kısmı araştırmaya katılımları için kredi almış, diğer kısmı ise gönüllü olarak katılmıştır. Uygulamalar öncesinde, tüm katılımcılara araştırma hakkında bilgi verilmiş, kendi rızaları ile katıldıklarına dair onay alınarak, demografik bilgi formunu doldurmaları sağlanmıştır. İlk aşamada katılımcılardan test-tekrar test uygulaması için demografik bilgi formunda ayrılan yere mahlas yazmaları istenmiştir. Uygulama sırasında, ölçek sıralamalarından kaynaklanabilecek yanlılığın en aza indirgenmesi amacıyla, her katılımcıya karışık sıralanmış ölçeklerden oluşan bataryalar uygulanmıştır. Her aşamada uygulama işlemi yaklaşık olarak 30 dakikada tamamlanmıştır.

3. BULGULAR VE TARTIŞMA

Bu araştırmanın bulguları, her bir aşamanın özgül bulguları ayrı incelense de, temel hedeflere ulaşmak adına bir araya gelebilmektedir. Özetle, ilk aşamada, uyarlaması yapılan Durumluk Utanç ve Suçluluk Ölçeği ile Moral Duygulanım Testi-3 geçerli ve güvenilir ölçekler olarak bulunmuştur, Türkiye’de kullanılabileceği ortaya konulmuştur. Bu aşamada yapılan faktör analizlerinde, Moral Duygulanım Testi-3’ün suçluluk ve gurur alt-boyutlarının, orjinal ölçekle birebir elde edilememesi üzerine, ölçeğin orjinal boyutlarıyla kullanılması gerektiğine karar verilmiştir. Üstelik ölçeğin senaryolardan oluşan yapısı yüzünden, ölçeği geliştirenler (Tangney, Dearing, Wagner ve Gramzow; 2000) faktör analizi gibi veri hazırlama işlemlerinin bu ölçek için uygun olmadığını, bu yapıdaki ölçeklerden yüksek güvenilirlik katsayıları beklenmemesi gerektiğini belirtmişlerdir. Öte yandan, Durumluk Utanç ve Suçluluk Ölçeği, orjinal yapısını tam olarak göstermiş ve her alt boyu için oldukça yüksek güvenilirlik katsayıları elde edilmiştir.

İkinci aşamada, moral duygular olan utanç, suçluluk ve gurur duygularının yanı sıra üzüntü, korku, öfke, iğrenme, şaşkınlık ve mutluluk gibi temel duygulara da yer verilmiştir. Kartlardaki en baskın duygu sorulurken, bütün bu duyguların derecelendirilmesi istenmiştir. Ancak, böylece bazı kartlarda en baskın duygu birden

fazla olarak bulunmuştur. Bunun üzerine, her kart için-varsa- tek bir baskın duygu elde etmek amacıyla, kartlara verilen cevaplar ayrı ayrı incelenip, en baskın duyguların belirtilen dereceleri düşük de olsa hesaba katarak, her kartta en baskın duygunun yüzde hesabı yapılmıştır. İlk iki kartta üzüntü duygusu baskın çıkarken, üçüncü kartta utanç ve beşinci kartta suçluluk duyguları baskın olarak bulunmuştur. Dördüncü kart üzüntü ve suçluluk duygularının yoğun olarak görüldüğü ancak her ikisinin de en baskın duygu olarak belirlenemediği, muğlak bir kart olarak kalmıştır. Bu durumun sebebi kartta iki insan figürünün olması ve katılımcıların ayrı figürlerle özdeşleşerek yanıt vermesi şeklinde düşünülmektedir. Sonuç olarak, utanç ve suçluluk duygularının baskın olarak tanındığı iki ayrı kart elde edilmiş, bu kartlardaki özellikler ele alındığında, utanç duygusunu tanımak için “elin yüzü kapatması” davranışının belirgin olduğu, suçluluk duygusu için ise durumsal ipuçlarından yararlanıldığı sonucu çıkarılmıştır.

Son aşamada, durumsal moral duyguların psikopatoloji ilişkisi bakımından çok kuvvetli etkileri olduğu belirlenmiştir. Özellikle utanç ve suçluluk duyguları, somatizasyon, obsessif-kompulsivite belirtileri, depresyon, anksiyete, hostilite ve hatta psikotik belirtiler ile dikkate değer ilişkiler içindedir. Bu duyguların belirtilerle aynı yönde azalıp çoğalması, birbirlerini etkileyebildiklerini açıkça göstermektedir. Öte yandan, durumluk gurur duygusu, genel psikopatolojik belirtilerle, depresif ve psikotik özelliklerle aksi yönde ilişki göstermektedir. Bu durum, genel olarak psikopatolojik semptomlar çoğaldığında olumlu duygulanımın azalması olarak da yorumlanabilmektedir. Bu aşamada, moral duygulanım stillerinden, utanca yatkınlık öne çıkmakta ve psikopatoloji ile ilişkisi bir kez daha vurgulanmaktadır. Diğer stiller olan, suçluluk duygusuna yatkınlık, suçu başkalarına veya başka bir şeye atma, tarafsızlık veya kayıtsız kalma psikopatolojik belirtilerle ilişkili bulunmamaktadır. Literatürde kavramsal farklılıkları ortaya konularak, Yunan alfabesinin ilk iki harfiyle isimlendirilmiş, iki ayrı gurur duygusu da moral duygulanım stilleri içinde yer almaktadır. Olumlu yaşantı karşısında kişinin kendisinden gurur duymasını ifade eden “Alfa” ve bu yaşantı karşısında kişinin yapılan iş ile gurur duymasını ifade eden “Beta” gurur duyguları psikopatolojik belirtilerle herhangi bir ilişki göstermemiştir.

Örnekleme yüksek-düşük psikopatolojik belirti gösteren iki gruba ayrıldığında ve cinsiyet etkisi kontrol altına alınıp gruplar arasındaki farklar üzerinde durumluk moral duyguların ve sürekli/özellik moral duyguların etkisine bakıldığında, yüksek psikopatoloji belirtileri ile durumluk utanç, durumluk suçluluk ve utanca yatkınlık boyutları arasında olumlu bir ilişki göze çarpmaktadır. Öte yandan, durumluk gurur duygusu yüksek psikopatoloji belirtileri ile aksi yönde ilişki göstererek, etkisinin olumsuz olduğunu ortaya koymaktadır.

Kartlardan tanınan duygularda en belirgin ortaya çıkan “mutluluk” duygusu olmuştur. Mutluluk duygusunu tanıma ile psikopatolojik belirtiler gösterme arasında bazı önemli ilişkiler elde edilmiştir. Örneğin, obsesif-kompulsif, depresif ve psikotik belirtiler gösteren kişilerin mutluluk duygusunu bulmaya odaklandığı ortaya çıkmaktadır. Kartlardan duyguları tanımak için yardım alınan ipuçları arasında en belirgin ilişkiler gösteren “objelere odaklanma” olmuştur. Bu durum psikopatolojik belirtiler gösteren kişilerin, sağlıksız başa çıkma mekanizmalarına ve olası immatürite özelliklerine dikkat çekmektedir. Ancak, çalışmanın tasarımı değişkenler arasında kesin neden-sonuç ilişkileri aramamaktadır. Dolayısıyla, bu çalışmada, her ne kadar moral duyguların tanınması yönünde kullanılan ipuçları ve kişilik özellikleri bakımından, psikopatoloji belirtileri ile doğrudan bir ilişki kurulmamış olsa da, elde edilen bulgular bu ilişkiyi tanımlama açısından çok önemli olmuştur.

Özetle, çalışmanın sonucunda, ülkemizde moral duyguların üzerinde çalışılabilmesi amacıyla, ölçekler uyarlanmış; bu duyguların tanınması konusunda kullanılan ipuçlarının neler olduğu saptanmış; son olarak da moral duyguların tanınması yolunda kullanılan ipuçlarının kişisel yatkınlıklar ve psikopatolojik belirtiler göz önüne alınarak moral duygular-psikopatoloji ilişkisine olan etkisi araştırılmıştır. Bulgular, moral duyguların tanınmasında var olan evrensel ipuçlarının yanısıra kültüre özgü özelliklerini de yorumlamaya müsaittir.

4. SONUÇ

Bu tür bir çalışmadan elde edilecek bulguların, gerek ülkemizde gerekse uluslararası literatürde yürütülecek olan akademik ve uygulamalı klinik psikoloji

çalışmaları açısından önemli sonuçları olacaktır. Öncelikle, ülkemizde henüz moral duygular hakkında yapılmış benzer bir araştırma bulunmadığından, bu çalışma bu konuyla ilgili temel bir araştırma olmuştur. Böylece hem psikoloji alanındaki bu boşluğun doldurulması hem de ileride yapılacak araştırmalara zemin oluşturması bakımından önemli bir çalışma gerçekleştirilmiştir. Son yıllarda klinik psikoloji literatüründe oldukça önemsenen etmenlerin bizim kültürümüzdeki durumu ortaya koyularak, moral duyguların kuramsal ve uygulamalı alanda kültürel özelliklerini evrensel bilgi birikimi ile bağdaştırmak mümkün olmuştur. Dolayısıyla, bir yandan ülkemizdeki güncel literatüre katkıda bulunacak nitelikteki yeni çalışmalar için katkı sağlanmış; diğer yandan da klinik psikologların uygulama alanında yaşadığı zorlukları giderebilecek temel bir yaklaşım ve yeni bir bakış açısı ortaya konulmuştur.

Klinik psikoloji alanında, moral duyguların etkisinin en çok görülebileceği alanlar, psikoterapötik işbirliği veya bazı psikolojik sorunların sınıflandırılması ve değerlendirilmesi alanları olacaktır. Bu duygulara yatkınlık gibi yönlerin ortaya çıkartılması tedavi planlarının ele alınışını etkileyecektir. Bilişsel etkenlerle birlikte bilinç ile ilgili bilgi birikimi de kullanılarak, psikolojik bozuklukları tetikleyen etmenler daha iyi biçimde açıklanabilecektir. Üstelik, belirlenemeyen terapötik etmenler açısından moral duyguları tanıma becerisi anahtar olabilecek niteliktedir. İleride yapılacak çalışmalar, klinik popülasyon başta olmak üzere pek çok farklı örneklem ile gerçekleştirilmelidir. Bu çalışmaların sonucunda moral duyguları tanıma becerisinin psikopatolojileri ayırt etme ve tedavi konusunda etkili olması beklenmektedir.

Moral duyguların tanınmasında uluslararası literatürle benzer ipuçlarının bulunması bu duyguların -temel duygular gibi- ifadelerinin evrensel olması olasılığını kuvvetlendirir. Ancak kültüre özgü ve diğer kültürlerde rastlanmayan ipuçlarından yararlanıldığının tespiti, bu duyguların ifadelerinin kültürden etkilendiği sonucunu ortaya koyar. Moral duygular konusunda diğer kültürlerle benzerliklerin ve farklılıkların araştırılması, konuyla ilgili tartışmalara yeni boyutlar eklemiştir.

APPENDIX E

CURRICULUM VITAE

PERSONAL INFORMATION

Surname, Name: Motan, İrem
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Date and Place of Birth: 4 April 1975, Ankara
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EDUCATION

Degree	Institution	Year of Graduation
MS	METU Department of Psychology	2002
BS	METU Department of Psychology	1998
High School	Atatürk Ankara Anadolu High School	1993

WORK EXPERIENCE

Year	Place	Enrollment
2002- Present	METU Clinical Psychology Unit	Coordinator
2002- Present	METU Department of Psychology	Research Assistant
2002	Ankara Numune Education Research Hospital	Intern Clinical Psychologist
2000	Health and Counseling Center, Psychiatry Department, Middle East Technical University	Intern Clinical Psychologist
2000	Gazi University Faculty of Medicine Hospital, Department of Psychiatry	Intern Clinical Psychologist
1999	Gazi University Faculty of Medicine Hospital, Department of Child Psychiatry	Intern Clinical Psychologist
1998	Middle East Technical University, Department of Psychology	Student Assistant

PUBLICATIONS

1. Motan, İ. & Gençöz, T. (2007). Aleksitimi Boyutlarının Depresyon ve Anksiyete Şiddeti ile İlişkileri [The Relationship of Dimensions of Alexithymia with the Intensity of Depression and Anxiety]. *Türk Psikiyatri Dergisi* 18 (4),333-343.
2. Gençöz T. & Motan İ. (2007). Kişilik Özellikleri. In A. N. Karancı, F. Gençöz, & Ö. Bozo (Eds.), *Psikolojik sağlığımızı nasıl koruruz? I. Çocukluk ve ergenlik dönemlerinde psikolojik sorunlar, nedenleri, çözüm önerileri* (pp.). Ankara: METU.
3. Gençöz F. & Motan İ. (2007). Duygularımızın İfadesi ve Duygusal Zeka. In A. N. Karancı, F. Gençöz, & Ö. Bozo (Eds.), *Psikolojik sağlığımızı nasıl koruruz? II. Yetişkinlik ve yaşlılık dönemlerinde psikolojik sorunlar, nedenleri, çözüm önerileri* (pp.). Ankara: METU.
4. Motan İ. & Gençöz, F. (submitted).Kişisel Bakış Açısı Ölçeği II: Geçerlik ve Güvenirlik Çalışması [Personal View Survey-II: Reliability And Validity Study]. *Kriz Dergisi*.
5. Durak M. & Motan İ. (2007). The new questionnaire of psychological hardinessrelevant to Eastern cultures: A pilot study. *Unpublished manuscript*.

PRESENTATIONS

- Motan, İ. & Gençöz, F. (July, 2007). Adaptation of Self-Conscious Emotions Scales: Test of Self-Conscious Affect-3 and State Shame and Guilt Scale. 10th European Congress of Psychology (ECP Congress). Prague, Czech Republic.
- Motan, İ. & Gençöz, T. (September, 2006). Components of Alexithymia and their Relationship with Symptoms of Depression and Anxiety. 36th Annual Congress of the European Association for Behavioral and Cognitive Therapies (EABCT Congress), Paris, France.
- Motan, İ. & Gençöz, F. (September, 2005). Distinguishing Anxiety and Depression: Hardiness. 35th Annual Congress of the European Association for Behavioral and Cognitive Therapies (EABCT Congress), Thessaloniki, Greece.

TEACHING EXPERIENCE

Teaching Assistant of the following courses:

- PSY 240 Coping with Stress
- PSY 332 Intelligence Testing
- PSY 340 Theories of Personality
- PSY 341 Psychology of Adjustment

PSY 344 Clinical psychology
PSY 371 Emotion
PSY 610 Research Methods in Clinical Psychology

FOREIGN LANGUAGES

Fluent English, Advanced French

RESEARCH INTEREST

Self-Conscious emotions, Depression, Anxiety, Personality-Hardiness, Alexithymia,
Personality Disorders