



## Autobiographical memory for shame or guilt provoking events: Association with psychological symptoms

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### ABSTRACT

The diagnostic criteria for posttraumatic stress disorder (PTSD) specify that a qualifying traumatic stressor must incite extreme peritraumatic fear, horror, or helplessness. However, research suggests that events inciting guilt or shame may be associated with PTSD. We devised a web-based survey in which non-clinical participants identified an event associated with shame or guilt and completed questionnaire measures of shame, guilt, PTSD, and depression. In addition, we assessed characteristics of memory for the event, including visual perspective and the centrality of the memory to the participant's autobiographical narrative (CES). Shame predicted depression and PTSD symptoms. There was no association between guilt and psychological symptoms after controlling statistically for the effects of shame. CES predicted the severity of depression and PTSD symptoms. In addition, CES mediated the moderating effect of visual perspective on the relationship between emotional intensity and PTSD symptoms. Our results suggest shame is capable of eliciting the intrusive and distressing memories characteristic of PTSD. Furthermore, our results suggest aversive emotional events are associated with psychological distress when memory for those events becomes central to one's identity and autobiographical narrative.

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The DSM-IV-TR (American Psychiatric Association, 2000) specifies that PTSD-qualifying events must provoke intense fear, horror, or helplessness. Consequently, current diagnostic criteria for PTSD disqualify any event, however threatening, if the victim did not experience these reactions as the trauma was occurring. Defining trauma not only by its objective features, but also by the victim's peritraumatic emotional reaction, remains controversial because it confounds the response with the stimulus (McNally, 2009). Apart from this conceptual issue, there remains the empirical issue of foreclosing consideration of peritraumatic reactions other than those of extreme fear, horror, or helplessness. Indeed, research suggests that aversive emotions such as anger, guilt, shame, or disgust may elicit symptoms of PTSD just as fear, horror, or helplessness do (Andrews, Brewin, Rose, & Kirk, 2000; Brewin, Andrews, & Rose, 2000; McNally, 2002; Roemer, Orsillo, Borkovec, & Litz, 1998). In the DSM-IV Posttraumatic Stress Disorder Field Trial, a factor containing guilt, embarrassment, and violated trust accounted for more variance than any other factor when the investigators compared participants with and without lifetime PTSD (Kilpatrick et al., 1998; as cited in Rubin, Berntsen, & Bohni, 2008). These findings seemingly undercut a privileged role of

conditioned fear in the pathogenesis of PTSD (McNally, 2003, pp. 84–87; Rubin, Berntsen, et al., 2008; Weathers & Keane, 2007).

Guilt and shame are moral emotions distinguished by negatively valenced self-evaluation (Tangney, Stuewig, & Mashek, 2007). The focus of the emotion distinguishes guilt from shame. Shame concerns one's entire self, whereas guilt concerns only a specific action (Lewis, 1971; Tangney & Dearing, 2002, pp. 10–25; Tracy & Robins, 2004). Events likely to provoke intense shame or guilt are associated with high rates of PTSD. Participation in atrocities or highly abusive violence is predictive of subsequent PTSD (King, King, Gudanowski, & Vreven, 1995), increases risk of PTSD above and beyond the risk conferred by combat exposure alone (Beckham, Feldman, & Kirby, 1998; Breslau & Davis, 1987), and is especially associated with reexperiencing symptoms (Yehuda, Southwick, & Giller, 1992). PTSD also occurs in some civilian perpetrators of homicide (Harry & Resnick, 1986; Papanastassiou, Waldron, Boyle, & Chesterman, 2004).

Direct assessment of shame and guilt in relation to psychopathology has proceeded primarily along two lines of research; the first using scenario-based measures and the second using adjective checklist measures. Scenario-based measures assess proneness to shame or guilt by eliciting the emotional response to a series of imagined scenarios. Conversely, adjective checklist measures assess state shame or guilt independent of precipitating events (see Tangney & Dearing, 2002, pp. 26–51 for a review).

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Researchers using both scenario-based and adjective checklist measures have confirmed positive associations between shame and a variety of clinical syndromes, including depression and PTSD (Tangney, Wagner, & Gramzow, 1992). The literature on guilt, however, is less consistent. Using scenario-based measures, researchers have found no relationship between guilt-proneness and psychopathology after statistically controlling for shame-proneness (Tangney, Burggraf, & Wagner, 1995). They concluded that guilt, an often adaptive emotion, predicts psychopathology only when fused with shame (Tangney et al., 2007). In contrast, researchers using adjective checklist measures have consistently observed a positive association between guilt and various disorders independent of shame (Harder, 1990; Harder, Cutler, & Rockart, 1992; Harder, Tangney, & Fischer, 1995; Harder & Zalma, 1990). Explanations for these divergent results have typically focused on methodological differences. Tangney (1996) suggests that adjective checklist measures of guilt tap the global appraisals of self that are more characteristic of shame. Others have suggested that it may not be a proclivity towards guilt, as measured by scenario-based measures, but poor regulation of this emotion that contributes to psychopathology (Bybee & Zigler, 1996).

In this study, we examined the relation of psychological distress to state shame and guilt upon recalling an autobiographical memory strongly associated with either emotion. We predicted that shame would be associated with symptoms of depression, whereas guilt would not, after we controlled statistically for the effects of shame. Our prediction was based on the likelihood that shame, but not guilt, reflects the negative global evaluations of self that characterize depression. Contrariwise, because both PTSD and guilt are tied to a specific event, we predicted that shame and guilt would both uniquely predict PTSD symptoms.

To examine further the relation of shame and guilt to psychological symptoms, we assessed characteristics of autobiographical memory for events provoking shame or guilt. Memory for trauma is central to posttraumatic stress disorder (Ehlers & Clark, 2000; Rubin, Berntsen, et al., 2008; Young, 1995). Although some scholars have suggested that memory for trauma obeys different principles than does memory for other events (Spiegel, 1997), others have convincingly argued that mechanisms basic to ordinary memory can account for the properties of traumatic memories (Rubin, Berntsen, et al., 2008). From this perspective, the accessibility of memory for highly emotional events is enhanced through modulation of hippocampal activity by nuclei of the amygdalar complex (Cahill, Babinsky, Markowitsch, & McGaugh, 1995; McGaugh, 2003) as well as the distinctiveness, recency, and impact of the event (Berntsen, 2009, pp. 162–172). Accordingly, memory for emotional events are more accessible, better rehearsed, and more vivid than are memories for neutral events (Thomsen & Berntsen, 2009).

Accessible and vivid memories provide the structure for our autobiographical narratives, sense of identity, and the reference points from which we make attributions and inferences in everyday life (Berntsen & Rubin, 2007). Following a traumatic or highly stressful event, the accessibility and vividness of memory for the event may render it central to one's identity and autobiographical narrative. Researchers have found that the more central a traumatic event is to one's life, the more one suffers from symptoms of PTSD and depression (Berntsen & Rubin, 2006, 2007). Therefore, we predicted that participants rating guilt and shame memories higher on Berntsen and Rubin's Centrality of Events Scale (CES; 2006) would have higher scores on measures of PTSD and depression.

In addition, we examined the visual perspective from which the memory was recalled. One can recall an autobiographical memory from either the first person (field) perspective or third person (observer) perspective (Nigro & Neisser, 1983). Recalling a disturbing memory from the field perspective is more often accompanied

by heightened emotion and by a sense of reliving the event relative to recalling it from an observer perspective (McIsaac & Eich, 2004). Some scholars believe that adoption of an observer perspective constitutes a form of cognitive avoidance, enabling one to attenuate distressing emotion during recollection (Kenny & Bryant, 2007; Williams & Moulds, 2007).

Findings from Libby, Eibach, and colleagues, however, suggest a more complicated relationship between visual perspective and psychological distress. These researchers have emphasized the role of self-concept in visual perspective during recall (Eibach, Libby, & Gilovich, 2003; Libby & Eibach, 2002; Libby, Eibach, & Gilovich, 2005). They found that an observer perspective is associated with a sense of the memory as incongruent with the current self, whereas the converse held for memories recalled from a field perspective. Given the empirical work on the CES discussed above, these findings suggest that a field perspective may be associated with greater severity of psychopathology due to a stronger sense of self-congruence associated with the memory.

Based on this possibility, we hypothesized that visual perspective would moderate the relationship between psychological symptoms and the emotional intensity experienced upon recalling the shame or guilt event. Although visual perspective should have little effect on memories of low emotional intensity, distress should be heightened for those who recall high emotional intensity memories of shame or guilt from a field perspective. Intense emotional memories recalled from an observer perspective should be less consistent with participants' current self and thereby less distressing. Moreover, the centrality of the memory to one's identity, as measured by the CES, should mediate this interaction.

## Method

### Participants

To investigate these issues, we devised a web-based survey and recruited participants from the Boston area and from among students at Harvard University. The sole inclusion criteria were a minimum age of 18 and a memory of an experience associated with shame or guilt. Participants learned of the study via an advertisement on PsychNet, Craig's List, or through the Department of Psychology's subject pool website. The advertisement informed participants that they would be asked to recall an event associated with shame or guilt and to answer questions regarding their memory and emotions associated with the event. We did not compensate participants other than providing course credit for students. In addition, to ensure anonymity, we collected no identifiable information from respondents.

Of the 179 individuals who consented to participate, 140 (78%) completed the survey; 119 were students. Most were female ( $n = 85$ , 61%), Caucasian ( $n = 94$ , 67%), and between the ages of 18–24 ( $n = 127$ , 91%).

### Procedure and measures

After completing informed consent and a brief demographics questionnaire, participants recalled the event in their life most strongly associated with high levels of shame or guilt. The terms shame and guilt were not defined for participants at any point during the study. Accordingly, participants relied on their own understanding of these terms in order to generate the appropriate memory. Participants then provided a description of the event, noted the time since it occurred, and rated the emotions they felt at the time of the event. After identifying the event, participants completed six questionnaires assessing memory characteristics, emotions, and psychological symptoms.

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