

## Exploring Negative Emotion in Women Experiencing Intimate Partner Violence: Shame, Guilt, and PTSD

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This study explored the association of shame and guilt with PTSD among women who had experienced intimate partner violence (IPV). Sixty-three women were assessed by a research clinic serving the mental health needs of women IPV survivors. Results indicated that shame, guilt-related distress, and guilt-related cognitions showed significant associations with PTSD but global guilt did not. When shame and guilt were examined in the context of specific forms of psychological abuse, moderation analyses indicated that high levels of both emotional/verbal abuse and dominance/isolation interacted with high levels of shame in their association with PTSD. Neither guilt-related distress nor guilt-related cognitions were moderated by specific forms of psychological abuse in their association with PTSD. These data support the conceptualization of shame, guilt distress, and guilt cognitions as relevant features of PTSD. Results are discussed in light of proposed changes to diagnostic criteria for PTSD.

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SINCE its introduction into the psychiatric classification system in 1980, posttraumatic stress disorder (PTSD) has been conceptualized primarily as a fear-based disorder (e.g., Foa & Kozak, 1986; Horowitz, 1976; Keane, Zimering, & Caddell, 1985). This conceptualization has facilitated the development and evaluation of treatments that are oriented at fear extinction. Without diminishing the importance of fear and anxiety in understanding PTSD, numerous authors have recognized the role of other forms of negative emotion in PTSD, particularly shame, guilt, anger, and sadness (e.g., Brewin, Andrews, & Rose, 2000; Lee, Scragg, & Turner, 2001; Pitman et al., 1990). These emotional states may shape how PTSD symptoms are presented, the extent to which an individual responds to exposure-based treatments, and whether remaining treatment needs exist following exposure.

Recently, the American Psychiatric Association (APA) has examined the diagnostic criteria for PTSD, with an eye towards updating the criteria based on advances in the literature (APA, 2010). Included within the provisional criteria is a new symptom, specifically “pervasive negative emotional states—for example: fear, horror, anger, guilt, or

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shame” (APA, 2010). In particular, inclusion of a broader range of negative emotional states recognizes the complexity of many traumatic events, particularly noncombat interpersonal traumas such as childhood abuse and domestic violence (e.g., Charuvastra & Cloitre, 2008; Keane, Marshall, & Taft, 2006). The current report seeks to examine two of these negative emotional states, specifically shame and guilt, in association with PTSD in a sample of women seeking mental health services for emotional difficulties stemming from intimate partner violence.

Shame and guilt have been recognized for many years as important emotional states in individuals who have experienced trauma. Although definitions of these constructs abound, the writings of Lewis (1971) have guided most of the recent work in this domain (Tangney, 1996). Lewis notes that in shame, one evaluates one's self negatively. As an example, individuals who feel shame might describe themselves as “unworthy” or “a bad person.” Guilt, in contrast, involves negative evaluation of an action (either taken or not taken). As an example, individuals who feel guilt might state that they “should have known better” than to make a specific decision. Because guilt involves specific behavior, it is postulated to exert a lesser psychological toll relative to shame, where the person evaluates their entire self as negative. Wilson, Droždek, and Turkovic (2006) provide an interesting comparison of posttraumatic shame and posttraumatic guilt, noting that these two emotion-based constructs differ with respect to self-attribution processes, self-appraisals, psychopathology (particularly PTSD), personal identity, and suicidality. Echoing Lewis's conceptualization of these two constructs, Wilson and colleagues (2006) noted that shame appears to have a broader psychological impact, relative to guilt.

To date, guilt has received more attention in the trauma literature, relative to shame. One of the earliest investigations was conducted by Kubany and colleagues (1995) and involved two separate trauma samples, Vietnam-era combat veterans and women who had experienced intimate partner violence (IPV). Using cutoff scores on self-report PTSD measures, a probable diagnosis of PTSD was stated for 78% to 79% of the veteran sample and 54% of the IPV sample. This report focused on the association between guilt and PTSD, with delineation of specific aspects of guilt, including global event-related guilt (a composite of the negative emotional and cognitive elements of guilt), guilt-related distress, and guilt-related cognitions. Included in this latter construct are perceptions of wrongdoing and responsibility for causing the

trauma, beliefs that there was a lack of justification for actions taken, and hindsight bias (Kubany, 1994). Higher levels of PTSD were associated with higher levels of global guilt, more guilt-related distress, and higher levels of guilt-related cognitions. Other authors also have noted a significant positive association between guilt and PTSD symptom severity in combat veterans who were diagnosed as PTSD+ (Henning & Frueh, 1997), men who were convicted of causing someone's death through reckless driving (45% PTSD+ using a self-report measure, Lowinger & Solomon, 2004), and women who had experienced IPV (59% reporting high levels of PTSD symptoms on a self-report measure; Bean & Möller, 2002). These reports, taken as a whole, suggest that guilt may be an important concomitant to PTSD in a variety of trauma samples.

Shame has received considerable discussion within the trauma literature but less empirical attention. Wong and Cook (1992) examined scores on a standardized shame measure in three groups of combat veterans: (a) a group with diagnosed PTSD, (b) a group with diagnosed depressive disorders, and (c) a group with diagnosed substance abuse. The PTSD and depression groups scored significantly higher on shame, relative to the substance abuse group, although no differences were noted between the former groups. The authors note that shame appears important in understanding posttrauma responses.

To date, two reports have compared the association of shame and guilt to PTSD symptoms within trauma-exposed samples. First, Leskela, Dieperink, and Thuras (2002) examined how shame and guilt related to PTSD in a sample of older male veterans who had been held as prisoners of war; 28% of this sample was identified as PTSD+ using a self-report measure. Shame correlated significantly with PTSD severity ( $r=0.48$ ), while guilt did not show an association ( $r=0.06$ ). A regression analysis suggested that both shame and guilt significantly contributed to the prediction of PTSD severity, with shame showing a significant positive association and guilt showing a significant negative association. Although this finding appears unusual, it is a common result when shame and guilt are entered within the same model and represents a suppression effect, as discussed by Paulhus, Robins, Trzesniewski, and Tracy (2004). Second, Street and Arias (2001) examined shame and guilt in women who had experienced IPV; 65% were identified as probable PTSD+ based on a self-report measure. In this study, shame significantly correlated with PTSD symptom severity ( $r=0.47$ ) while guilt was not significantly correlated with PTSD ( $r=0.21$ ).

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