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POSTTRAUMATIC SHAME AND GUILT

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Posttraumatic shame and guilt are important dimensions of posttraumatic syndromes, including simple and complex post-traumatic stress disorder (PTSD). The concepts of posttraumatic shame and guilt have received little theoretical or empirical investigation in the field of traumatology. It is proposed that there are acute and prolonged states of posttraumatic shame and guilt that can be compared in their consequences across eight psychosocial dimensions: (a) self-attribution processes, (b) emotional states and capacity for affect regulation, (c) appraisal and interpretation of actions, (d) the impact of states of shame and guilt on personal identity, (e) suicidality, (f) defensive patterns, (g) proneness to psychopathology and PTSD, and (h) the dimensions of the self-structure adversely affected by states of posttraumatic shame and guilt. The experience of posttraumatic states of shame and guilt are associated with compounded affective processes in PTSD, depression, and substance use disorders.

Key words: *posttraumatic states, shame, guilt, PTSD, compound affective reactions, suicidality*

THIS ARTICLE REVIEWS the concepts of shame and guilt in the context of the experience of psychological trauma and the development of post-traumatic stress disorder (PTSD) and psychopathology. Posttraumatic shame and guilt are fraternal concepts with unique characteristics whose origins are rooted in the nature of personal trauma. Posttraumatic shame and guilt can be meaningfully compared across eight psychological dimensions: (a) self-

attribution processes, (b) emotional states and capacity for affect regulation, (c) appraisal and interpretation of actions, (d) the impact of states of shame and guilt on personal identity, (e) suicidality, (f) defensive patterns, (g) proneness to PTSD, and (h) dimensions of self-structure adversely affected by states of shame and guilt. As we discuss, posttraumatic shame and guilt have 15 dimensions that dynamically interact with each other and dysregulated affective states that

include anger, anxiety, fear, sadness, terror, loss, bereavement, and humiliation. The understanding of posttraumatic shame and guilt has critically important implications for the treatment of PTSDs and self-pathologies (Wilson, 2005).

THEORETICAL PERSPECTIVES OF SHAME AND GUILT

A discussion of the unique qualities of posttraumatic shame and guilt necessitates a definitional starting point. The *Oxford English Dictionary* (2005) provides simple and straightforward definitions of shame and guilt that reveal the origin and ordinary meaning of the terms. Accordingly, "shame is a feeling of humiliation or distress caused by the consciousness of wrong or foolish behavior; dishonor; a person or thing being dishonored; a cause to feel ashamed" (p. 1322). In contrast, guilt is "the fact of having committed an offense or crime; a feeling of having done wrong or failed in an obligation" (p. 634). The linguistic differentiation of shame and guilt serves to illuminate important psychological differences of behavior and emotions. Guilt, in contrast to shame, concerns transgressions or failed behavioral enactments for responsibilities vis-à-vis others. The experience of shame is inwardly directed to self-consciousness about behavior that is disgraceful or dishonorable and reflects appraisals of self-worth. These definitions further serve to clarify that although there are overlaps in meaning, guilt refers to overt actions, and shame is an attributional process as to personal integrity and moral goodness.

It is possible to expand lexical meanings one step further and ask the question as to what guilt and shame mean in the context of different types of traumatic situations. What actions or self-appraisals lead to states of posttraumatic shame and guilt? In the broadest sense, then, posttraumatic guilt can be defined as the fact of experiencing acute or prolonged states of guilt in the context of a traumatic situation. Posttraumatic guilt can have multiple forms depending on the types of failed enactments in traumatic situations that generate negative consequences for self and others. In contrast, posttraumatic shame can be construed as acute or

KEY POINTS OF THE RESEARCH REVIEW

- Posttraumatic shame and guilt are important dimensions of simple and complex post-traumatic stress disorder (PTSD).
- Posttraumatic shame and guilt are multidimensional in nature and acute or chronic in nature.
- Posttraumatic shame and guilt can be compared across eight dimensions of psychosocial functioning.
- Posttraumatic shame and guilt are associated with compounded affective processes in PTSD and depression and traumatic stress syndromes.
- Posttraumatic shame and guilt have implications for assessing suicidality.

prolonged feelings of distress associated with self-attributions of having committed dishonorable acts in the context of a traumatic situation. As will be discussed, there are at least seven dimensions of posttraumatic guilt and eight dimensions of posttraumatic shame.

From a theoretical perspective, shame and guilt are Janus-faced partners in the human psyche. Shame is a more complex intrapsychic process than is guilt because it involves processes concerning attributes about the core dimensions of the self, identity, ego processes, and personality. In posttraumatic shame, the focus of evaluation concerns the moral virtue and goodness of the self and the need to cope with feelings of disgrace, disrepute, dishonor, loss of self-esteem, loss of virtue, and personal integrity. Guilt, on the other hand, concerns different forms of self-recrimination about responsibility for personal actions. In the posttraumatic self (Wilson, 2005), shame and guilt can coexist depending on the critical incidents that the individual endured during trauma. Shame and guilt possess unique psychological dimensions (see Table 1) that differentiate them from each other

Posttraumatic guilt can have multiple forms depending on the types of failed enactments in traumatic situations that generate negative consequences for self and others. In contrast, posttraumatic shame can be construed as acute or prolonged feelings of distress associated with self-attributions of having committed dishonorable acts in the context of a traumatic situation.

TABLE 1: Posttraumatic Shame Versus Guilt

<i>Psychological Dimension</i>	<i>Posttraumatic Shame</i>	<i>Posttraumatic Guilt</i>
Self-attribution processes	Focus on self-evaluation, loss of self-worth, moral virtue, self-esteem, sense of failure	Focus on evaluation of actions, self-recrimination over behavior rather than self as object of appraisal
Emotional states	Humiliation, powerlessness, helplessness, sadness, anger, rage	State-dependent guilt, remorse, regret, apologetic, embarrassment
Action appraisal	I did something to cause it; therefore I am shameful or bad	I failed to act properly or I acted badly; my actions were wrong but I am a good person
Impact on personal identity	"Loss of face," loss of self-continuity and self-sameness, ego fragmentation, self-dissolution	No "loss of face," no loss of identity, no fragmentation of self
Suicidality	High potential; suicide as self-obliteration	Low potential; defense rationalization of guilt
Defensiveness	Repression, avoidance, suppression, denial	Denial, rationalization, minimization, undoing, counterphobic
Post-traumatic stress disorder proneness	High	Variable
Dimensions of self-structure negatively affected	All ↓ (e.g., decreased sense of continuity, coherence connection, vitality, autonomy, energy)	Part ↓ (e.g., vitality, connection)

SOURCE: Wilson (2004).

and PTSD. Posttraumatic shame and guilt involve complex forms of affect and negative cognitions, especially in trauma complexes (Wilson, 2004c). Posttraumatic shame and guilt have consequences for proneness to PTSD, suicidality, ego defensiveness, psychopathology, and other aspects of psychosocial functioning. Posttraumatic shame and guilt exist whether or not there are degrees of pre-traumatic ego vulnerability, including self-pathologies and narcissistic shame (Morrison, 1990). Posttraumatic shame and guilt can be coupled with a broad range of affects (including preexisting shame and guilt) to form complex states of intrapsychic tension as part of PTSD, depression, generalized anxiety disorder, psychosis, and substance use disorders. In some cases, states of posttraumatic shame and guilt form the pathological nucleus of simple and complex PTSD (Wilson, 2004c).

POSTTRAUMATIC SHAME

Shame is on the face, on the front of the soul.
(Stoller, 1987, p. 304)

A turning away of the face, avoidance of contact, shrinking, downcast eyes, slumped posture, blushing, mind going blank, and arrested behavior are some signals of the ashamed. Clark and Wells (1995) label these actions as

"safety behaviors" with desire of the ashamed to escape, disappear, and submit. In posttraumatic shame, the trauma experience may motivate desire to avoid exposure or confrontation with memories and feelings that lead to a sense of shame. Wurmser (1987) remarked that "the eye is the organ of shame par excellence" (p. 67). The analyst Fenichel (1945) wrote that "I feel ashamed" means "I do not want to be seen" (p. 139). These expressions of shame are universally understood and present across cultures (Wilson & Droždek, 2004).

There are a spectrum of experiences that include shame or interact with it in a dynamic manner. The continuum of shame reactions ranges from mild embarrassment to severe humiliation. Embarrassment and feeling undone and uncomfortably visible has multiple meanings and personal consequences in terms of the posttraumatic adaptation. Shame can be experienced with or without an audience present. It requires an inarticulate fear of one's shame becoming visible and known to others (Miller, 1985). Humiliation arises, for example, from torture experiences where the victim is abused, dehumanized, and made an exhibition for others. One may not blame oneself for what has happened but experiences a profound loss of dignity and power (Wilson & Droždek, 2004). The helplessness of torture and similar types of experiences later may evolve into posttraumatic

shame and guilt. As Broucek (1982) and Wilson (2004b) describe, experiences of extreme humiliation can lead to a sense of "soul-death," "soul-murder," loss of ego identity, and a sense of self as "empty."

In its extreme forms, shame is a painful and debilitating experience. Shame is a deeply rooted sense of having violated one's true nature, no matter how accurately or inaccurately perceived by oneself or others. It arises out of a tension between the ego and the ego ideal and can be viewed as a state of tension (Miller, 1985). In dynamic terms, the ego ideal consists primarily of internalized and idealized parental and cultural values (Hanly, 1984). The ego ideal is a psychic structure that includes fantasies of one's perfection, grandiosity, and images of moral virtue.

Gilbert (1997, 1998) distinguished between external and internal shame. External shame is associated with social anxiety and is related to one's preoccupations about how others appraise and judge actions. The shamed self feels inferior, flawed, disgusting, weak, inadequate, and diminished in human nature. Wurmser (1994) distinguishes negative and positive forms of shame. The negative forms result in "shame-anxiety" and depressive affect as a reaction pattern, whereas the positive form serves as a protective attitude, a guardian of values and ideals, prevention against dangerous self-exposure (e.g., exhibition) and curiosity (e.g., voyeurism). Shame anxiety is fear of disgrace and being looked at by others with contempt. Depressive affect in shame is a result of feeling under the glare of the mind's eye or the eyes of the others. Depressive shame is demoralization and a feeling that one's true integrity has been badly damaged or lost. Various researchers suggest that core states of shame reside in a preoccupation and near obsessive concern when the real or imagined evaluation of others is present (Gramzow & Tangney, 1992).

In the experience of posttraumatic shame and guilt, Wilson (2005) has shown how mechanisms are mobilized to protect the structural dimensions of the self (i.e., coherence, continuity, connection, autonomy, vitality, energy). According to Morrison (1989), "Whereas guilt reflects a hurtful thought or action, shame is an

TABLE 2: Dimensions of Posttraumatic Shame

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1. Loss of self-worth, virtue, self-esteem, wholeness, goodness, moral integrity
 2. Loss of sense of self-continuity in upholding culturally defined values, norms, and respected patterns of behavior
 3. Feelings of worthlessness, powerlessness, inadequacy, failure, humiliation, smallness
 4. Perception of shame in the eyes of others: condemnation and failure
 5. Suicidality in fantasy or action; self-obliteration, desire for escape, isolation, withdrawal, self-imposed exile, and alienation
 6. Self-consciousness over disappointing others, letting down kinship, family, friends, fellow survivors, etc.
 7. Devalued self-appraisal; "loss of moral goodness"
 8. Loss of self-respect within culturally defined roles, status, expectations
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TABLE 3: Dimensions of Posttraumatic Guilt

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1. Self-recrimination for failed personal enactments
 2. Survivor guilt over surviving perils of trauma
 3. Death guilt over being alive when others died or were injured
 4. Bystander guilt for failure to help others in need
 5. Personal guilt for acts of transgressions with negative consequences for others
 6. Situational guilt for acting contrary to personal values under coercive processes
 7. Moral guilt for failed enactments inconsistent with personal ethics and moral responsibility
-

effective response to the perception of the self as flawed, and thus inevitably involves narcissism, vulnerability, and their various manifestations" (p. 48). The most archaic defense is a kind of stupor-like, frozen state wherein one forgets parts of one's own life history or personality. A more differentiated form of defense is an alteration of the mask of personality, as seen in the poker face that protects against shame in a very rigid way (Morrison, 1989). Counterphobic forms of shamelessness develop to stave off fear, vulnerability, and humiliation. A variation on counterphobic reactions is omnipotence, in which there is an attempt to restore intrapsychic balance by developing narcissistic rage, anger, and hostility (Tangney, Wagner, Fletcher, & Gramzow, 1992; Zwaal van der, 1998). Although clinical theory (Lewis, 1987a, 1987b) suggests that narcissistic individuals are more vulnerable to shame than are others, research findings (Gramzow & Tangney, 1992) indicate that shame proneness is negatively correlated

Reciprocal Effects of Emotions Embedded
in Posttraumatic Shame and Guilt

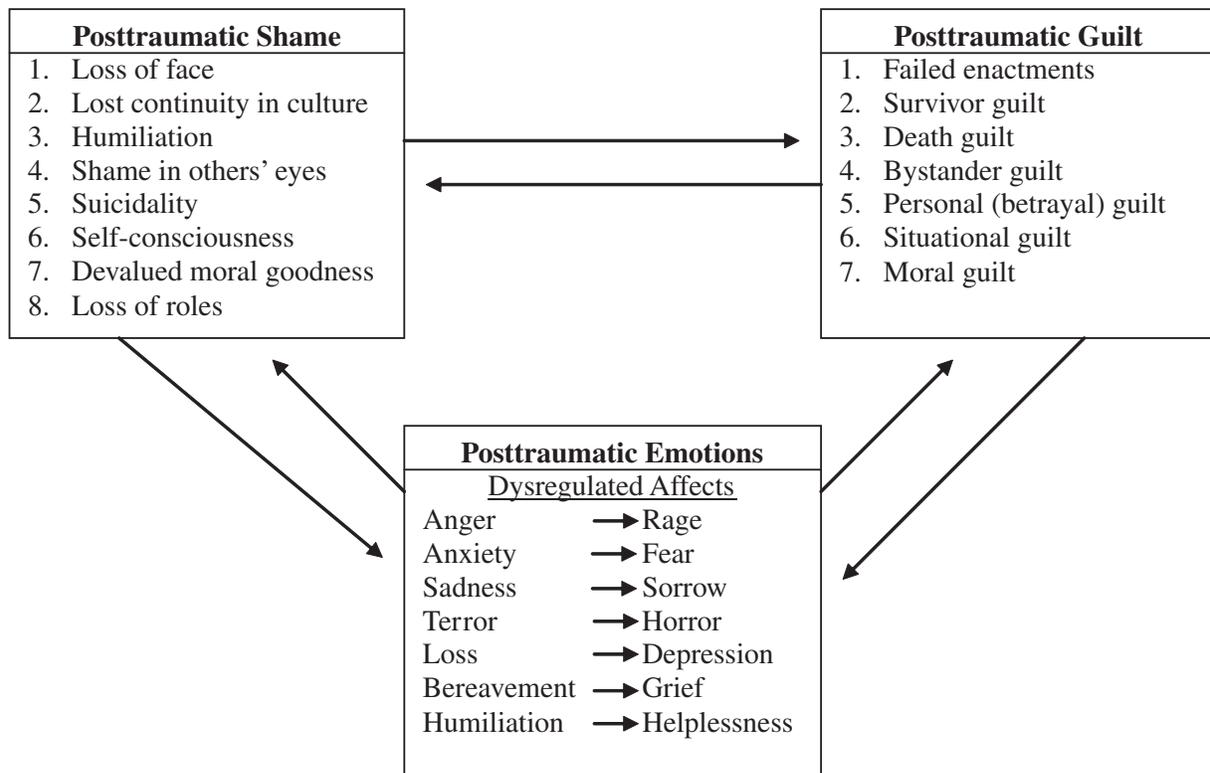


Figure 1: Affect Dysregulation in States of Posttraumatic Shame and Guilt

with narcissism and positively associated with the risk of psychopathology (Tangney & Dearing, 2003).

The eight dimensions of posttraumatic shame that develop after trauma are presented in Table 2. We will discuss each of these dimensions separately and then establish a comparative analysis to posttraumatic guilt (see Tables 1 and 3).

THE DIMENSIONS OF POSTTRAUMATIC SHAME

Loss of Face, Self-Worth, Virtue, and Moral Integrity

Shame is the deep-seated feelings of losing face to oneself and the world at large. In simple, spontaneous acts, shame is experienced as losing one's virtuous persona often manifest by

hiding one's face and avoidance behaviors (see Figure 1). Shame is closely related to humiliation. Stoller (1987) states,

Shame connotes a more fierce, flaming (as in a blush), face manifested, exhibiting and publicly broadcast set of qualities than does humiliation and its humbling . . . Humiliation is deeper, more hidden in muscle, bone and mind; often more dangerous to others (as in paranoidness), more likely to provoke retaliation; and lower, in the body where enteron becoming humus. (p. 304)

In Greek mythology, the persona is the mask of personality as projected to others. The persona of the self, its unique identity and virtue, is an outer mask and symbol of selfhood. The ancient Greeks believed that the true personality resides beneath the mask. In the experience of shame, the individual loses his or her cherished sense of self-worth. His or her persona is tarnished. A sense of virtue, wholeness, and moral integrity is temporarily or permanently

lost. In the posttraumatic self, shame develops from traumatic experiences that render the victim fearful, powerless, helpless, and unable to act congruently with moral values. States of posttraumatic shame are often associated with critical incidents that symbolize the ultimate horror of a particular traumatic experience (Lifton, 1967).

Loss of Continuity in Upholding Cultural Values

A second aspect of shame is the sense of loss of self-continuity in upholding culturally defined values, norms, and respected patterns of behavior. The loss of self-continuity in synchrony with cultural values is the feeling of having slipped downwardly from doing the right thing according to cultural norms. It is the sense that one has violated the internalized expectations of others about proper behavior. The inner feeling of failure to uphold societal values is one of transgression and having fallen from grace and living with continuity and goodness of character as a person, a quality recognized and positively affirmed by others. In traumatic situations, it may not be possible, because of circumstances and limited alternatives, to uphold societal and expected moral actions because of the extreme stress and unusual nature of powerful traumatic stressors (Wilson & Lindy, 1994).

Humiliation, Feelings of Powerlessness, Worthlessness, Inadequacy, Failure, and Smallness

The perceived loss of face in the eyes of the world, the internal devaluing of oneself for the failure to sustain personal and culturally important values and expected patterns of actions, results in feelings of humiliation and smallness. The feeling of smallness is similar to being a naive child who has been forcefully scolded by irate parents. The child, with a lowered head, shows a red face of embarrassment for acting improperly and disappointing parents. Humiliation, then, is the sense of having been exposed and rendered childlike in stature, diminished in power, status, worth, and importance.

In the posttraumatic adaptation, being subjected to extraordinary stressors (e.g., rape, acts of interpersonal violence, witnessing killings, massive natural disasters, being coerced at gunpoint to commit unsavory acts, etc.) often renders the victim unable to reverse the course of aversive experiences. In situations of interpersonal violence, for example, the perpetrator exploits these psychological states of vulnerability to his or her advantage. As a consequence, shame, including irrational shame, can result and stimulate the incubation of PTSD.

In the posttraumatic self, shame develops from traumatic experiences that render the victim fearful, powerless, helpless, and unable to act congruently with moral values.

In the posttraumatic personality dynamics, shame and psychic numbing are emotional cousins in a family of PTSD symptoms. Insight into this relationship has been made by Wurmser (1987), who stated,

The blank stare and the mask like face express the global denial of traumatically intense acute feelings (traumatic because they arouse anxiety, e.g., of castration or abandonment). "I don't want to respond to what I have witnessed by feelings." I believe it is such severely traumatogenic shame that underlies what is now often dubbed alexithymia. (p. 82)

The relationship between shame and psychic numbing illustrates that shame is a complex affect rather than a unidimensional emotion (see Figure 1). In a later work, Wurmser (1994) notes,

In its complexity, [shame] resembles emotions like jealous [sic], envy, and spite, love and hatred, elation and depression, and its own counterpart, pride, and then belongs to the group of compound affects—highly complex compositions of cognitive emotional structures. (p. 69)

Perceptions of Shame in the Eyes of Others: Condemnation and Failure

As a psychological phenomenon, shame is composed of emotions, cognitive attributes, and ego-defensive processes to protect areas of the self. Shame is an overly self-conscious sense of oneself as having been exposed in undesir-

able ways that conflict with ideal self-images and the bases of self-esteem. The exquisitely attuned pain of shameful self-consciousness is in

In the posttraumatic self afflicted with PTSD, trauma complexes, or other distressing emotional consequences of trauma, can increase the strength of suicidal ideation, especially if there is no foreseeable escape from haunting, intrusive memories of trauma, severe affect dysregulation, and an overwhelming sense of being emotionally trapped in the trauma experience.

part because of the perception of being actively shamed in the eyes of others (hence the English language expression, "Damn your eyes!"). This perception may be based on comments or actions taken by others that reflect their disapproval or moral judgments about the behaviors that led to a sense of shame. The idea of being shamed in the eyes of others has been conceptualized as related to estrangement, derealization, and processes of dissociation. Indeed, research by Irwin (1998) has shown a significant relationship between shame and

dissociative tendencies, but not guilt. Wurmser (1994) states,

The wish inherent in the feeling of shame is, "I want to disappear as the person I have shown myself to be" In depersonalization the patient indicates, "I'm not this, this is someone else, not I" This being different once again entails a dichotomy, "I want to be looked at as a different person. I am afraid to be exposed as what I am." (p. 232)

Clinically, the perception of being judged and shamed by others can be a form of externalized projections of one's own self-condemnation and hatred. Self-condemnation is an attribution of personal failure and implies a moral imperative that one ought to have acted in a different manner. Harsh self-condemnation is associated with suicidal ideation and the fantasy of obliterating the self completely (Wilson, 2005). In suicidal ideation and fantasies of self-annihilation, the unspoken logic is that if I kill my Self, then I will no longer have to experience the humiliation of shame and the perceived condemnation of others (Wilson, 2005).

Suicidality in Fantasy or Action: The Desire for Escape, Isolation, Withdrawal, Self-Imposed Exile, and Alienation

Shame and suicidal thinking are yoked thought processes that share the same emotional center. Suicidal ideation is a wish to obliterate the self as an object (Wilson, 2005). If the self does not exist, neither does shame. Suicidal fantasies are manifestations of the desire to escape the pain of losing face and the feared condemnation and outright rejection by others. In the presence of unremitting states of shame, the individual may impose exile, isolation, and alienation to further protect himself or herself from the experience of public shame and humiliation.

In the posttraumatic self afflicted with PTSD, trauma complexes, or other distressing emotional consequences of trauma, can increase the strength of suicidal ideation, especially if there is no foreseeable escape from haunting, intrusive memories of trauma, severe affect dysregulation, and an overwhelming sense of being emotionally trapped in the trauma experience (Wilson, 1989). The presence of PTSD, depression, and a shameful appraisal of the worth of the self is a potentially lethal combination (Lindy & Wilson, 1994).

Self-Consciousness Over Disappointing Others and Kinship Networks Embedded Within One's Culture

Shame is a multifaceted phenomena in which self-consciousness associated with negative self-appraisals extends outwardly and inwardly at the same time. The feeling of having lost face is intensified through sources of attachment, affiliation, and interpersonal relationships. The experience of shame reflects a loss of global self-esteem and heightened self-consciousness over disappointing others in kinship networks and important personal relationships (Morrison, 1989).

In the posttraumatic self, shame over what happened during the traumatic experience can be internalized through incorrect and inaccur-

rate appraisals of responsibility (e.g., “It was my fault the enemy soldiers raped me as part of ethnic cleansing”; “It was my fault that I was tortured, or captured, or interrogated”; etc.). In clinical assessment, the shameful victim reports feelings of being small or dirty, a loss of innocence, a diminished self-virtue, or a loss of respect by others because of what happened to him or her. Shameful states of anxiety-ridden self-consciousness get projected outwardly by the internal perception of how he or she, as a person, is being viewed within the context of role and cultural values that are esteemed by others.

In a psychoanalytic perspective, Leon Wurmser (1987) notes that shame reflects discrepancy between one’s self-appraisals of the virtue of the self in comparison to external conflicts of a compliant and aversive emotional behavior:

Shame is a faulty defined affect, conscious or unconscious, caused by a discrepancy between expectation and realization, an inner and outer discrepancy, an inner or an outer conflict. It is the polarity, the tension, between how I want to be seen and how I am. In its [sic] internalized version, shame is thus the outcome of a very specific tension between the super-ego and ego-function of self-perception. (p. 76)

The discrepancy between inner and outer forms of self-experience give rise to affect dysregulation defensive measures to quell anxiety, tension, and self-recrimination that accompany posttraumatic states of shame and guilt (Schoe, 2002).

Devalued Self-Appraisal: The Loss of Moral Goodness

The experience of shame inevitably involves self-appraisal and negative affects as to personal worth and goodness (Tangney & Dearing, 2003). In states of shamefulness, the person loses his or her previously enjoyed feeling of goodness and integrity. The loss of face is the perceived loss of being able to present a favorable persona to the world, a mask of unblemished, virtuous character.

In posttraumatic ego states, shame is negative appraisal of the self that extends to future prospects of restoring a sense of self-esteem and

integrity to one’s value as a person. Shame can operate unconsciously in trauma complexes and initiate self-destructive and self-defeating modalities of behavior (Wilson, 2005). The internalization of a shameful sense of personal identity sets up a wide range of possibilities by which to create self-fulfilling prophecies of personal unworthiness. In extreme cases of PTSD, the profoundly shamed person may unconsciously recreate the conditions in his or her current life that attempt to reenact, repeat, or symbolically recapitulate what occurred during a traumatic experience, sometimes as an aborted or belated sense of repetition compulsion (Freud, 1917a, 1917b, 1917c). Stated differently, internalizing shame and incorporating it into the structure of personal identity can cause a reconfiguration of the self as a whole. The persistent experience of posttraumatic shame in self-conscious states infused with anxiety may ultimately lead to the choice of a negative identity (“I am shamed, therefore I am bad and undeserving.”), which is the antithesis of optimal states of integrative experiences following trauma (Wilson, 2005).

Loss of Self-Respect Within Culturally Defined Roles and Values

It is theoretically interesting to ponder the question as to whether or not shame would exist if there were no cultures to shape human development. If there were no contextualized cultural norms regarding moral behavior, would shame exist? If social comparison processes were absent because of anomic or politically dissolved societies or nation states, would shame and guilt exist? If there were no mutually beneficial patterns of hedonic regulation or restrictions on antisocial behaviors aversive to the common good of society, would shame exist?

The fact is that humans have long lived in cultures that shape patterns of living and heritage traditions and create expectations regarding moral behavior. In the experience of shame, it is the transgression of values deemed culturally important and enforced by the authority of law that leads to shame. The perceived act of transgressing culturally defined norms, beliefs, and patterns of behavior forms the basis of self-

repudiation. The shame of transgression is the feeling of having failed to conform to the expectations of others, to uphold the values that form the foundation of social structures embedded in the culture (i.e., family, marriage, religion, kinship patterns, etc.). There can be no self-appraisal associated with states of shame if there are no internalized standards by which to judge one's actions. However, under conditions of trauma such as those experienced in ethnic cleansing, warfare, and the dissolution of nation states (e.g., Bosnia, Rwanda, Sierra Leone, etc.), traditional systems of morality and mores may disappear in the chaos of destruction and change of societal norms and values. The result is often an abyss of lawlessness and uncertainty as to what constitutes good or proper action in the midst of atrocities, starvation, and killing.

POSTTRAUMATIC GUILT

In Roman mythology, Janus is a God who has two faces that look in opposite directions. As a mythological symbol, Janus represents vigilance, faithfulness, and new beginnings. Janus was the guardian of the door to Heaven who had to maintain vigilance in two directions, front and back, to protect the entranceway to

In a generic and broadly encompassing way, states of posttraumatic guilt concern failed personal enactments. These failed personal enactments lead to self-recrimination about behaviors manifest in relation to the stressors that require action in terms of coping.

the eternal sanctity of the heavenly kingdom. In considering the role of guilt in posttraumatic personality dynamics, the opposing, side-by-side faces of shame and guilt look in different directions, left and right. Shame looks away from negative self-appraisal toward guilt, which focuses on action and self-recrimination for failed enactments. In trauma, failed enactments are embedded in the matrix of

traumatic stressors and the responses the individual makes to them. In the posttraumatic self, guilt is self-recrimination for failed actions that the individual believes would have created a more salutary outcome. These beliefs can be ra-

tional or irrational, correct or incorrect, and are filtered through the prism of ego defenses (Lindy, 2005).

Although shame transforms the appraisal of self-worth, guilt motivates remorse and regret (Andrews, 1995). In guilt, there is tension present because one tries to set things right and repair the damage. In posttraumatic guilt, there are self-appraisals of poor conduct because the transgression could have been prevented by acting differently (Joseph, Hodgkinson, Yule, & Williams, 1993; Lindsay-Hartz, 1984). In our view, posttraumatic guilt is less incapacitating and painful than is shame. As Piers and Singer (1953) suggest, the relationship between shame and guilt can be reciprocal, and both can coexist in PTSD following trauma. Moreover, guilt-laden memories focus on a desire to confess wrongdoing (whether actual or imagined) in an attempt to make amends (Lee, Scragg, & Turner, 2001). Although unpleasant, guilt supports and enforces life-sustaining personal values (Lindsay-Hartz, 1984). Guilt highlights moral standards and creates a sense of control by supporting the idea that there is order and meaning in the world while strengthening the value of reconciling with others and being forgiven for improper actions and failed enactments in traumatic situations.

Table 3 presents seven dimensions of posttraumatic guilt that develop during or after traumatic experiences. These seven dimensions are distinct forms of posttraumatic states of guilt that overlap with one another depending on the complexity and demands of the traumatic situation.

THE DIMENSIONS OF POSTTRAUMATIC GUILT

Self-Recrimination for Failed Personal Enactments

In a generic and broadly encompassing way, states of posttraumatic guilt concern failed personal enactments. These failed personal enactments lead to self-recrimination about behaviors manifest in relation to the stressors that require action in terms of coping (Lifton, 1993).

Fundamentally, self-recrimination is a form of state-dependent guilt, acute or prolonged in nature, in which the survivor feels remorse, regret, embarrassment, or condemning self-judgments concerning manifest behavior. Unlike shame, guilt does not necessarily involve internal appraisal processes about the self and its goodness or badness (Tangney & Dearing, 2003).

Survivor Guilt Associated With Surviving the Perils of Trauma

Living through the perils of trauma that claim the lives of others is among the most common forms of survivor guilt. The universal questions posed by the survivors is, "Why me? Why did I live when others died or had to suffer losses, injury or the death of loved ones?" The unspoken thought connected to survivor guilt is the feeling of relief and happiness at being spared while others had to die or were painfully injured.

Death Guilt

Death guilt was a term initially coined by Lifton (1967) in his studies of Hiroshima survivors. In death guilt, the survivor struggles to create a sense of immediate meaning to his or her survival in the face of death. As Lifton (1979) notes, there is a "sensitivity to the dead" (p. 143) and an acute awareness of what the survivor had to endure during the traumatic experience. He states,

At the heart of traumatic syndromes—and the overall human struggle with pain—is the diminished capacity to feel, or psychic numbing. There is a close relationship between psychic numbing (including its acute form, "psychic closing off") and death-linked images of denial ("If I feel nothing, then death is not taking place") and interruption of identification ("I see you dying, but I am not related to you or to your death") . . . [The survivor] undergoes a reversible form of symbolic death in order to avoid a permanent physical or psychic death. (p. 173)

It can be seen, therefore, that survivor guilt and death guilt are interlinked phenomena. In the specter of one's own death, psychic numbing serves to shut down powerful emotions that have generated shock to the psyche and the

construal of reality. Once the effects of acute stress dissipate, self-recrimination for failed personal enactments begin to surface in consciousness, memory, and the attempts to process the events that were traumatically disturbing. Moreover, as psychic numbing wears off and the full capacity to experience emotions returns, suppressed affects may emerge to form compound and dysregulated affective states, especially in cases of PTSD.

Bystander Guilt for Failure to Help Others in Need

Bystander guilt is another form of post-traumatic guilt that contains self-recrimination for failed enactments (Danieli, 1988). In bystander guilt, the survivor feels regret, remorse, or self-condemnation over the failure to help fellow survivors during or after the trauma. Bystander guilt can be rational or irrational in nature. In rational bystander guilt, the survivors know, often correctly, that actions could have been taken to help others, but they failed to do so. In irrational bystander guilt, the survivors feel that they should have, could have, or might have been able to generate prosocial behavior during the traumatic experience. In reconstruction and assessment of the choice-point scenarios (i.e., alternative courses of action), irrational bystander guilt reveals that feelings of failure are unfounded and mired in psychic confusion that existed at the time of critical incidents, often with very narrow windows of opportunity for any type of prosocial behavior that would have been beneficial to less fortunate survivors or those who perished.

Personal Guilt for Acts of Transgressions With Negative Consequences for Others

Another form of posttraumatic guilt pertains directly to acts of transgression that generated negative consequences for others. This form of posttraumatic guilt could also be characterized as betrayal guilt because the survivor may have engaged in selfish actions that resulted in personal gain at the expense of others (e.g., not acting, stealing, lying, conning, informing on per-

sons, bargaining, secret deal making, falsely accusing, deceiving, falsifying documents, exploiting circumstances, etc.). Although the motivational dynamics vary between personal guilt and betrayal guilt, there is a similarity in that both involve moral dilemmas and options for prosocial behavior versus selfish action. To understand betrayal guilt, it is necessary to examine the power of situational determinants of behavior and how they were perceived during the traumatic experience. If the perception and assessment of limited degrees of freedom exist, the intensity of fear can lead to constricted cognitive processes and regressive actions in the service of self-survival above all else (see Krystal, 1968, 1988, for a discussion).

Guilt for Acting Contrary to Personal Values Under Coercive Situational Pressures

By definition, traumatic situations are extraordinarily stressful and contain demands for coping that supercede the ordinary stresses of

In the posttraumatic self, moral guilt is an internal struggle within the self that can produce seeds of self-destruction or, alternatively, self-transformation and personal growth. Moral guilt is a form of self-recrimination for the failure to act authentically in congruence with one's capacity for higher levels of moral reasoning and the yoked behavioral capacity for moral behavior.

daily living. Under the duress of coercive situational pressures, persons can act in ways that are atypical of their personality characteristics, customary patterns of coping, and moral values. For example, under conditions of war, soldiers in combat may adopt an attitude of revenge, payback, and retribution after suffering heavy losses of fellow soldiers. This can occur under the right confluence of environmental and situational factors, such as occurred in the 1968 My Lai massacre during the Vietnam War.

In the context of jungle warfare, tired, angry, and demoralized soldiers killed Vietnamese civilians from My Lai, a small village hamlet of "suspected" enemies (old men, women, chil-

dren) in a "free-fire" geographical area. This atrocity took place after the U.S. Army unit, commanded by Lt. William (Rusty) L. Calley, Jr., had incurred significant losses during the preceding days.

The gruesomeness of the My Lai massacre is archetypal in nature as primitive emotional forces that provided rationale to eliminate suspected enemy forces in a combat area defined as a free-fire zone were unleashed by military authority. In situations such as My Lai, there exists a confluence of situational factors (e.g., casualties, fatigue, free-fire zones, authorized orders, hierarchical military command structure, ideological justification, etc.) that lead to an atrocity. Afterward, as the true and horrific reality of the situation unfolds (e.g., no real threat of enemy at My Lai), guilt may be experienced as the realization that the actions taken were not morally justifiable or excusable. The dissonance between actions enacted during the stressful situation and their inhuman and deadly consequences generates potential for shame and guilt, despite the opportunity to blame the situational conditions that existed and constituted coercive psychological pressures to initiate the actions that took place. The example of My Lai characterizes many traumatic situations wherein coercive and powerful situational factors exert pressure on survivors to act in ways that may violate their own moral codes of conduct.

Moral Guilt for Failed Enactments Inconsistent With Personal Ethics and Moral Responsibility

In the posttraumatic self, moral guilt is an internal struggle within the self that can produce seeds of self-destruction or, alternatively, self-transformation and personal growth (Wilson, 2005). Moral guilt is a form of self-recrimination for the failure to act authentically in congruence with one's capacity for higher levels of moral reasoning and the yoked behavioral capacity for moral behavior.

Moral guilt has also been discussed as existential guilt (i.e., guilt connected with the responsibility for making choices regarding moral responsibility for personal actions including those that occur under conditions that

produce traumatic injuries). According to Lifton (1979),

The pain of existential guilt . . . stems directly from a specific act, which can neither be undone, attributed to prior experience, nor erased by social or religious confession. That irresponsibility has a temporal dimension, is in fact bound up with time irreversibility, so that recognizing the one means recognizing the other along with ultimate individual consequence, one's own inevitable death. (p. 138)

It can be seen, then, that moral guilt concerns the struggle with living with acceptance of the irreversibility of action. Viewed differently, moral guilt and the problem of meaning are inseparable because the self is the arbitrator of truth versus deception (i.e., the core dilemma of living without self-derision and debilitating existential shame).

A COMPARATIVE ANALYSIS OF POSTTRAUMATIC SHAME VERSUS GUILT

In their review of the literature on shame and guilt, Tangney and Dearing (2003) attempted to classify early distinctions between shame and guilt derived from clinical work and specific schools of psychotherapy. In particular, they highlighted the analytical work of Helen B. Lewis (1971, 1987a, 1987b), who suggested that shame and guilt are different concepts. Consistent with our analysis of posttraumatic shame versus guilt, Lewis (1971) and Tangney and Dearing (2003) suggest that shame concerns self-appraisal and evaluation of actions, worth, goodness, and moral integrity, whereas guilt reflects personal assessments about inappropriate actions for which one feels remorse, regret, or sorrow. Based on these fundamental distinctions between shame and guilt, Tangney and Dearing (2003) attempted to compare the two constructs across several dimensions (e.g., degree of distress, focus of evaluation, impact on self, etc.) to differentiate their dynamics in psychological functioning. The authors noted that shame and guilt share features that include: (a) responses to negative events involving moral failures or transgressions, (b) self-appraisals and self-consciousness about certain types of behavior, (c) negative affects, (d) cognitive attributions about behavior, (e) interpersonal con-

texts of occurrence, and (f) moral actions and moral judgments.

Building on the work of Tangney and Dearing (2003), we have constructed a comparative analysis of posttraumatic shame versus guilt that is presented in Table 1. Examination of Table 1 enables comparisons between psychological states of posttraumatic shame versus guilt. A comparative analysis is useful because it allows hypothesis testing and clinical application in the treatment of trauma survivors. To facilitate a comparative analysis, we will examine posttraumatic shame versus guilt across eight dimensions: (a) self-attribution processes, (b) emotional states, (c) action appraisal, (d) impact on personal identity, (e) suicidality, (f) defensiveness, (g) PTSD proneness, and (h) dimensions of self-structure negatively affected by shame or guilt.

In states of posttraumatic shame, self-attribution processes involve negative cognitions of the self and personally generated attributions of loss of self-worth and self-esteem and judgments of moral failure. As part of negative self-attributional processes, the trauma survivor experiences humiliation, powerlessness, helplessness, sadness, anger, rage, and hopelessness. These powerful and deep-seated emotions are directly linked to personal appraisals of moral responsibility: "I did something bad to cause this to happen; therefore, I am a shameful and bad person." As a consequence of these cognitive-affective processes, there are impacts to personal identity resulting in a loss of face, loss of a sense of self-continuity, and feelings of ego fragmentation and coming apart in terms of moral integrity. The inner conflict associated with states of posttraumatic shame activates ego defense mechanisms of repression, denial, suppression, and strong avoidance behaviors. In the wake of traumatic experiences, these dysregulated states of affect, personal identity, and ego processes increase the proneness to develop psychopathology (Tangney & Dearing, 2003) and PTSD (Wilson, 2005).

In our view, the intensity and severity of shame is directly correlated with high suicide potential and fantasies of killing oneself to obliterate the inner experience of shame and the changes experienced in integrity and moral vir-

tue. In this regard, all dimensions of the self-structure (i.e., continuity, coherence, connection, autonomy, energy, vitality) can be adversely affected, leading to rapid disequilibrium in these planes of self-functioning (Wilson, 2005). In extreme cases of shame, the essential vitality of the self feels drained, with little or no psychic energy to mobilize the other dimensions to govern efficacious action. Moreover, shame is experienced as the loosening (i.e.,

In the context of traumatic events, shame can be a primary emotion arising at the time of trauma (peri-traumatic) and a secondary emotion emerging in the aftermath of trauma when the individual seeks to understand the meaning of the event via attributional processes.

deintegration) of the dimensions of the self-structure. Shame is loss of boundaries in fine-tuned functioning among dimensions of the self. It is the subjective sense of *I*—being fundamentally diminished, lost, dissolved, broken apart, and exposed in a vulnerable state of being. Therapeutically, then, transformation of shame is creative self-reinvention and re-synthesis of personal experience (Wilson, 2005). It

is freeing the ego from super ego condemnation. The dimensions of the self regain integrity, and when this occurs, there is a reexamination of the self with new meaning and wholeness.

In comparison to states of posttraumatic shame, the experience of posttraumatic guilt tends to be less severe and damaging in its effects to psychological functioning. As Tangney and Dearing (2003) found in their research, guilt proneness is not as strongly predictive of social pathology (e.g., drug and alcohol use, high risk sexual behavior, suicide, arrests, disciplining problems in school, etc.) as is shame proneness. Similarly, in posttraumatic guilt, the survivor has self-recrimination over failed enactments of behavior rather than failed judgments of self-propriety. Accordingly, the attendant emotions are guilt, remorse, regret, and apologetic embarrassment for one's actions that are appraised as "acting badly." Moreover, because cognitive-attributional processes focus on actions rather than the goodness of the self, there is relatively little impact to the core dimensions of the self.

Ego defenses of rationalization, undoing, counterphobic actions, denial, and minimization are utilized in the service of adaptive functioning. Therefore, the suicide potential is low, and the proneness to PTSD is variable (i.e., low to high) depending on the severity of the traumatic situation and the degree of threat to organismic integrity.

Although guilt was identified as an associated symptom of PTSD in *DSM-IV* (American Psychiatric Association, 1994), the relationship between shame and PTSD is much less clearly defined. Stone (1992) hypothesized that individuals with PTSD suffer from both shame and guilt. Guilt was primarily conceptualized as survivor guilt because many survivors reported such feelings as being exempted. As a consequence of core beliefs, shame was described as a feeling of doubting the right to exist (Janoff-Bulman, 1985). Traumatized individuals often feel detached from others, lose trust, and may not perceive life as predictable and controllable. Wong and Cook (1992) suggest that feelings of shame, inferiority, and alienation are part of the PTSD symptom cluster. In the context of traumatic events, shame can be a primary emotion arising at the time of trauma (peri-traumatic) and a secondary emotion emerging in the aftermath of trauma when the individual seeks to understand the meaning of the event via attributional processes (Lee et al., 2001). Other researchers (Leskela, Dieperink, & Thuras, 2002) suggest that the measure of shame proneness is positively correlated with PTSD symptom severity, whereas guilt proneness is not. A study of a large-scale maritime disaster shows guilt is associated with PTSD symptoms among survivors (Joseph et al., 1992). Empirical evidence (Tangney et al., 1992) indicates that shame proneness is strongly correlated with characterological self-blame. Andrews (2000) examined the role of shame as a mediator between childhood abuse and adult psychopathology and found out that shame can be considered an independent predictor of PTSD. Kubany et al. (1996) developed the trauma-related guilt inventory (TRGI) and identified four primary factors of guilt: emotional distress, hindsight bias or responsibility, wrongdoing violation of personal standards, and lack of jus-

tification for actions. In validity studies using university students, Vietnam veterans, and battered women, the TRGI was significantly correlated with PTSD, depression, and maladjustment. Kubany (2003) has proposed a multidimensional model of guilt and identified eight contextual variables related to distress over attributes about behavior. A similar analysis and review of the literature was conducted by Baumeister, Stillwell, and Heatherton (1994), who concluded that guilt, in general, is associated with transgression of behavior in interpersonal contexts and is strongest in intensity in tightly knit, communal situations where expectations and monitoring of behavior are highest. A taxonomy of guilt for combat veterans that included five separate categories of guilt reactions related to war trauma was proposed by Opp and Samson (1989).

PREMORBIDITY AND SHAME PRONENESS

In our view, shame generated from extreme stress such as war or torture is a phenomenon beyond psychoanalytic conceptualization that focuses on the processes of bonding, attachment, separation, pregenitality, and individual self-development. Development of shame in adult survivors of war violence has a direct impact on persons with and without shame proneness. The dynamics of shame proneness in these two groups appear to be different. Based on our collective clinical and research experience (Wilson & Droždek, 2004), individuals who had an impaired development before being exposed to horrific war trauma as adults integrate shame more easily because war violence is congruent with their assumptions of the world being "mean" and "bad." For example, a patient from Azerbaijan was diagnosed with transitory reactive psychotic episodes. At an early age, he was traumatized by family violence and maltreatment. In the course of treatment as a refugee, he stated that during the siege of his home city, he felt the happiest in his life. The killings, rapes, and war matched his internalized picture of the world and confirmed that external reality was as bad as his internal world. The stressors of war that surrounded him made him feel normal be-

cause everything suddenly fell into place in a meaningful way. When he came to the Netherlands as an asylum seeker, the cultural context changed, and he suffered identity confusion, feeling out of place in the host culture (Wilson & Droždek, 2004).

SHAME AND AFFECT REGULATION: COMPOUNDED STATES

What is the relationship of shame to anger/rage, contempt, envy, vulnerability, and humiliation? . . . It should be noted that shame itself, can be expressed as several related feelings, such as mortification, humiliation, despair, remorse, apathy, embarrassment, and lowered self-esteem . . . I suggest that they each express some element of shame, with variations in the object, aim or intensity of the affective experience. (Morrison, 1989, p. 13)

The experience of shame and guilt in the posttraumatic self can be coupled with a broad range of emotional states. In ordinary and traumatic situations, shame and guilt originate in interpersonal transactions that affect others in negative ways, through acts of either omission or commission. Posttraumatic states of shame and guilt can be triggered by trauma-specific cues (Wilson & Lindy, 1994) or through stimulus generalization and conditioned learning (Wilson, Friedman, & Lindy, 2001). Figure 1 illustrates the synergistic and reciprocal effects between states of posttraumatic shame and guilt and dysregulated affects (e.g., anger, rage, anxiety, fear, terror, grief, sadness, etc.). Thus, compound affective states can fuse in states of posttraumatic shame or guilt. For example, a survivor may have bystander guilt and rage at others who hindered his or her ability to respond in prosocial ways to help others or inwardly directed anger at himself or herself for failed enactments. In other cases, a person may experience intense anxiety at being exposed by others for his or her failure to act in ways expected by cultural norms in a situation involving rape in a war of ethnic genocide. Moreover, it is possible for a complex state of posttraumatic shame and guilt to coexist and be accompanied by negative, affective states. Fear, anxiety, anger, and rage can function in different ways in terms of motivation and behavioral dis-

TABLE 4: Lexical Analysis of Posttraumatic Shame Versus Guilt

<i>Posttraumatic States of Shame</i>	
<i>Words of Self-Focus (WSF)</i>	<i>Words of Emotion and Verbal Action (WEVA)</i>
Disgrace, dishonor, disesteem	Red-faced, blushing, "black eye," "soiled nest"
Degradation, debasement, scorn	Lose face, hide face, "poker" face, blank stare
Descend, fall, come down, dirty	Hang head, lower head, cover head
Humiliation, embarrassment, weakness	Bite tongue, soiled hands
Loss of countenance, transgressions	Isolate, disappear, inanimate
Impaired pride, tarnished hubris, self-respect	Avoidance, shyness
Contempt, mortification, chagrin	Withdrawal, hidden, secretive, dirty
Stigma, aspersion, personal flaw	Detachment, stoic appearance
Put down, come down, let down, lowered	Feel small, childlike, "don't look at me"
<i>Posttraumatic States of Guilt</i>	
<i>WSF</i>	<i>WEVA</i>
Culpable	Red handed, black handed, back handed
Blamable	Bloody handed
Reproachable	Hiding one's hands
Censurable	On one's hands
Impeachable	Flat footed
Indicatable	Caught in the act
Peccancy	Caught with pants down
Malefactor	Sheepish
Malfeasance	Looking guilty
Misdeed, wrongdoing	Stammering, uneven speech
Faulty	Nervousness and uneasiness
Failure to act	Sweating, darting eyes
Guilty	Covering up deeds
Reprehensible	Hiding evidence

SOURCE: Wilson (2004).

positions. For example, posttraumatic shame associated with profound humiliation, ridicule, and feelings of betrayal can lead to aggression and attacks on the perceived sources of being shamed by others. On the other hand, posttraumatic shame or guilt associated with intense anxiety feelings can lead to depressive withdrawal and isolation from others. Posttraumatic shame and guilt can exist in persons without preexisting ego vulnerability of self-pathologies (Kohut, 1971, 1977). Morrison (1990) noted that,

When considered in the context of self-psychology, must the experience of shame be relegated only to those patients suffering from the (relatively serious) personality disorder of narcissism? Certainly, we know that all individuals, including the relatively healthy (possessors of a firmly cohesive nuclear self) suffer at times from the affect of shame . . . I suggest that shame in healthy people can also be understood in terms of micro-failures of the (relatively undifferentiated) ideal self. (p. 365)

Considered from the perspective of psychic trauma, the core emotional element that appears to cross cut all compound affective states embedded in the posttraumatic self is fear. The affect of fear in posttraumatic shame and guilt is the fear of losing self-virtue and identity because of failed enactments (i.e., guilt) or attributions of failed moral virtue and character (i.e., shame). In the posttraumatic adaptation, the emotions of anxiety and fear, especially in states of shame and guilt, are powerfully linked to unconscious processes and concerned with self-deintegration and the specter of annihilation. Subjectively, this is manifest in diffuse anxiety states and fears of falling apart.

LEXICAL ANALYSIS OF POSTTRAUMATIC SHAME VERSUS GUILT

Insight and understanding into the nature of posttraumatic states of shame and guilt can be achieved by lexical analysis of the meaning of these emotional states as embedded within

posttraumatic conditions and trauma complexes (Wilson, 2004a).

Table 4 contains a comparative lexical analysis of posttraumatic shame versus guilt. The table is organized into two sections. First, the key words that describe posttraumatic shame and guilt are presented. Second, words that depict emotional states and nonverbal actions that accompany these psychological states are described. A careful comparison of states of posttraumatic shame versus guilt illustrates the major differences between them. To clarify, in posttraumatic shame, the self-focus and major attributional processes are inward, to an evaluation of the goodness or badness of the self as the object of assessment. In contrast, in posttraumatic guilt, the self-focus and attributional processes are external to an evaluation of action. Building on these fundamental differences in psychological processes (i.e., self-focus, attributional processes, and emotion), it can be seen that the two states have attendant nonverbal and emotional qualities. However, because human emotions share common pathways of expression, there are overlaps in some areas and important differences in others. It is clear that over generations of human experience, the lexical connotations have evolved to accurately tell the story and meaning of these emotional states that are universal in nature and readily transparent across cultures.

WORDS OF SHAME: APPRAISALS OF SELF

The words of shame reflect negative self-appraisal, loss of self-worth, and a perceived loss of status and reputation in the eyes of others. The Janus face looks to the left. The core emotion in shame is the painful feeling of humiliation (see Table 4). The feeling of humiliation is likewise associated with a sense of disgrace and dishonor and the descent or fall in stature from one's previous state of grace, goodness, or social standing. In posttraumatic shame, there is a loss of countenance, a feeling that one has lost virtue, wholeness, integrity, and ethics. In some cases, it is the feeling of loss of soul, spirit, identity, human essence, and vitality, as if the seeds of psychic life have been

sucked out of the body. In shame, feelings of self-contempt, stigma, debasement, injured pride, and tarnished hubris and a sense of having been lowered in status, prominence, importance, and standing dominate personal awareness and contribute to self-consciousness and fears of being judged by others as reprehensible or morally flawed.

The lexical connotations associated with states of posttraumatic shame include increased emotional distress: anxiety, fear, tension, apprehensive worry about others' judgments, and phobic anxieties. In terms of observable action, states of shame are evident in being red faced or in attempts to hide or cover up one's face from others. Shame is found in desires to sink into the ground, disappear, or become invisible. The head, as the seat of the soul and personality, is an important symbol of internalized shame. The face, in the mask of personality or persona of the self, feels shamed or lost or desires to be hidden or covered by stoic nonexpressiveness (i.e., blank stare, vacuity, etc.). A lowered head, hung head, or covered head is an act of submission, surrender, passivity, and avoidance. The lowered or hung head represents a primordial act of submission and loss of power to assert the self with integrity and strength. A lowered head reflects a loss of standing in the social hierarchy, a diminished status among peers and a sense of ostracism. In the animal kingdom, a lowered head signifies submission to a more dominant animal or member of the species. A similar perspective has been offered by Wurmser (1994) who states,

. . . in posttraumatic shame, the self-focus and major attributional processes are inward, to an evaluation of the goodness or badness of the self as the object of assessment. In contrast, in posttraumatic guilt, the self-focus and attributional processes are external to an evaluation of action.

The power sphere around a person resembles territory in animals. There is an inner limit covering this intimate area that one does not want to show. Yet, there is also an outer limit beyond which one should not expand one's power. The inner limit may be called the "boundary of privacy," the outer limit the

"boundary of power expansion." If one crosses another's outer limits, he violates the other's integrity, social prestige, and power, injuring him and causing pain. The transgressor feels guilty. (p. 62)

The powerful emotions of posttraumatic shame and guilt are associated with a broad range of avoidance behaviors: isolation, detachment, withdrawal, hiding, nonappearance, self-imposed exile, cancellation of appointments, surrender of responsibilities, emotional constriction, psychic numbing, emotional flatness, and nonconfrontation with others. Beneath the anxiety, fear, and shame that motivate forms of avoidance behavior, the person feels impotent, small, and childlike, reflecting a sense of having been diminished in stature. At the same time, the feeling of smallness and humiliation can be expressions of sadomasochistic feelings or regressive wishes to return to less stressful times in life and the innocence of childhood.

WORDS OF GUILT: APPRAISALS OF ACTIONS

In states of posttraumatic guilt, there is a shift of focus away from states of shame and appraisals of self-worth to appraisals of action. The Janus face looks to the right. The lexical connotations associated with words of guilt concern responsibility for behavior. The words of guilt reflect judgments of the correctness of action as

Unresolved posttraumatic shame continues to have the power to influence behaviors, to generate fuel for trauma complexes, PTSD, and self-destructive patterns of coping.

able suggests the specific meaning of potential acts that can be rendered. Thus, one is able to be indicted, reproached, blamed, censured, impeached, and held accountable for malfeasance, misdeeds, failures, wrongdoing, unlawful acts, and peccancy. In essence, guilt is a form of fail-

determined by the actor or others (see Table 4). Hence, the lexical connotations of words such as *culpable*, *reproachable*, *indictable*, *censurable*, *impeachable*, and so on implicitly define assessments of personal responsibility.

Indeed, the suffix -

ure to act in a manner deemed appropriate by oneself, others, society, or law.

In states of posttraumatic guilt, there is self-recrimination for failed behavioral enactments that occur in the context of traumatic situations. The nonverbal and emotional elements of posttraumatic guilt are reflected in common language. The guilty party has "blood on their hands" or has acted in a "backhanded" or "bloody handed" way. The attempt to cover up misdeeds is found in subtle actions—"sitting on one's hands," "hiding one's face," "looking sheepish," acting guilty, or showing cues of increased arousal such as sweating, nervousness, gastric distress, stammering, or darting eyes that avoid contact. Other linguistic expressions refer to acts of detection of one's transgressions by others: "being caught in the act," "being caught with one's pants down," or "being caught flat footed" and thus unable to escape scrutiny. However, unlike posttraumatic shame, states of guilt typically have less emotional distress because the focus of evaluation is the act, not the self-worth of the person. The appraisals of the goodness or badness of acts versus the self have significantly different consequences. In this sense, shame is to guilt as punishment is to reprimand. In punishment, there are consequences of prolonged temporal duration, privation, and loss of privileges. In reprimand, there are short-lived effects that are often forgotten, with minimal long-term emotional consequences. Posttraumatic shame is connected to depression, anxiety, self-dissolution, ego fragmentation, identity confusion, and alteration in personality processes. In severe cases of posttraumatic shame, the proneness to suicide and PTSD is very high. In contrast, states of posttraumatic guilt are readily modified by cognitive reframing and reappraisal with a low potential for lethality and the wish to obliterate the self (Wilson, 2005).

THE TRANSFORMATION OF POSTTRAUMATIC SHAME AND GUILT

The transformation of posttraumatic shame can occur with the passage of time, with psychological treatment, or by spiritual epiphany

(Wilson, 2005). Unresolved posttraumatic shame continues to have the power to influence behaviors, to generate fuel for trauma complexes, PTSD, and self-destructive patterns of coping. As Wurmser (1987) observed,

The careful analysis of shame requires great tact and patience. We have to respect the patient's need to hide behind layers of silence, evasion, omission, intellectualization as dictated by such anxiety about exposure. We have to understand his need to assume a mask of hauteur and arrogance . . . We have to respect it as rooted in anxiety, not in sinful self-indulgence. To attack these protective tactics as narcissism or just to accept them as legitimate modes of self-expression, may be expedient, but neither is part of an optimal psychoanalytic approach. With both eventually we may have to pay a heavy price in negative transference, in acting out, and in stagnation. (p. 90)

This passage by Wurmser crystallizes a basic truth that shame inevitably leads to needs to protect posttraumatic injuries to the self in all its constituent dimensions. Stated differently, shame damages the soul of the person, his or her most cherished inner sense of identity and humanity. Damage to the sanctity of the self, especially rending it vulnerable and in danger of symbolically dying, is a primordial fear at the deepest level of the psyche (Wilson, 2004a). Hence, it is not surprising that narcissistic defenses will be instituted to protect the fragility of the self (Morrison, 1989). In the posttraumatic self, these areas of injury and defense against

them will be transferred to the therapist in trauma-specific ways (Wilson & Lindy, 1994; Wilson & Thomas, 2004). In our view, effective posttraumatic therapy must recognize the significance of trauma-specific transference modalities during treatment. We agree with Wurmser (1987) that negative transference will exist and that it will unfold during the therapeutic process of metabolizing psychological trauma. What Wurmser did not describe, however, is that there will be equally strong countertransference reactions manifest by the therapist (Wilson & Lindy, 1994; Wilson & Thomas, 2004). These countertransference reactions include empathic strains and strong tendencies to become overinvolved with the turmoils of the patient or desires to unconsciously escape through avoidance, distancing, and detachment reactions on confronting the horrific realization of suffering from PTSD, trauma complexes, and severe damage to the self. In this regard, shame and guilt are a two-way street; they will exist in the patient and therapist at the same time in different intrapsychic configurations. The narcissistic injuries in the patient make salient the narcissistic vulnerabilities in the therapist. Working with the complexities of shame and guilt in the posttraumatic self, both patient and therapist share a common ground of human vulnerability whose management likely determines the quality of outcome.

IMPLICATIONS FOR PRACTICE, POLICY, AND RESEARCH

- Understand posttraumatic shame and guilt as acute or prolonged reactions to traumatic stressors and their consequence to personality dynamics.
- Recognize that posttraumatic shame and guilt are associated with compounded and dysregulated affective states.
- Understand posttraumatic shame and guilt as complex, multidimensional phenomena that interact with each other, PTSD, and Axis I and Axis II disorders.

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