PSYCHOANALYTIC PSYCHOLOGY, 1990, 7(2), 285–289

COMMENTARY

Comment on Wright, O'Leary, and Balkin's "Shame, Guilt, Narcissism, and Depression: Correlates and Sex Differences"

David W. Harder, PhD
Tufts University

Wright, O'Leary, and Balkin (1989) have laudably used an empirical approach to increase our understanding of the roles played by shame, guilt, and sex differences in depression and narcissism. However, the lack of construct validity for the guilt scale they used seriously compromises some of their conclusions. At variance with those conclusions, other studies suggest that guilt may not be less involved in depression than shame and that guilt, like shame, may be more common among women than men. Possible dynamics underlying this difference are proposed. Wright et al. also reported that men show more narcissism than women, but it is argued here that such a difference may be overstated. Theoretical implications of these findings and hypotheses are raised. Finally, clinical implications for treatment of shame-prone patients are discussed.

Wright et al.'s (1989) empirical contribution to the psychoanalytic literature on shame and guilt should be applauded. Their research responds to the increasing clinical and theoretical consideration given to the role of shame in psychopathology, especially depressive and narcissistic states, and to possible gender differences in its role (Harder & Lewis, 1987; Hoblitzelle, 1982; Lewis, 1971, 1976, 1980, 1986; Morrison, 1983). However, several points regarding their work are presented which should be considered when drawing clinical and theoretical conclusions from it. Additional specific treatment implications for shame-prone patients are also noted.

Requests for reprints should be sent to David W. Harder, PhD, Psychology Department, Tufts University, Medford, MA 02155.

In addition to Hoblitzelle (1982)—cited by Wright et al.—other researchers (Binder, 1970; Crouppen, 1977; Harder & Lewis, 1987; Smith, 1972) have also reported some empirical support for the notion that shame plays a greater role in depression than guilt. Thus, Wright et al. actually seem to understate the strength of the hypothesis they investigate, which would now appear to be close to well established. However, for the empirically minded psychoanalyst there is one major nagging doubt: How valid are the measures on which this evidence rests? This has been a notorious problem in all previous studies assessing shame and guilt (Harder & Lewis, 1987). The Adapted Shame/Guilt Scale (ASGS; Hoblitzelle, 1982) used by Wright et al. is certainly a promising instrument, with high internal consistency reliability and some external construct validity for the shame subscale. However, as Wright et al. pointed out, the ASGS guilt subscale has not previously shown construct validity. In addition, neither ASGS subscale had been investigated previously for test–retest reliability, a crucial requirement for any trait personality measure.

A recent study (Harder & Zalma, 1989) found acceptable test–retest reliability for the ASGS, but did not strongly support the construct validity of the guilt subscale. The latter finding casts doubt on some of the conclusions reached by Wright et al.

First, Harder and Zalma's (1989) results, obtained with a guilt scale superior in external construct validity to the ASGS, do not suggest that shame is more involved in depression than guilt, but rather that they are about equally implicated (at least for college students).

Second, the Harder and Zalma (1989) findings suggest that guilt may well be more common among women than among men. This contradicts both Wright et al.'s results, which showed no sex difference for shame or guilt, and H. B. Lewis's (1976) hypothesis, which predicted more shame among women and more guilt among men. I hypothesize—in contrast to Freudian theory and the Lewis hypothesis—that women have stronger superegos than men and thus experience both more shame and more guilt. This hypothesis is consistent with a presumed greater degree of interpersonal relatedness among women (Blatt & Schichman, 1983; Gilligan, 1982), whether developmental and/or biological in origin. It is also consistent with research (Fehr & Stamps, 1979) suggesting an association between guilt and the shame-related trait of shyness. Perhaps no sex difference has been observed to date (Harder & Lewis, 1987; Harder & Zalma, 1989) because samples have been restricted to well-functioning college students, for whom the widest possible variation on shame and guilt scales would not be expected.

Obviously any sex differences in shame and/or guilt proneness have important theoretical implications. The same may also be said of any gender differences in the occurrence of depression and narcissism. That women exhibit more depressive symptomatology by now seems an indisputable assertion. However, Wright et al.'s contention regarding greater narcissism among men was less well documented. Two recent studies (Harder & Lewis, 1987; Harder & Zalma,

1989) have replicated this result, lending force to Wright et al.'s belief that such a difference exists and that it issues from men's greater concerns with personal definition and women's with relatedness to others. However, the apparent sex difference on narcissism may be overstated, both by the Narcissistic Personality Inventory (NPI; Raskin & Hall, 1979, 1981), used by Wright et al., and by the preponderance of male cases in the clinical literature of narcissistic pathology. Most of the NPI items and a majority of its subscales (viz., leadership, exploitativeness, specialness, grandiosity, and self-admiration) seem best to reflect the kind of self-versus-other phallic narcissism most common in men (Harder, 1984). Clinical experience suggests that for many women, narcissistic problems manifest themselves in a different form—that is, in overinvolvement with another person (or self–object), whose feelings are inaccurately perceived as those which the narcissist wishes the other to have, and/or whose response is crucial to the narcissist's self-esteem. If this hypothesis is correct, the mirroring, idealization, and twinship transferential relationships (Kohut, 1971) required by narcissistic women in analysis, and outside of it, might well take forms not seen in studies using the NPI or in case histories of men. For example, a narcissistic woman might wish powerfully to be mirrored as being highly involved with others and charitable in behavior, whereas a narcissistic man might wish equally powerfully to be seen as uninvolved with others and immune to their influences. Similarly, a narcissistic woman might intensely need a fantasied twinship revolving around feelings of affective sharing, whereas a narcissistic man might with equal intensity need a twinship emphasizing wishes to be individually and heroically impressive to women and potential rivals. Such clinical hypotheses deserve further theoretical and research attention.

The number and ambiguous extent of the gender differences just hypothesized suggest the importance in future psychoanalytic theory of providing gender differentiated accounts of psychic growth. If, for example, women do show more shame and guilt tendencies than men, object relations theory would seem to explain this by suggesting that women's stronger relationship orientation results in more psychic structural precipitates, including those producing the superego and its associated shame and guilt affects. If men do ultimately prove to manifest more narcissism, then self psychology would need to explain this phenomenon, perhaps by positing greater needs for mirroring, idealization, and twinship during early male development or alternatively, by interpreting the females' greater relationship orientation as eliciting more of the optimal empathic responses required from important objects. If, instead, no sex difference is established for narcissism, self psychology will still need to clarify the varying types of empathic responses optimally required by each sex.

Whether or not a sex difference actually exists in the relative frequency of shame and guilt proneness, it is clear that individuals do differ in their tendencies to experience one painful superego affect or the other. The clinical implications of this difference are great. The work of Levin (1967, 1971), H. B. Lewis (1971), and Mayman (1974) has suggested that shame-prone individuals need

a different treatment focus than those who are predominantly guilt prone. Shame-prone patients are less able to disclose highly charged personal material, for fear that the analyst will condemn or belittle, if only inwardly. The shame-prone patient's need to maintain a strong tie with the therapist requires that the patient be agreeable or ingratiating and do or say nothing to elicit disapproval from the clinician. The raising of shame evoking issues, often by interpretation, can trigger narcissistic rage at the analyst, which then evokes guilt as well. If this dynamic is not openly clarified, the patient can experience "bypassed shame," feel awful after the sessions, and eventually leave treatment altogether (H. B. Lewis, 1971). The narcissistic rage in this sequence of events may well account for Wright et al.'s observation that "the expression of shame does not necessarily bring relief" (p. 227). They recommended a more active therapeutic stance in shame-prone cases, but provide little in the way of specific suggestions. Interpretation of the narcissistic rage, awareness that the patient is likely to be further enraged by the analyst's knowledge of the patient's shame, and clarification of the patient's tendency to be ashamed of being ashamed are all specific techniques which have proved clinically useful.

The analyst can be further aided by the awareness that being in analysis or therapy can itself be experienced as shaming. The analyst's emotional safety, deriving from a lack of personal disclosure in the sessions, can be experienced by the patient, who must grapple constantly with the danger of exposure, as a deeply painful humiliation. The therapeutic hour itself, then, accentuates the difference in status between analyst and patient. Such a perspective suggests that a strict blank screen, maintained in the service of neutrality, for these patients may be too painful, and counterproductive. Because the shame-prone patient is unlikely to continue raising these issues (in order to minimize the experienced shame and to maintain the sense of valued affective connection with the analyst), the analyst must be especially sensitive to their presence, particularly when the patient is quiet. At the very least, the analyst can make clear that shame is a universal and extremely painful experience, to which both partners in the analytic enterprise can be accepting (H. B. Lewis, 1971).

In summary, Wright et al. (1989) are to be applauded for their empirical approach to understanding the roles of shame, guilt, and sex differences in depression and narcissism. However, the lack of construct validity for the ASGS guilt scale raises serious doubts regarding some of their conclusions. In contrast to those conclusions, other studies indicate that guilt may not be any less involved in the formation of depression than shame, and that guilt as well as shame may be more common in women than men. Wright et al. also found that men manifest more narcissism than women, but it is argued here that such a difference may be overstated because of the measure they use and a clinical bias obscuring particularly feminine forms of narcissism. Theoretical implications of these findings and hypotheses were raised. Finally, specific clinical implications for the treatment of shame-prone patients were presented.

REFERENCES

Binder, J. (1970). *The relative proneness to shame or guilt as a dimension of character style. Doctoral dissertation, University of Michigan, Ann Arbor.*

Blatt, S. J., & Schichman, S. (1983). Two primary configurations of psychopathology. *Psychoanalysis and Contemporary Thought, 6,* 187–254.

Crouppen, G. A. (1977). Field-dependence–independence in depressive and normal males as an indicator of relative proneness to shame or guilt and ego-functioning. *Dissertation Abstracts International, 37,* 4669B–4670B. (University Microfilms No. 77–6292)

Fehr, L. A., & Stamps, L. E. (1979). Guilt and shyness: A profile of social discomfort. *Journal of Personality Assessment, 43,* 481–484.

Gilligan, C. (1982). *In a different voice.* Cambridge, MA: Harvard University Press.

Harder, D. W. (1984). Character style of the defensively high self-esteem man. *Journal of Clinical Psychology, 40,* 26–35.

Harder, D. W., & Lewis, S. J. (1987). The assessment of shame and guilt. In J. N. Butcher & C. D. Spielberger (Eds.), *Advances in personality assessment* (Vol. 6, pp. 89–114). Hillsdale, NJ: Lawrence Erlbaum Associates, Inc.

Harder, D. W., & Zalma, A. (1989, October). *Two promising shame and guilt scales: A construct validity comparison.* Paper presented at the Annual Meeting of the New England Psychological Association, Framingham, MA.

Hoblitzelle, W. (1982). *Developing a measure of shame and guilt and the role of shame in depression.* Unpublished predissertation, Yale University, New Haven, CT.

Kohut, H. (1971). *The analysis of the self.* New York: International Universities Press.

Levin, S. (1967). Some metapsychological considerations on the differentiation between shame and guilt. *International Journal of Psycho-Analysis, 48,* 267–276.

Levin, S. (1971). The psychoanalysis of shame. *International Journal of Psycho-Analysis, 52,* 355–362.

Lewis, H. B. (1971). *Shame and guilt in neurosis.* New York: International Universities Press.

Lewis, H. B. (1976). *Psychic war in men and women.* New York: New York University Press.

Lewis, H. B. (1980). "Narcissistic personality" or "shame-prone" superego mode? *Comprehensive Psychotherapy, 1,* 59–80.

Lewis, H. B. (1986). The role of shame in depression. In M. Rutter, C. E. Izard, & P. B. Read (Eds.), *Depression in young people* (pp. 325–339) New York: Guilford.

Mayman, M. (1974, August). *The shame experience, the shame dynamic, and shame personalities in psychotherapy.* Paper presented at the annual convention of the American Psychological Association, New Orleans. (Available on request from Dr. Mayman, 1027 East Huron Street, Ann Arbor, MI 48109)

Morrison, A. P. (1983). Shame, the ideal self, and narcissism. *Contemporary Psychoanalysis, 19,* 295–318.

Raskin, R. N., & Hall, C. S. (1979). A narcissistic personality inventory. *Psychological Reports, 45,* 590.

Raskin, R. N., & Hall, C. S. (1981). The narcissistic personality inventory: Alternate form reliability and further evidence of construct validity. *Journal of Personality Assessment, 45,* 159–162.

Smith, R. L. (1972). *The relative proneness to shame or guilt as an indication of defensive style.* Doctoral dissertation, Northwestern University, Chicago.

Wright, F., O'Leary, J., & Balkin, J. (1989). Shame, guilt, narcissism, and depression: Correlates and sex differences. *Psychoanalytic Psychology, 6,* 217–230.