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Motivations of the Self-Conscious Emotions

A dissertation submitted in partial satisfaction of the requirements for the degree of
Doctor of Philosophy

in

Psychology

by

Ryan Sean Darby

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2012
The Dissertation of **Ryan Sean Darby** is approved, and is acceptable in quality and form for publication on microfilm and electronically:

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Chair

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2012
DEDICATION

To Sarah, I couldn’t have done it without you.
You made the bad times good and the good times great.
Thank you.

To Kate, you made it all worthwhile.
You make me want to be the best me I can be.
Thank you.

To Dad, thank you for inspiration.
I kept a copy of your book on my desk while I wrote this dissertation.
Seeing what you accomplished kept me going.
Thank you.

To Mom, your support meant everything.
Our nightly chats while I walked home took all the cares away.
Thank you.
“Emotions are not just feelings; they are feelings associated with tendencies to behave in particular ways, toward a particular ends.”
- Peter Gray
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ABSTRACT OF THE DISSERTATION

Motivations of the Self-Conscious Emotions

by

Ryan Sean Darby

Doctor of Philosophy in Psychology

University of California, San Diego, 2012

Professor Christine R. Harris, Chair

The self-conscious emotions have been linked with both amends making and avoidance behaviors. The field has largely assumed that these divergent motivations are due to guilt eliciting amends motivations and shame eliciting avoidance motivations. Empirical support for this theory, however, has been largely inconsistent. This dissertation, therefore, presents a new approach to predicting the reactions that follow a social or moral transgression. Specifically, data will be presented in which amends and avoidance motivations are consistently and differentially predicted from the specific sub-components of emotional experience rather than the emotion as a whole.
In Chapter 2, participants reported on past experiences of shame, guilt, and embarrassment and the theoretically important affective cognitions and situational factors associated with these emotions. The data suggest that behavior condemnation and the degree of control one has over the resolution predict amends motivations. Self-condemnation and fear of negative evaluation predict avoidance motivations.

In Chapter 3, participants reported on a past shaming experience with a physician. Within that experience, avoidance behaviors, such as ceasing visits with the physician, were predicted by self-condemnation and perceptions that the physician was intentionally trying to induce shame or guilt. Amends behaviors, such as improvement in health and motivation to change the problem behavior, were predicted by behavior condemnation.

In Chapter 4, participants took part in a laboratory experiment in which they were forced to transgress against another person and their wrongdoing was either exposed to the victim or not. Contrary to theoretical expectations and results from hypothetical studies, the exposure of the transgression to the victim did not change participants’ amends behaviors or avoidance desires.

Overall, these findings suggest that when people feel a self-conscious emotion (e.g., shame, guilt, or embarrassment), they are motivated to both avoid and amend. The specific affective cognitions that occur during that experience, such as behavior condemnation, self-condemnation, and fear of negative evaluation, predict which path they will take.
Chapter 1

Introduction

The self-conscious emotions play important and diverse roles in day-to-day life. They can lead to positive behaviors and outcomes such as increased cooperation with others (Miller & Tangney, 1994), sincere apologies (Schlenker & Darby, 1981), reconciliation (Baumeister, Stillwell, & Heatherton, 1994), and a healthy psychological well-being (Orth, Robins, & Soto, 2010). On the other side, they are also associated with counter-productive behaviors and negative outcomes such as not sharing important medical information with one’s doctor (Cunningham, 2002; Harris & Darby, 2009), increased drug use (Dearing, Stuewig, & Tangney, 2005), depression (Ghatavi, Nicolson, MacDonald, Osher, & Levitt, 2002; Kim, Thibodeau, & Jorgensen, 2011; Orth, Berking, & Burkhardt, 2006), aggression (Tangney, Wagner, Fletcher, & Gramzow, 1992; Tangney, Wagner, Hill-Barlow, Marschall, & Gramzow, 1996), and damaged relationships (Leith & Baumeister, 1998). It is unclear, however, what aspects of shame, guilt, and embarrassment lead to good versus bad outcomes. The aim of the current work is to extend our understanding of how people react to their own transgressions by exploring what aspects of the self-conscious emotions are most likely to produce motivations to amend versus avoid.

The Motivations of Shame, Guilt, and Embarrassment

From an evolutionary framework, the self-conscious emotions all share the same adaptive function—to prevent ostracism (de Hooge, Breugelmans, & Zeelenberg, 2008; Fessler, 2007; Keltner & Buswell, 1997; Trivers, 1985). Ostracism was, and perhaps still is, an extreme threat to one’s ability to survive and reproduce. Individuals living amongst
a group presumably had much higher chances of surviving and reproducing than individuals who were banished from the group. Social transgressions could lead to exclusion, especially when these transgressions harmed the group’s welfare. The self-conscious emotions are believed to have evolved to motivate an individual to, in one way or another, resolve the problems that arise from the transgression and thereby prevent social exclusion (de Hooge, Zeelenberg, & Breugelmans, 2010; Keltner & Buswell, 1997; Leith & Baumeister, 1998; Tangney, Miller, Flicker, & Barlow, 1996).

Although guilt, shame, and embarrassment likely share similar inclusive fitness benefits, many emotion theorists propose that the three are each distinct emotions (Keltner & Buswell, 1997; Keltner & Buswell, 1996; Lewis, 1971; Lewis, 1993; Niedenthal, Tangney, & Gavanski, 1994; Tangney et al., 1996). Theorists have hypothesized that these emotions differ in several important ways including in the cognitive, affective, and situational components of the emotional experience as well as the motivations that each emotion produces.

One of the most commonly discussed ways in which these emotions may differ is referred to as the “public/private” distinction (see Benedict, 1946; Smith, Webster, Parrott, & Eyre, 2002). Shame and embarrassment are believed arise from social or moral transgressions that are either witnessed (Smith et al., 2002; Tangney et al., 1996) or inspire fear of being negatively evaluated by others (Ausebul, 1955; Benedict, 1946); hence, these emotions are characterized by the public nature of their transgressions. Guilt, in contrast, is characterized as being private in nature because it is believed to involve either a secret transgression (Gehm & Scherer, 1988) or center on internal negative evaluation not external (Benedict, 1946).
These emotions may also be distinguished by the role that the self plays in the transgression. Helen Lewis wrote of this difference in her seminal piece on guilt and shame—“Shame and Guilt in Neurosis”: “The experience of shame is directly about the self, which is the focus of evaluation. In guilt, the self is not the central object of negative evaluation, but rather the thing done or undone is the focus. In guilt, the self is negatively evaluated in connection with something but it is not itself the focus of the experience” (1971, p. 30). In short, shame arises from condemnation of the whole self whereas guilt arises from condemnation of the behavior. This is often referred to as the whole self versus behavior distinction (Lewis, 1971; Tangney & Dearing, 2002) and is one of the most common distinctions made between shame and guilt (Tangney, Stuewig, & Mashek, 2007).

Embarrassment is often differentiated from shame and guilt by the situations that give rise to each emotion. These emotions are most commonly distinguished by whether another person was harmed by the wrong act and whether the act was intentional. Shame and guilt are thought to arise from transgressions that are either intentional or harmful, while embarrassment is thought to arise from accidental and less severe transgressions (Miller, 1997; Miller & Tangney, 1994; Tangney et al., 1996).

**Motivations to Amend or Avoid**

Until recently, it was also commonly thought that shame, guilt, and embarrassment have somewhat different action tendencies. Shame was proposed to motivate avoidance; guilt, amends; and embarrassment was linked with both amends and avoidance (Keltner & Buswell, 1997; Lewis, 1971; Lewis, 1992; Miller, 1996; Tangney & Dearing, 2002; Tangney et al., 2007). However, the empirical research has not
consistently supported these proposed differences. For example, some studies have found that guilt is related to stronger amends motivations than shame (Schmader & Lickel, 2006; Wicker, Payne, & Morgan, 1983), but others have not found such effects (Frijda, Kuipers, & ter Schure, 1989; Roseman et al., 1994; Tangney et al., 1996). Measures of avoidance also show inconsistencies; while several studies have found that shame is related to stronger avoidance motivations than guilt (Dearing et al., 2005; Frijda et al., 1989; Schmader & Lickel, 2006; Wicker et al., 1983), others find no such difference (Roseman et al., 1994; Scherer & Wallbott, 1994). The only study, to our knowledge, that compares the motivations of embarrassment to shame and guilt found that embarrassment motivated more avoidance than either shame or guilt, but, in contrast to the proposed motivational differences, it also motivated less amends than either emotion (Tangney et al., 1996). These inconsistent results have led some researchers to question the longstanding assumptions about the motivations produced by these emotions (de Hooge, Zeelenberg, & Breugelmans, 2011; de Hooge et al., 2010).

In response to discrepancies such as these, several researchers have posited that the amends and avoidance behaviors produced by a self-conscious experience are not due to the underlying motivational differences in the emotions, but rather that they are due to the transgressor’s perceived control over the resolution (de Hooge et al., 2010; de Hooge et al., 2011; Ferguson et al., 2007). One potential criticism, however, of this model is that one might still predict that guilt would be associated with greater amends motivations than shame. This is because guilt is associated with stronger appraisals of control than shame (Tracy & Robins, 2006), and therefore should cause people feeling guilt to view their efforts to repair as being more likely to succeed relative to people feeling shame.
For that reason, those feeling guilt would be more motivated to amend than people feeling shame—a prediction that the literature as a whole do not consistently support. Consequently, an alternative way to predict amends and avoidance motivations is still needed.

**An Alternative Approach to Predicting Motivations**

We believe that much of the inconsistency surrounding the motivations of the self-conscious emotions may be due to the great overlap, as described below, between shame, guilt, and embarrassment (a position that is also taken by Schmader and Lickel, 2006) in their examination of these emotions). The majority of studies that specifically compared the motivations of shame and guilt, and the one that compared these emotions to embarrassment, had participants recall an experience in which they felt one of these emotions and compared the responses between the different emotions. While this methodology has been successful when comparing some other specific emotions, such as happiness and anger (Hunsinger, Isbell, & Clore, 2011), there are several reasons why it may not be as effective when studying the self-conscious emotions. Firstly, the self-conscious emotions often co-occur in social transgressions (Schmader & Lickel, 2006), which would make it difficult for lay people to identify which particular emotion was motivating what behavior. Secondly, there is evidence that in the United States, where the majority of this research has taken place, people use these emotion terms somewhat loosely (Fessler, 2004). For example, when participants are asked to recall a shaming experience, some are likely recall experiences that meet the theoretical criterion of guilt or embarrassment (Fessler, 2004). Essentially, there may be a disconnect between what the lay person regards as “shame” and what theorists regards as “shame” (e.g., the lay
person calls an emotion shame, but it meets the theoretical criteria of guilt). These issues make studying differences between these emotions difficult and may account for the lack of consistency in previous research.

Given the covariation among these emotions, an alternative approach that may be more successful in predicting motivations is to focus not on the label of the emotion per se but on the critical situational factors and affective cognitions of the emotional experience. For example, as reviewed earlier, attributions of behavior condemnation is proposed to be a key characteristic of guilt. Therefore, it may be fruitful to explore how behavior condemnation predicts motivations, rather than focusing on the guilt experience as a whole. After all, it stands to reason that if guilt produces more amends than shame, then the situational or cognitive factors that occur more frequently in guilt should be what leads to differences in such behavior. The same is logically true of shame and embarrassment. Further, situational and affective cognitions that are common across emotions (e.g., the fear of negative evaluation that theoretically occurs in both shame and embarrassment) should predict common motivations (e.g., avoidance). Essentially, we suggest that a closer examination of the situational factors and affective cognitions that occur during a self-conscious emotion is likely to provide greater predictive power regarding amends and avoidance motivations than relying on comparisons between recalled emotional states.

As discussed previously, shame, guilt, and embarrassment are most frequently distinguished by several key situational factors and affective cognitions: self versus behavior condemnation, public versus private transgression, intentionality, and harm. Of these, the most commonly discussed are self versus behavior condemnation and public
versus private transgressions. Although, very little research, excluding personality research, directly connects these factors to motivational tendencies, there is some indication that these factors may differentially predict avoidance and amends behaviors. Therefore, these affective cognitions and situational factors may provide a useful starting point to explore which specific characteristics of the self-conscious emotions predict motivations to make amends and to avoid others.

**Affective Cognitions, Situational Factors, and Motivations**

**Self Condemnation versus Behavior Condemnation.** The importance of self and behavior condemnation in predicting motivational outcomes is highlighted by researchers who believe that shame and guilt have distinct motivations. These researchers argue that shame and guilt are motivationally differentiated precisely because of the supposed underlying differences in the focus of each emotion, namely, that shame is focused on the whole self being bad while guilt is focused on the behavior being bad (Tangney, 1991; Tangney et al., 2007; Wolf, Cohen, Panter, & Insko, 2010). The argument is essentially that when an individual is evaluating the whole self negatively, the situation becomes harder to resolve than when the individual is just evaluating the behavior negatively. Because it is hard to change the whole self, the most effective resolution to feelings of shame is to avoid people and things that are reminders that the whole self is bad. On the other hand, because behavior is perceived as more easily changed, the most effective resolution to feelings of guilt is to change the behavior and make amends.

The existing research supporting this proposed difference has almost entirely been composed of studies on individual differences (de Hooge et al., 2010). For example,
dispositional self condemnation has been linked with maladaptive anger (Tangney et al., 1996; Tangney et al., 2002) and psychological distress (Leith & Baumeister, 1998) while dispositional behavior condemnation is linked with constructive anger responses (Tangney et al., 1996) and greater empathy for others (Leith & Baumeister, 1998). Given the correlation between tendencies toward self and behavior condemnation, and negative and positive outcomes, it seems important to assess whether state measures of these cognitions will also differentially predict avoidance and amends motivations. One of the aims of the current dissertation will be to examine whether self condemnation, a key affective cognition of shame, predicts avoidance motivations and whether behavior condemnation, a key affective cognition of guilt, predicts amends motivations.

**Public versus Private Transgressions.** As discussed previously, the public/private distinction can be conceptualized as either an affective cognition—whether the transgressor fears negative evaluation from others—or as a situational factor—whether the transgression was exposed to others or not. Though these factors may be related to one another, they need not be related to motivations to make amends and avoid in the same way.

Across several different domains, the fear of negative evaluation has been shown to strongly motivate avoidance. For example, people will avoid seeing their physicians for fear of negative evaluation, even when the symptoms suggest the potential of an impending heart attack (e.g., chest pains) (Harris, 2006). In crowds, the failure of people to come to the aid of someone in need is at least partially because of evaluation apprehension (Fischer et al., 2011; Latan & Darley, 1970; Sabini, Siepmann, & Stein, 2001; Zoccola et al., 2011). Finally, people with intense fear of negative evaluation, such
as social phobics, tend to withdraw from society and can sometimes end up in complete social isolation (Rapee & Heimberg, 1997). The fear of negative evaluation is a critical dimension of both shame and embarrassment, and it seems to play an important role in avoidance motivations in other situations, consequently, investigating motivational impact of this fear within a self-conscious experience is an important next step.

The second conceptualization of the public/private distinction—whether or not the transgression was exposed to others—may also impact whether one makes amends or avoids others. Given the presumed relationship between public transgressions and both shame and embarrassment, and the presumed relationship between these emotions and avoidance behaviors, it seems likely that public exposure will also motivate avoidance behaviors. To our knowledge, there are only two studies that have examined this issue, both of which used hypothetical vignettes as their experimental design, and the findings of these two studies contradict one another. In one study, participants reported that they would be more likely to avoid when the transgression was exposed than when it was not (Smith et al., 2002), but in the other, participants reported that they would be more likely to amend (Wolf et al., 2010). Hence, it is still uncertain what the impact of public exposure is on motivations and behavior. Furthermore, to our knowledge, no study has investigated how discovery of the transgression by the victim, rather than a general audience, impacts the transgressor’s behaviors (see Smith et al., 2002 for possible exception). One of the aims of the present dissertation is to provide clarity on these important issues.

**Dissertation Aims & Outline**
The aim of the present dissertation is to explore which aspects of the self-conscious emotions predict motivations to make amends and to avoid others. Past research has emphasized differential motivations between the specific emotions (e.g., shame vs. guilt), and, therefore, this dissertation will explore the key affective cognitions and situational factors of these emotions that theoretically distinguish one from another, specifically: self versus behavior condemnation, and public versus private transgressions. A number of different methodologies will be used in this investigation including recall of past emotional experiences, hypothetical vignettes, and laboratory experiments.

The outline for the remainder of the dissertation is as follows. Chapter 2 will present data from participants who recalled experiences of shame, guilt, and embarrassment. These participants also reported on their subsequent motivations to amend and avoid others, as well as whether the important theoretical affective cognitions and situational factors occurred in each emotional experience. The relationship between these affective cognitions, situational factors, and motivations was explored. Chapter 3 will then replicate and extend the findings of Chapter 2 by examining motivations to amend and avoid within a particular type of self-conscious experience—shame in a physician-patient interaction. Within that experience, the relationship between motivations and self-condemnation and behavior condemnation was investigated. Additionally, Chapter 3 also assessed how perceptions that the shame was intentionally induced by another person (e.g., a physician) impacts amends and avoidance behaviors.

Chapter 4 examines the role that the situational factor of transgression exposure plays on motivations in one hypothetical study and two laboratory experiments. In the laboratory experiments, participants were made to transgress against another person and their
behavior was either exposed to the victim or not. The impact of the victim’s discovery on the transgressor’s amends making and avoidance behaviors was assessed. The final chapter, Chapter 5, provides a review and conclusion to the findings from the previous empirical chapters.
Chapter 2

Predictors of Amends and Avoidance Motivations

This chapter will explore how the self-conscious emotions relate to amends and avoidance motivations. There is ample evidence that the self-conscious emotions can produce both amends behaviors and avoidance behaviors (de hooge et al., 2011; de Hooge et al., 2010; Baumeister, Stillwell, & Heatherton, 1994; Leith & Baumeister, 1998; Miller & Tangney, 1994; Schlenker & Darby, 1981; Tangney et al., 1996; Tangney et al., 1992), but, to date, there is no reliable model to explain when and why these different behaviors will occur. The present chapter will attempt to further the understanding of the motivations of the self-conscious emotions by 1) comparing recalled experiences of shame, guilt, and embarrassment to another negative emotion, namely, anger, and 2) determining what situational factors and affective cognitions, within the self-conscious experience, predict amends making and avoidance behaviors and desires.

As discussed previously, up to this point, predicting behavior based on recalled emotional experiences has been largely inconsistent. While it is believed that shame, guilt, and embarrassment produce different motivations, the empirical evidence only sometimes supports the theoretically proposed differences. One criticism of this line of research is that the majority of these studies compare the self-conscious emotions (Tangney et al., 1996; Wicker et al., 1983) to one another or against non-emotional controls (de Hooge et al., 2011; de Hooge et al., 2010). It is not clear, however, that these are always the correct comparison groups to assess how the self-conscious emotions relate to amends and avoidance. Considering that the self-conscious emotions so often co-occur (Schmader & Lickel, 2006) and the emotion terms are used somewhat interchangeably by lay people
(Fessler, 2004), it is unlikely that comparing recalled self-conscious experiences to one another will yield consistent motivational differences. Additionally, comparing the self-conscious emotions to one another only gives insight into their relative motivational differences (e.g., shame produces more avoidance than guilt). Making comparisons to a non-emotional control group, which has not committed a transgression, avoids this issue, but it seems somewhat illogical. How can someone make amends for a wrong that has not been committed? These issues demonstrate either a need for an appropriate comparison group or a more refined approach to predicting amends and avoidance motivations.

One possible comparison emotion is anger. Anger occurs in many of the same situations as the self-conscious emotions, but it theoretically motivates very different behaviors, specifically antagonistic behaviors (Frijda et al., 1989). An example of such a situation will demonstrate this point. Being teased in a group is a situation that can elicit either embarrassment (or shame) or anger. If the teasing causes embarrassment, the embarrassed individual is theoretically motivated to either try to smooth the situation over (i.e., amend) or flee from the group (i.e., avoid). If, however, the teasing causes anger, the angry individual is motivated to aggress against the teasers. In this way, the same situation can produce very different behaviors depending upon the emotion that the individual feels. This makes anger an ideal emotion to compare against shame, guilt, and embarrassment in order to assess how the self-conscious emotions actually relate to amends and avoidance. While it does not completely avoid the issue of relative comparisons, it should give some clarity into the motivations of the self-conscious emotions. We expect that compared to anger, all the self-conscious emotions will be
associated with more amends and avoidance motivations. This is one of the aims of Study 2.1.

The second aim of the current chapter is to examine whether the situational factors and affective cognitions associated with these emotions can be useful in predicting different motivations. We will specifically test the hypotheses that self condemnation, fear of negative evaluation, and public exposure will strongly predict avoidance motivations, while behavior condemnation will predict amends making. We expect that these situational factors and affective cognitions will occur broadly throughout self-conscious emotional experiences, regardless of the assigned emotion recall condition. In this way, for example, self condemnation can predict avoidance behaviors in a self-reported guilt experience, even though theoretically self condemnation is a key characteristic of a shame experience.

We tested these hypotheses with two studies in which participants recalled a past emotional experience and reported on the details of those experiences. In Study 2.1, participants were randomly assigned to recall experiences of shame, guilt, embarrassment, and anger. They then completed a survey that assessed the degree of self condemnation, behavior condemnation, fear of negative evaluation, whether or not the transgression was witnessed or discovered by others, and their desire to make amends or to avoid other people. Additionally, because past research has indicated that control over the resolution can play an important role in whether one makes amends or avoids other people (de Hooge et al., 2010; Ferguson et al., 2007) we also assessed participants’ control over the resolution.
In Study 2.2, participants recalled an experience of shame, guilt, or embarrassment and filled out a similar survey of their reactions and motivations. We additionally examined another form of avoidance motivation—the desire to cover up or lie about the transgression—as well as the degree of distress caused by the incident, and the two situational factors that distinguish embarrassment from shame and guilt, namely, the intentionality behind the act and the harm done to another person.

**Study 2.1**

In this first experiment, we randomly assigned participants to recall an experience of either shame, guilt, embarrassment, or anger. Participants then completed a questionnaire about their emotional experiences, which included questions about the motivations, cognitions, and behaviors that were elicited by the experience. We specifically tested 1) whether the self-conscious emotions predict different motivations than one another and anger, 2) how the theoretically important affective cognitions and situational factors associated with the self-conscious emotions (i.e., self/behavior, public/private) are actually distributed across the self-conscious emotions, and 3) whether some of these affective cognitions and situational factors differentially predicted motivations to make amends or avoid other people.

**Methods**

**Participants**

One hundred and ninety-eight (73% female) ranging from 18 to 28 years old ($M = 20.37$, $SD = 1.57$) from the University of California, San Diego participated in exchange for course credit. Fifty-seven percent of participants were Asian or Asian American, 18% were Caucasian, 15% were Hispanic/Latino, and 10% were Other. Participants were
randomly assigned to recall experiences in which they felt one of four emotions—shame \((n = 45)\), guilt \((n = 41)\), embarrassment \((n = 52)\), and anger \((n = 60)\).

**Procedure**

The experiment was conducted online. After providing informed consent, participants were randomly assigned to recall and describe in as much detail as possible a time when they intensely experienced either shame, guilt, embarrassment, or anger. Participants then answered questions pertaining to their emotional experience.

The first question asked them how long ago the incident took place. The remaining questions about their emotional experience comprised 5 categories: self/behavior condemnation, public/private transgression, control over resolution, desire to avoid other people, and desire to make amends. All items were on a Likert scale ranging from 1 (Not at All) to 5 (Very Much So), except for the item assessing with the whether the transgression was witnessed or not (Yes or No). As there was only one standardized scale that fit the needs of our study (i.e., State Shame and Guilt Scale; Marschall, Sanftner, & Tangney, 1994), we created multi-item scales for each construct.

**Measures**

**Self and Behavior Condemnation.** These constructs were measured with 10 items taken from the State Shame and Guilt Scale (Marschall et al., 1994). The self condemnation portion of the scale consisted of items such as “I felt like I was a bad person” and “I felt humiliated, disgraced” \((\alpha = .79)\). The behavior condemnation portion of the scale consisted of items such as “I couldn’t stop thinking about what I had done (or not done)” and “I felt tension about what I had done (or not done)” \((\alpha = .78)\)
Public/Private Transgression. We assessed the public/private aspect in two different ways. First, we assessed fear of negative evaluation, a characteristic of shame and embarrassment, with 4 items (e.g., “I felt judged by others” and “I imagined how others would react if they knew”, $\alpha = .73$). Second, participants were asked if the transgression was witnessed or discovered (Yes or No).

Control Over the Resolution. Participants’ perceived control over the resolution was measured with 7 items (e.g., “I had the power to make things right” and “I could make amends”, $\alpha = .72$).

Avoidance Motivations. In order to measure avoidance of people, we created a 6 item measure (“I didn’t want to be around the people involved” and “I wanted to be alone”; $\alpha = .77$).

Amends Motivations. Six items were used to measure the desire to make reparations (“I wanted to make amends for what I did” and “I wanted to correct my mistake”, $\alpha = .86$).

Manipulation Check. In order to confirm that the recall manipulation would prompt participants to recall self-conscious experiences, and that these self-conscious experiences would be different from an angry experience, we had participants rate the degree to which they felt the target emotions (i.e., shame, guilt, embarrassment, anger) and several other filler emotions (sadness, happiness, fear, disgust, surprise) during the experience they described (1 “Not At all” to 5 “Very Much So”).

Results

Sample Check
The proportion of men and women were the same in each condition, $\chi^2(3, N = 195) = 2.90, p = .408$, as was the proportion of the different ethnicities, $\chi^2(9, N = 195) = .13.97, p = .123$. The incidents were relatively recent; 66% of incidents occurred within the last 2 months ($M = 55$ days; $SD = 60$ days). The time since the incident occurred did not differ among the emotion conditions, $F(2, 135) = 1.20, p = .305$.

**Manipulation Check**

A priori, we had two expectations about participants’ ratings of the emotions they felt at the time of the experience. First, we expected that participants in the self-conscious emotion conditions would rate themselves higher on the self-conscious emotions and lower on anger than participants in the anger condition. Second, we expected that there would be few differences between the self-conscious emotion conditions on their ratings of guilt, shame, and embarrassment. We found support for both of these hypotheses. For these analyses, we used one-way ANOVAs with follow-up Tukey contrasts. As can be seen from Table 1, participants in the self-conscious emotion conditions largely reported more shame, guilt, and embarrassment than participants in the anger condition and anger was clearly differentiated from the other social emotions. The two exceptions to this pattern were that participants in the anger condition reported similar levels of guilt as participants in the embarrassment condition, and participants in the shame condition reported similar levels of anger as those in the anger condition.

As expected, participants in the shame, guilt, and embarrassment conditions mostly reported high levels of all the self-conscious emotions, although participants in the guilt and embarrassment condition differed in their ratings of guilt and embarrassment. Thus, the recall manipulation was effective in prompting participants to recall a self-
conscious experience and, as expected, feelings of shame, guilt, and embarrassment were present in each of the self-conscious emotion conditions.1

Overview of Analyses

We performed three different sets of analyses. First, we investigated how the shame, guilt, and embarrassment conditions compared to one another and the anger condition in ratings of desires to amend and avoid. Second, we investigated if self condemnation, behavior condemnation, fear of negative evaluation, and public exposure occurred differently in the shame, guilt, and embarrassment conditions. We hypothesized that these factors would occur broadly, regardless of emotion condition. Finally, we focused on the main aim of this paper, namely, how each of these situational factors and affective cognitions relates to motivations to make amends and avoid others. For this set of analyses, we collapsed across condition and focused on how each factor predicted behavior. We used zero-order Pearson’s correlations to determine general relationships and multiple linear regressions, in which each motivation was regressed onto all the situational factors and affective cognitions (e.g., self/behavior, public/private), to determine unique relationships. The partial correlations from the multiple regressions provided an estimate of the distinct relationship between each of these factors and motivation, controlling for the other features of the emotional experience.

Emotion Condition and Motivations

In our first analyses, we compared the effect of the recalled emotional conditions on self-reported amends motivations and avoidance motivations. For these analyses, we used one-way ANOVAs with Tukey post-hoc contrasts. We shall first focus on how the
As can be seen from Figure 1, contrary to theoretical expectations, the guilt condition was associated with more amends making than embarrassment condition, but not different from the shame condition. Furthermore, embarrassment condition reported no more amends motivations than the shame condition, although shame is not theoretically related to amends making. When the self-conscious emotion conditions are compared to anger condition, the shame and guilt conditions reported significantly greater desires to make amends, but, contrary to expectations, the embarrassment condition did not. Thus, it seems that amends making occurs most strongly in the guilt condition, but also occurs in the shame condition.

Figure 1 also shows differences in avoidance motivations. People in the shame and embarrassment conditions were more likely to report a desire to avoid others than people in the guilt condition, though the shame and embarrassment conditions were not different from one another. Contrary to expectations, none of the self-conscious emotion conditions differed from the anger condition in avoidance motivations. It seems then, that all the self-conscious emotions elicit some desire to avoid others, but also that avoidance of others is not unique to the self-conscious emotion. Within a self-conscious emotional experience, the desire to avoid others appears to be strongest in experiences of shame and embarrassment.

**Emotion Condition and Situational and Cognitive Factors**

Our next set of analyses focused on how the theoretically important situational factors and affective cognitions associated with the self-conscious emotions actually map
on to recalled experiences of shame, guilt, and embarrassment. A priori, we expected these factors would occur strongly in all the conditions regardless of their theoretical fit. We did not include the anger condition in these analyses and we used one-way ANOVAs and Tukey post-hoc to investigate this hypothesis.

As can be seen from Table 2, across all conditions ratings of these factors were quite high—almost all exceeded the mid-point of the 1 to 5 scale—suggesting that these factors occur strongly through-out shame, guilt, and embarrassment, and not limited to the specific emotion to which they are theoretically linked. There is, however, some support for the theory that these factors occur differently within these emotions. For example, self condemnation is proposed to be more related to shame than guilt, and our data support this claim. Also, negative evaluation and public exposure of the transgression are theorized to occur more strongly in shame and embarrassment than guilt. We found evidence of this as well. However, at least one theoretical distinction was not supported. We found no difference between shame and guilt on behavior condemnation, though participants in both conditions reported more of it than participants in the embarrassment condition. In summary, it seems that these factors do occur strongly in every condition, but they, for the most part, occur strongest in the emotional experiences to which they are theoretically tied.

**Situational and Cognitive Factors and Motivations**

We next turned our attention to the main aim of our paper and investigated how the situational factors and the affective cognitions of the emotional experience relate to different types of motivations. Table 3 contains zero-order correlations between the different factors. Table 4 contains both the zero-order correlations between situational
factors, affective cognitions, and motivations and the partial correlations from the regression analyses. It is important to note that in all regression models we included perceived control over the resolution, as it has been shown to play an important role in past research (de Hooge et al., 2010; de Hooge et al., 2011; Ferguson et al., 2007). Responses from the anger condition were not included in these analyses.

**Correlations Amongst Situational Factors and Affective Cognitions.** As can be seen from Table 3, the strength of the relationships between these factors varies greatly. The strongest relationships were between self condemnation and behavior condemnation, \( r(134) = .55 \), and self condemnation and fear of negative evaluation, \( r(134) = .55 \). In contrast, public exposure was not related to any of the other factors. These findings suggest that the self condemnation, behavior condemnation, and fear of negative evaluation are distinct but related constructs. It also suggests that multicollinearity will not be an issue in the multiple linear regression analyses.

**Amends.** As can be seen from Table 4, the zero order correlations and partial correlations indicate that motivations to make amends were associated primarily with behavior condemnation and control over the resolution. Thus, it seems the more one focuses condemnation on the behavior or perceives control over the resolution, the more one desires to make amends.

**Avoiding Others.** The zero-order correlations show that avoiding people was positively correlated with self-condemnation and fear of negative evaluation (see Table 4) and negatively associated with perceived control over the resolution. The partial correlations show a very similar pattern, with the exception that behavior condemnation became a negative predictor of avoidance when controlling for the other factors.
Discussion

The aim of the present study was to find factors that would consistently predict when a transgressor would be motivated to make amends or avoid the victim. We found considerable support for using the affective cognitions of self condemnation, behavior condemnation, and fear of negative evaluation to predict amends and avoidance motivations, rather than relying on contrasts between recalled feelings of shame, guilt, and embarrassment. Evidence for this conclusion comes from two different sets of analyses. First, analyses of the relationships between the affective cognitions and motivations to amend and avoid found relationship patterns that both differentially predicted these motivations, and did so in a theoretically consistent way. Secondly, our comparisons between recalled emotional conditions suggest that these conditions do not reliably predict amends and avoidance motivations.

Affective Cognitions, Situational Factors, and Motivations

One of the main aims of this experiment was to assess the utility of predicting amends and avoidance motivations with the affective cognitions and situational factors associated with the self-conscious emotions. We specifically tested the hypothesis that self condemnation, fear of negative evaluation, and public exposure would predict avoidance of other people, while behavior condemnation would predict amends making. With the exception of public exposure, this hypothesis was largely supported. Both zero-order correlations and regression analyses revealed that the more one experiences self condemnation and fear of negative evaluation, the more likely that person is to avoid other people. On the other hand, the more one experiences behavior condemnation, the
more likely one is to make amends and, when controlling for other factors, the less likely one is to avoid others.

Contrary to our predictions, public exposure did not predict either amends making or avoidance. This finding is at odds with past research using hypothetical vignettes (Smith et al., 2002; Wolf et al., 2010) and the a priori expectation that witnesses to a transgression would inspire more avoidance due to fear of negative evaluation. Such an expectation seems reasonable given that the mere presence of another has been shown to stimulate fear of negative evaluation in other domains, such as helping behavior in crowds (Sabini et al., 2001; Zoccola et al., 2011). Our data, however, suggest that people who secretly transgress are just as likely to worry about what others would think of them as people who publically transgress.

One interesting pattern to emerge from these data is that the affective cognitions that were predictive of motivations to amend or avoid, were related to motivations in the way that the specific emotion they are believed to characterize, is supposed to. For example, guilt is theoretically supposed to motivate amends making (Tangney et al., 2007) and behavior condemnation is believed to characterize the feeling of guilt (Lewis, 1971). We found that behavior condemnation actually did predict more amends making, just like guilt is supposed to. Similar consistency between affective cognitions and the emotion they theoretically characterize was seen with self condemnation and fear of negative evaluation. These affective cognitions are key characteristics of shame and both predicted more avoidance. Thus, it appears that these affective cognitions are predicting motivations in a manner consistent to prior theory.

The Recall of Emotions
In contrast to the findings from the affective cognitions, the comparisons between the self-conscious emotions on motivations to amend and avoid revealed several findings that directly contradict presumed theoretical motivational differences between shame, guilt, and embarrassment. For example, participants in the shame and guilt conditions did not differ in amends motivations, even though shame, in theory, should only motivate avoidance (Lewis, 1971; Lewis, 1992; Tangney, 1999). Furthermore, although embarrassment is theorized to motivate people to make amends (Keltner & Buswell, 1997), participants in the embarrassment condition reported significantly less amends making than participants in the guilt condition. These findings are similar to those of Tangney and colleagues (1996), who found that shame and guilt did not differ in amends motivations, and that both emotions produced significantly more amends motivations than did embarrassment. Thus, it appears that either the theoretical relationships between shame, guilt, embarrassment and amends motivations is inaccurate or that comparisons between recalled emotional experiences may not accurately portray these differences.

The data on avoidance motivations were more supportive of general theory. As expected, both the shame and embarrassment conditions reported more avoidance than did the guilt condition. However, comparisons between the self-conscious emotion conditions and the anger condition indicate that these results should be interpreted cautiously. We found that none of the self-conscious emotions conditions, including guilt, differed from the anger condition in self-reported avoidance. This indicates that any difference between the guilt condition and the other conditions is likely small, and, therefore, unreliable. Past research that has sometimes found differences in avoidance (Dearing et al., 2005; Frijda et al., 1989; Schmader & Lickel, 2006; Wicker et al., 1983)
and sometimes not (Roseman et al., 1994; Scherer & Wallbott, 1994) demonstrates the unreliability of the effect.

One possible explanation for the lack of predictive utility for comparisons between recalled emotional experiences is that, as was suggested previously, there is a great deal of overlap between these emotional experiences. The analyses of the relationship among the self-conscious emotions and the affective cognitions and situational factors that supposedly characterize them, revealed that these factors actually occur quite broadly across all the self-conscious emotions. Although these factors were generally stronger within emotion condition to which they have been theoretically tied (e.g., self-condemnation was strongest in shame condition), the strong presence of these affective cognitions and situational factors across conditions casts doubt on whether lay people are using the presence of these subcomponents to distinguish one emotion from another. Lay people may not distinguish between shame, guilt, and embarrassment to the extent that researchers do, which may partially explain the difficulty in disentangling these emotions.

However, the comparisons between the self-conscious emotions and a non-self-conscious emotion—anger—did not clarify how the self-conscious emotions relate to amends and avoidance motivations. A priori, we expected that the self-conscious emotions would produce higher levels of both amends motivations and avoidance motivations than would anger. Contrary to our expectations, participants in the anger condition reported the same degree of amends motivations as participants in the embarrassment condition and also the same degree of avoidance motivations as participants in all the self-conscious emotion conditions. These results were very
unexpected, given that the theoretical action tendency of anger is to retaliate and aggress against others (Frijda et al., 1987). It does, however, demonstrate the need to move beyond comparing recalled emotional experiences to one another, and instead focus on the affective cognitions and situational factors that occur within those experiences.

One potential criticism of this study is that the regression analyses did not control for degree of distress. It seems very likely that a transgressor’s distress would impact whether or not he or she amends or avoids. Highly distressing situations likely elicit more avoidance, while mildly distressing situations likely elicit more amends. It is possible that other affective cognitions, such as self condemnation and fear of negative evaluation, may be highly correlated with degree of distress. In fact, it may be possible that their relationships with avoidance motivations are actually due to distress. In the next study, we account for this possible confound.

Another issue that arises from these results is how embarrassment relates to amends making. As discussed in the introduction, embarrassment is theoretically tied to amends making, yet our results show that one of the most important characteristics of embarrassment—fear of negative evaluation—is related to avoiding other people, not making amends. In the next study, we shall explore the possibility that other situational factors associated with embarrassment, such as committing a non-harmful or accidental transgression, may produce amends making.

**Study 2.2**

Study 2.1 provided compelling evidence that the some of the affective cognitions associated with the self-conscious emotions play an important role in whether one is likely to amend or avoid others after committing a transgression. In this next study, we
shall extend and replicate the results of Study 2.1 in several important ways. First, we shall investigate whether those affective cognitions that predicted avoidance of other people also predict another type of avoidance, specifically, the desire to cover up the transgression. Previous research examining the relationship between shame, guilt, and avoidance motivations often assumes avoidance of other people is the same as hiding the transgression from others (Schmader & Lickel, 2006; Wicker et al., 1983). To our knowledge, there is only one past study that separates these two constructs, but the results show very similar patterns between these forms of avoidance (see Tangney et al., 1996). For both avoiding others and hiding the transgression from others, guilt was less likely than shame or embarrassment to produce either a desire to hide the transgression or to avoid other people. This suggests that past researchers may be accurate in assuming that these are similar, if not the same, motivational processes. If so, then one would predict that the same affective cognitions that predicted avoiding other people—fear of negative evaluation and self condemnation—would also predict hiding or lying about the transgression. In this study, we shall test this hypothesis.

Another aim of the current study is to assess how the situational factors that separate embarrassment from shame and guilt relate to the amends making, avoidance of others, and covering up the transgression. As discussed previously, the two factors that are theorized to separate embarrassment from shame and guilt are the intentionality of the transgression and whether another person was harmed by the transgression (Miller, 1997; Miller & Tangney, 1994). There is some evidence that either of these situational factors can affect amends making. One study of past embarrassing situations found that when social transgressions are accidental (i.e., not intentional), people are more likely to report
remediation than when the wrong-doing, but not the harm, was intentional, such as mistake or faux pas (Metts & Cupach, 1989). Harm to the victim is also associated with expressed remorse and with offers to help the victim (Schlenker & Darby, 1981). It seems then, that when people commit an accidental transgression or a transgression that causes harm, they are motivated to make amends. We shall test the effects of both of these situational factors in this study.

One additional situational factor that will be examined is how the witnesses to the transgression affect the transgressor’s desire to make amends or avoid. We shall specifically examine what happens when the witnesses are intolerant of the transgressor’s actions (e.g., make the transgressor feel worse). To our knowledge, this is the first study to address this topic and it seems likely that an intolerant audience could make the transgressor want to both make amends and avoid.

As in the previous study, participants were randomly assigned to recall an emotional experience and to provide a report of their motivations and behaviors in a brief survey. The emotional conditions were shame, guilt, and embarrassment. Using the same analytical strategies as the previous studies we specifically: 1) tested what factors predict covering up the transgression, 2) explored how the situational factors of intentionality, harm, and audience intolerance relate to motivations to amend, avoid others, and cover up the transgression, and 3) attempted to replicate the predictive utility of self condemnation, behavior condemnation, and fear of negative evaluation while controlling for degree of distress.

Methods

Participants
One-hundred and forty-one undergraduates (62% female; Mean Age = 20.13, SD = 1.51) from the University of California, San Diego participated in exchange for course credit. The ethnic breakdown of the sample was as follows: 62% Asian or Asian American, 15% Caucasian, 11% Hispanic, and 12% Other. Participants were randomly assigned to recall an experience in which they felt one of three emotions—shame (n = 50), guilt (n = 47), or embarrassment (n = 44).

**Procedure**

Participants reported individually to a laboratory, gave informed consent, and were seated alone in a small room for the duration of the experiment. They were then told to recall a shame (guilt or embarrassment) experience and were given questionnaires to complete, containing measures similar to those used in Study 2.1. Random assignment occurred before participants arrived.

**Measures**

The measures were primarily the same as in Study 2.1, with some changes. Participants also rated their degree of distress, the harm done to another person, intentionality of the transgression, intolerance of the audience, and motivation to lie or cover up the transgression.²

**Degree of Distress.** Degree of distress was measured with 4 items (“The experience was painful” and “I was hurt by all that transpired”, α = .90).

**Harm.** Three items were used to measure the degree to which the experience harmed another individual (“Someone was hurt by what I did” and “I caused someone else pain”, α = .93).
Intentionality. A 2 item scale assessed the intentionality of the transgression (“My actions were intentional”, and “My actions were accidental”, which was reversed scored, $\alpha = .68$).

Intolerance of the Audience. The degree of intolerance was assessed with 4 items (e.g., “Other people made the situation worse”, $\alpha = .63$).

Cover Up Transgressions. A 5 item measure was used to measure of the tendency to hide or lie about the transgression (“I tried to hide the incident from others” and “I would lie to keep what happened a secret”, $\alpha = .79$).

Results

Sample check

Men and women were evenly distributed amongst the conditions, $\chi^2(2, N = 141) = .301, p = .860$, as were the different ethnicities, $\chi^2(6, N = 141) = 6.79, p = .340$. The incidents recalled were relatively recent with half occurring with the last month (50%) and another 18% occurring within the last 1 to 3 months. Time since incident did not differ by condition, $F(2, 138) = 1.26, p = .288$. As expected, the shame experiences were the most distressing ($M = 3.46, SD = .99; F(2, 135) = 8.46, p < .001$), followed by guilt ($M = 3.04, SD = 1.05$) and embarrassment ($M = 2.54, SD = 2.54$). Men and women did not differ in the degree of distress reported, $t(136) = .37, p = .713$, nor did the different ethnicities, $F(3, 134) = 1.89, p = .135$.

Overview of Analyses

We conducted the same pattern of analyses as Study 2.1. First, we conducted condition comparisons for amends making, avoidance of other people, and covering up the transgression. We then conducted condition comparisons on all the situational factors.
and affective cognitions. Finally, we analyzed the relationship of these situational factors and affective cognitions and the reported motivations and behaviors. Like the previous study, we first did zero-order Pearson’s correlations followed by multiple linear regressions.

**Emotion Conditions and Motivations**

We first tested the utility of using comparisons among recalled self-conscious emotions in predicting motivations. We used one-way ANOVAs followed by Tukey post-hoc t-tests for these analyses. We first examined amends making. As can be seen in Figure 2, unlike Study 2.1, both the shame and guilt conditions reported greater desires to make amends than participants in the embarrassment condition, and the shame and guilt conditions were not different from each other. In Study 2.1, only guilt was different from shame. This finding suggests that, in contrast to theory, guilt and, perhaps, shame are most strongly associated with amends.

We next examined avoidance of other people. Figure 2 shows participants in the shame condition did report a greater desire to avoid people than participants in the guilt condition and were not different from participants in the embarrassment condition. Unlike Study 2.1, the reported desire to avoid others in the embarrassment condition did not differ from the guilt condition. It seems that unlike Study 2.1, shame alone is associated the strongest motivations to avoid other people.

Our examination of the motivation to cover up the transgression revealed a pattern very different from amends and avoidance of others (Figure 2). Regardless of type of emotion recalled, participants were equally likely to lie about or hide the transgression from others. It seems that the motivation to cover up a transgression is different from the
motivation to avoid others. In summary, these findings are somewhat supportive of our initial claim that comparisons between these emotions have limited utility in predicting motivations because some of the differences are either not consistent across studies or not theoretically supportive.

**Emotion Conditions and Situational and Cognitive Factors**

We next examined the relationship between the situational factors, affective cognitions, and the emotion conditions. For these analyses used one-way ANOVAs with follow-up Tukey contrasts. Table 5 contains the means and standard deviations for the ratings of the situational factors and affective cognitions by emotion condition. These data once again support the claim that these factors occur broadly across the self-conscious emotions. They also seem to indicate that some, but not all, of these theoretical factors occur more strongly in the specific emotion to which they are theoretically linked. The result for self-condemnation, harming another person, and intentionality all support theoretical claims. In particular, self-condemnation occurs most strongly in the shame condition, though it does occur in both the guilt and embarrassment conditions. Harming another person occurs more often in the shame and guilt conditions than in the embarrassment condition. Similarly, the transgressions that occur in the embarrassment condition are reported as less intentional than those in the guilt or shame conditions.

The results of behavior condemnation and fear of negative evaluation, however, do not support theoretical claims. Specifically, there is no difference between the shame and guilt conditions in ratings of behavior condemnation, which replicates Study 2.1. Unlike Study 2.1, fear of negative evaluation is no stronger in the embarrassment condition than it is in the guilt condition. In summary, it seems that there is mixed
support for assumption that these situational factors and affective cognitions distinguish the self-conscious emotions from one another, but there is support for our claim that these factors occur broadly amongst the self-conscious emotions.

**Situational and Cognitive Factors and Motivations**

We next examined the relationships between the situational factors and the affective cognitions of the self-conscious emotions and motivations. The zero order Pearson’s correlations between the factors are contained in Table 6. The zero-order Pearson’s correlations and the multiple linear regressions between situational factors, affective cognitions, and motivations are contained in Table 7.

**Correlations Amongst Situational Factors and Affective Cognitions.** As can be seen from Table 6, we found a considerable degree of variability in the strength of the relationships between these various factors. The strongest relationship was between self condemnation and behavior condemnation, \( r(139) = .61 \). None of the other relationships exceeded a correlation coefficient of .35. These findings support the conclusion from Study 2.1 that these are related but distinct constructs and that multicollinearity is not an issue.

**Amends.** As can be seen from Table 7, the zero order correlations indicate that motivations to make amends are widely associated with many aspects of a self-conscious emotional experience, namely, self-condemnation, behavior condemnation, harming another person, degree of distress, and control over the resolution. However, the regression analyses indicate that of these, only behavior condemnation and control over the resolution are still associated with amends making when controlling for the other aspects. One additional aspect, intentionality, becomes significant, when controlling for
the other aspects, and it is negatively related to amends making. This suggests that an accidental transgression is more likely to produce amends motivations than an intentional transgression.

**Avoiding Others.** The zero-order correlations demonstrate that many factors are associated with more avoidance of other people including: self-condemnation, behavior condemnation, fear of negative evaluation, and audience intolerance (see Table 7). However, the partial correlations demonstrate a very different pattern. When controlling for the other factors, behavior condemnation and control over the resolution predict less avoidance of other people, while self condemnation predicts more avoidance. Thus, the more one condemns the behavior or perceives control over the resolution, the less likely one is to avoid other people; in contrast, the more one condemns the whole self, the more likely one is to avoid other people.

**Covering Up the Transgression.** The zero-order correlations between hiding and lying about the transgression, and the affective cognitions and situational factors show a similar pattern as those found for avoiding other people. However, the only unique predictor of hiding and lying is fear of negative evaluation. The more one fears negative evaluation from others, the more likely one is to hide and lie about the transgression.

**Discussion**

The goals of this study were to determine: 1) what factors predict motivations to cover up the transgression, 2) how the key characteristics of intentionality, harm, and audience intolerance relate to motivations, and 3) to replicate the findings of Study 2.1 when controlling for degree of distress. We shall discuss each of these points in turn.
The first aim of the present study was to explore what factors predict the desire to hide and lie about the transgression. While past research has confounded the motivations to hide and cover-up the transgression with the motivations to avoid other people (Schmader & Lickel, 2006; Wicker et al., 1983) our data suggest that these are actually distinct motivations because the affective and situational factors that predict these motivations are different. When controlling for the other factors, covering up a transgression was only predicted by fear of negative evaluation. In contrast, when controlling for the other factors, avoiding other people was predicted by self condemnation, behavior condemnation, and control over the resolution. Thus, it seems these motivations arise from separate sources and are, therefore, different motivational states.

Another aim of this study was to examine how the situational factors associated with embarrassment—accidental transgressions and not harming anyone—relate to amends motivations. The data indicate that, after controlling for the other factors, intentionality is negatively related to amends making. This finding replicates past research, indicating that the less intentional the transgression, the more likely one is to make amends (Metts & Cupach, 1989). Harm done to the transgressor (or not done), however, was not related to any motivations after controlling for the other factors. These findings indicate that the key characteristic of embarrassment that is associated with amends making is the degree to which the transgression was an accident.

Contrary to our expectations, audience intolerance seemed to have very little to do with motivations to amend, avoid others, or to cover up the transgression. When audience intolerance is included in the model with the other factors, it is not a significant predictor
of any of these motivations. These results are similar to what was found in Study 2.1 concerning exposure of the transgression to others. Together, these findings suggest that the external influences of other people matter less than the internal affective cognitions (e.g., self condemnation, fear of negative evaluation, etc.) of the transgressor.

Finally, the results of the present study replicate Study 2.1 in several important ways. First, we found that, even when controlling for degree of distress, we replicated the effects of behavior condemnation, self condemnation, and perceived control of the resolution. The only effect that did not replicate was the relationship between fear of negative evaluation and avoidance of others. Fear of negative evaluation was, however, a significant predictor of the other form of avoidance—hiding and lying about the transgression. These findings indicate that the motivations associated with these affective cognitions are not simply due to degree of distress. The consistency between the results of Study 2.1 and Study 2.2 imply that the effect of these affective cognitions is both real and replicable.

In contrast to the consistent findings for the affective cognitions, the comparisons between the recalled self-conscious emotions only partially replicated the effects of Study 2.1. In Study 2.1, we found that participants in the guilt condition reported more amends than participants in the embarrassment condition. In the current study, we replicated this effect, but also found that participants in the shame condition reported more amends than the participants in the embarrassment condition. Furthermore, in Study 2.1, participants in the shame and embarrassment conditions reported more avoidance than did participants in the guilt condition. We, therefore, replicated the effect for the shame condition, but not for the guilt. These differences between Study 2.1 and Study 2.2 reflect
the general inconsistency seen in the past research that compared the self-conscious emotions to one another and lends further support to the conclusion that either the presumed motivational differences do not exist or that comparisons between emotional experiences are too confounded to bring them to light.

**General Conclusion**

The current research revealed several important findings concerning the motivations of the self-conscious emotions. Importantly, our findings suggest that some of the key affective cognitions and situational factors associated with the self-conscious emotions strongly, reliably, and differentially predict amends and avoidance motivations. In fact, these affective cognitions and situational factors do so in ways that are theoretically consistent with the emotional states they are presumed to characterize. However, contrary to the expectations of many theorists (Lewis, 1971; Lewis, 1992; Tangney et al., 2007), when comparing the self-conscious emotions to one another, our data did not show consistent support for many of the theoretical claims that have been made about the motivations of shame, guilt, and embarrassment. Our data seem to indicate that the motivational disconnect between the self-conscious emotions and the cognitive and situational factors that theoretically characterize these emotions may be due to the fact that lay people do not differentiate the self-conscious emotions in the same way that researchers do. These findings have important implications for how the self-conscious emotions are characterized, as well as for predicting when and why someone will make amends or avoid others after committing a social transgression.

**Affective Cognitions and Situational Factors**
Our data suggest there is practical utility in using the affective cognitions associated with the self-conscious emotions to predict when a transgressor will be motivated to make amends or avoid. In both studies, behavior condemnation and control over the resolution predicted more amends motivations and less avoidance of others. Self condemnation on the other hand, predicted more avoidance motivations of others in both studies. Finally, fear of negative evaluation predicted more avoidance of others in Study 4.1 and more covering up the transgression in Study 4.2. These results indicate that, within the self-conscious experience, there are several affective cognitions that predict motivations to amend and to avoid. Importantly, these affective cognitions seem to differentially predict these motivations, which could make them useful tools for clinicians and researchers alike.

One of the most interesting findings to emerge from this data is that the predictive utility of the affective cognitions seem to be superior to that of the situational factors. With the exception of accidental transgressions, none of the situational factors (i.e., witnesses, harm, audience intolerance) predicted motivations in the full regression models. On the other hand, the significant predictors of amends making, avoidance of others, and covering up the transgressions, are all internal, affective cognitions (i.e., behavior condemnation, self condemnation, fear of negative evaluation). Consequently, it appears that what happened is less important than how one feels and thinks about what happened.

**Shame, Guilt, and Embarrassment**

Our examination of the motivational differences between recalled experiences of shame, guilt, and embarrassment failed to find much support for the theoretical claims
made about these emotions, specifically, the claims made about shame and embarrassment. For example, contrary to theoretical expectations, we found that shame is not limited to avoidance motivations and is actually strongly related to amends motivations. In both Studies 2.1 and 2.2, participants in the shame condition reported high levels of amends desires and did not show differences from participants in the guilt condition, who had the highest levels of amends desires. The shame condition also reported more amends motivations than the embarrassment condition, though this result was only seen in Study 2.2.

The results for embarrassment were also not supportive of previous theoretical assumptions. Even though embarrassment is theoretically linked with both amends and avoidance (Keltner & Buswell, 1997; Miller, 1997), in Studies 2.1 and 2.2, participants reported fewer amends motivations than participants in the guilt condition and, again, fewer than the shame condition in Study 2.2. Furthermore, the level of amends motivations in the embarrassment condition was nearly identical to that of the participants in the anger condition. Considering that anger is believed to motivate aggression and retaliation (Frijda et al., 1989), these findings are very problematic to the theory that embarrassment motivates amends motivations.

There are at least two possible explanations for these results. The first possibility is that some of the theoretical claims made about these emotions are inaccurate. This is the position taken by researchers such as Ilona de Hooge and colleagues. Recently, de Hooge and colleagues put forth a model of shame—the restore and protect model—that predicts that shame will motivate both amends and avoidance (de Hooge et al., 2011; de Hooge et al., 2010). They posit that shame initially motivates an individual to restore the
damaged self image (e.g., make amends) and to protect against further negative
evaluation (e.g., avoid). However, what actually determines whether one will amend or
avoid is the likelihood that the restorative efforts will be successful (de Hooge et al.,
2011; de Hooge et al., 2010). This intriguing theory is somewhat supported by the current
research. Our data seem to support the conclusion that shame motivates both avoidance
and amends motivations, but our examination of the factors within a shame experience
indicate that motivations to amend and avoid are not solely based on control.

Nevertheless, the very existence of this alternative model demonstrates movement away
from the past assumptions made about the motivations of the self-conscious emotions.

Another possible explanation for the lack of consistent, theoretically predicted
motivational differences between shame, guilt, and embarrassment may be due to the
significant conceptual overlap between these emotions. As discussed previously, shame,
guilt, and embarrassment often co-occur (Schmader & Lickel, 2006) and can arise from
similar situations (Fessler, 2004). As such, recalled experiences of shame, for example,
are likely often confounded with feelings of guilt and embarrassment. We found
considerable evidence of this phenomenon. For example, in Study 2.1, ratings of shame
\( (M = 4.27) \), guilt \( (M = 4.14) \), and embarrassment \( (M = 4.22) \) were virtually identical
within the shame condition. This suggests that, despite being asked to recall a specific
self-conscious emotion, shame does not just elicit shameful feelings; it also elicits
embarrassment and guilt. Similar confounding was also seen in the embarrassment and
guilt conditions, though these emotions had a less overlap with one another.

The mingling of these emotional states was also seen in the examination of the
affective cognitions and situational factors that previous theorists have claimed
differentiate these emotions from one another. For example, self condemnation is believed to be a key characteristic of shame that differentiates it from other self-conscious emotions (Tangney et al., 2007). We, however, found in both Study 2.1 and Study 2.2, that, although self condemnation was strongest in the shame condition, it occurred strongly in the guilt and embarrassment conditions as well.

Another example of this mingling occurred with behavior condemnation. Behavior condemnation is theorized to be a key aspect of guilt (Tangney et al., 2007), yet in both studies, behavior condemnation occurred strongly in all the self-conscious emotions. In fact, behavior condemnation occurred just as strongly in the shame condition as in the guilt condition. Similar effects were also seen with some of the other presumed distinctions between these emotions (i.e., fear of negative evaluation and transgression exposure). These findings suggest that lay people, in contrast to theorists, may not be using these factors to separate the self-conscious emotions from one another.

These findings have important practical and theoretical implications. On the practical side, our data suggest that the key distinctions of self versus behavior and public versus private are very useful in predicting the motivations of the transgressor. On the theoretical side, however, it appears that guilt, shame, and embarrassment are not easily distinguished from one another and that the most common theoretical distinctions may not actually do so. Our data support the conclusion of Fontaine and colleagues (2006) who, in the aptly named article “Untying the Gordian knot of Guilt and Shame”, found that, in several different non-American samples, items which are typically regarded as characteristics of the self condemnation definition of shame, such as “bad person” and “weak person”, were repeatedly more associated with guilt than shame. Similar criticisms
have also been leveled at the public/private distinction (Tangney et al., 1996). Consequently, other researchers are beginning to move away from these common distinctions between, at least, shame and guilt, and offer alternative theories as to what distinguishes these emotions (see Ferguson et al., 2007; Sheikh & Janoff-Bulman, 2010; Teroni & Deonna, 2008). For example, Sheikh and Janoff-Bulman (2010) posited that shame and guilt differ in proscriptive and prescriptive moral regulation. They argue that shame arises from doing things that should not be done (proscriptive). Guilt, on the other hand, arises from not doing things that should be done (prescriptive). Their tests of this distinction indicate that it may have some validity, though their data seem to indicate that this is not a sharp distinction either. Nevertheless, it would be beneficial to see if the emerging alternatives to the self/behavior and public/private distinctions, such as the proscriptive/prescriptive distinction, offer the same practical utility that those do.

**Future Research and Limitations**

One area that deserves future attention is the emotion embarrassment. While we investigated the affective cognitions of the evaluation apprehension model of embarrassment (Miller, 1996), there is another model of embarrassment that is also empirically supported, namely, the dramaturgic model. (Silver, Sabini, & Parrott, 1987). According to the dramaturgic or awkward interaction account, embarrassment is caused by the loss of social script and not the fear of negative evaluation (Goffman, 1956; Goffman, 1967; Silver et al., 1987). For example, people feel embarrassed when they have “Happy Birthday” sung to them because they do not know how to act. What is the social script for having dozens of well-wishers sing loudly and off-key at you? Clearly there is no negative evaluation, but the awkwardness of the moment induces
embarrassment in most people. It is not obvious, however, that this form of embarrassment would have the same motivations as the embarrassment that arises from the fear of negative evaluation. It seems likely that the embarrassment that arises from fear of negative evaluation may be more similar to shame and guilt, in terms of motivational underpinnings, than to the embarrassment that arises from awkward interaction. Future research may benefit from investigating whether these distinct sources of embarrassment lead to different motivations and behaviors.

Another direction for future research is the separation of fear of negative evaluation from public exposure. To our knowledge, this chapter includes the first study to test these two constructs separately. Interestingly, we found that fear of negative evaluation was a much more important predictor of avoidance motivations than whether the transgression was truly public or private. In fact, exposure had very little predictive utility, especially when accounting for the other aspects of the self-conscious emotions. Future research should clarify the relationship between exposure, fear of negative evaluation, and motivations. As exposure is relatively easy to manipulate, perhaps experimental methodologies examining the causal relationship between these constructs is appropriate.

It may also be worthwhile to explore how the important and predictive affective cognitions found in this chapter relate to positive and negative behaviors in the real world. There are several settings that seem ideal for this type of study, such as a shaming interaction with a physician. Harris and Darby found that over half of all sampled adults have actually experienced shame while interacting with a physician and that reactions to this experience ranged from very positive, such as following the doctor’s instructions, to
very negative, such as ceasing future visits with all doctors (Harris & Darby, 2009). It may be fruitful to investigate whether these reactions can be predicted by affective cognitions like behavior condemnation and self condemnation. Considering the predictive utility of these affective cognitions in the present study and the predictive utility of the dispositional tendency to experience these states (Dearing et al., 2005; Tangney et al., 1996), it seems very likely that the diverse reactions people have to shaming encounters with their physicians may be linked with self and behavior condemnation.

Though this chapter clearly demonstrated motivational differences between the affective cognitions associated with shame, guilt, and embarrassment, there are several limitations of these studies. The first is that, because participants were asked to report about an event that happened in the past, we could not determine the direction of causality. A related issue is that participants’ recollections of the events may be inaccurate. A reasonable next step to solve both of these issues would be to conduct true experiments by inducing the necessary aspects of each emotion. Unfortunately, our data suggest that it is the internal, affective cognitions that matter most and these may not be as easy to manipulate as the situation. Thus, recall studies like the current ones may be the most appropriate method to study these difficult constructs at the present time.

While future research will continue to clarify the relationships between the self-conscious emotions and motivations, the current chapter contributed to the understanding of these relationships in several important ways. First, we found that comparisons between recalled feelings of shame, guilt, and embarrassment reveal few consistent and theoretically supported differences between these emotions. Secondly, we demonstrated there exists a considerable degree of overlap between the self-conscious emotions that
makes distinguishing these emotions from one another difficult and which may explain the lack of consistency found when comparing the self-conscious emotions to one another. Finally, we showed that some of the affective cognitions associated with shame, guilt, and embarrassment (i.e., self condemnation, behavior condemnation, and fear of negative evaluation) have much utility in predicting motivational outcomes to make amends or to avoid. Consequently, future research on the self-conscious emotions may benefit from assessing the affective cognitions and situational factors that predict amends and avoidance behaviors, rather than attempting to dissociate the unique effects of whole emotions.

Chapter 2, in part, is being prepared for submission for publication of the material. Darby, R. S.; Harris, C. R. The dissertation author is the primary investigator and author of the material.
Footnotes

1 Men and women did not differ in their ratings of any of these emotions (all $p$’s $\geq .564$) and there were no effects of ethnicity (all $p$’s $\geq .314$).

2 We did not obtain accurate emotion ratings in Study 2.2. Participants were asked to fill out an unrelated questionnaire about sunscreen use before completing the emotion ratings. This activity caused a great deal of anxiety and distorted the affective ratings. We, therefore, will not report them.
Table 1. Study 2.1 Mean (SD) Ratings of Affect by Emotion Condition.

<table>
<thead>
<tr>
<th>Ratings of Affect</th>
<th>Conditions</th>
<th>Test Statistic</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Shame</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Guilt</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Embarrassment</td>
<td></td>
</tr>
<tr>
<td>Shame</td>
<td>4.27 (1.05)&lt;sub&gt;a&lt;/sub&gt;</td>
<td>$F(3, 194) = 23.12, p &lt; .001$</td>
</tr>
<tr>
<td>Guilt</td>
<td>4.14 (1.19)&lt;sub&gt;a&lt;/sub&gt;</td>
<td>$F(2, 194) = 35.50, p &lt; .001$</td>
</tr>
<tr>
<td>Embarrassment</td>
<td>4.22 (1.17)&lt;sub&gt;a&lt;/sub&gt;</td>
<td>$F(3, 195) = 25.18, p &lt; .001$</td>
</tr>
<tr>
<td>Anger</td>
<td>3.18 (1.47)&lt;sub&gt;a&lt;/sub&gt;</td>
<td>$F(3, 195) = 48.47, p &lt; .001$</td>
</tr>
</tbody>
</table>

Note. Conditions with different subscripts are significant ($p < .05$).
Table 2. Study 2.1 Mean (SD) Ratings of Factors by Recalled Emotion Condition.

<table>
<thead>
<tr>
<th></th>
<th>Shame</th>
<th>Guilt</th>
<th>Embarrassment</th>
<th>Test Statistic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self Condemnation</td>
<td>3.60 (1.19) (a)</td>
<td>3.07 (1.05) (b)</td>
<td>3.23 (.82) (ab)</td>
<td>(F(2, 135) = 3.10, p = .048)</td>
</tr>
<tr>
<td>Behavior Condemnation</td>
<td>3.66 (1.15) (a)</td>
<td>3.89 (.88) (a)</td>
<td>2.97 (1.08) (b)</td>
<td>(F(2, 135) = 9.83, p &lt; .001)</td>
</tr>
<tr>
<td>Negative Evaluation</td>
<td>4.05 (1.02) (a)</td>
<td>3.09 (1.10) (b)</td>
<td>3.93 (1.11) (a)</td>
<td>(F(3, 135) = 9.83, p &lt; .001)</td>
</tr>
<tr>
<td>Witnessed Transgression</td>
<td>82% (a)</td>
<td>64% (b)</td>
<td>92% (a)</td>
<td>(\chi^2 (2, N = 135) = 11.28, p = .004)</td>
</tr>
</tbody>
</table>

*Note.* Conditions with different subscripts are significant \((p < .05)\).
Table 3. Study 2.1 Correlations Among Affective Cognitions and Situational Factors.

<table>
<thead>
<tr>
<th></th>
<th>Self Condemnation</th>
<th>Behavior Condemnation</th>
<th>Fear of Negative Evaluation</th>
<th>Public Exposure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self Condemnation</td>
<td>-</td>
<td>.55***</td>
<td>.55***</td>
<td>.08</td>
</tr>
<tr>
<td>Behavior Condemnation</td>
<td></td>
<td>-</td>
<td>.27**</td>
<td>-.07</td>
</tr>
<tr>
<td>Fear of Negative Evaluation</td>
<td></td>
<td></td>
<td>.14</td>
<td></td>
</tr>
<tr>
<td>Public Exposure</td>
<td></td>
<td></td>
<td></td>
<td>-</td>
</tr>
</tbody>
</table>

*Note. *p < .05, **p < .01, ***p < .001.*
Table 4. Study 2.1 Correlations and Regressions of Factors and Motivations.

<table>
<thead>
<tr>
<th></th>
<th>Amends</th>
<th>Avoid People</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$r$</td>
<td>$\beta$</td>
</tr>
<tr>
<td>Self/Behavior</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self Condemnation</td>
<td>.16</td>
<td>-.04</td>
</tr>
<tr>
<td>Behavior Condemnation</td>
<td>.50***</td>
<td>.49***</td>
</tr>
<tr>
<td>Public/Private</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fear of Evaluation</td>
<td>.11</td>
<td>.10</td>
</tr>
<tr>
<td>Witnessed or Not</td>
<td>.01</td>
<td>.04</td>
</tr>
<tr>
<td>Control over Resolution</td>
<td>.32***</td>
<td>.33***</td>
</tr>
<tr>
<td>Adj. $R^2$</td>
<td></td>
<td>.33</td>
</tr>
</tbody>
</table>

*Note. * $p < .05$, ** $p < .01$, *** $p < .001$*
Table 5. Study 2.2 Mean (SD) Ratings of Factors by Recalled Emotion Condition.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Shame</th>
<th>Guilt</th>
<th>Embarrassment</th>
<th>F value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self Condemnation</td>
<td>3.49 (1.00)</td>
<td>2.82 (1.01)</td>
<td>2.75 (1.01)</td>
<td>$F(2, 135) = 7.91, p = .001$</td>
</tr>
<tr>
<td>Behavior Condemnation</td>
<td>3.86 (.90)</td>
<td>3.54 (.85)</td>
<td>2.64 (.93)</td>
<td>$F(2, 135) = 22.67, p &lt; .001$</td>
</tr>
<tr>
<td>Negative Evaluation</td>
<td>3.06 (1.05)</td>
<td>2.59 (.99)</td>
<td>2.59 (1.01)</td>
<td>$F(2, 135) = 3.26, p = .041$</td>
</tr>
<tr>
<td>Audience Intolerance</td>
<td>2.10 (.94)</td>
<td>2.10 (.86)</td>
<td>2.19 (1.11)</td>
<td>$F(2, 135) = .14, p = .874$</td>
</tr>
<tr>
<td>Harmed Another Intentional</td>
<td>2.81 (1.51)</td>
<td>2.69 (1.45)</td>
<td>1.54 (.91)</td>
<td>$F(2, 135) = 12.55, p &lt; .001$</td>
</tr>
<tr>
<td>Intentional</td>
<td>3.05 (1.26)</td>
<td>3.27 (1.29)</td>
<td>2.22 (1.13)</td>
<td>$F(2, 135) = 9.11, p &lt; .001$</td>
</tr>
</tbody>
</table>

*Note.* Conditions with different subscripts are significant ($p < .05$). Italicized subscripts are different at $p < .08$. 
Table 6. Study 2.2 Correlations Among Affective Cognitions and Situational Factors.

<table>
<thead>
<tr>
<th></th>
<th>Self Condemnation</th>
<th>Behavior Condemnation</th>
<th>Fear of Negative Evaluation</th>
<th>Audience Intolerance</th>
<th>Harm</th>
<th>Intentionality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self Condemnation</td>
<td>-</td>
<td>0.61***</td>
<td>0.35***</td>
<td>0.08</td>
<td>0.09</td>
<td>0.00</td>
</tr>
<tr>
<td>Behavior Condemnation</td>
<td>-</td>
<td>0.31**</td>
<td>-0.04</td>
<td>0.46***</td>
<td>0.11</td>
<td></td>
</tr>
<tr>
<td>Fear of Negative</td>
<td>-</td>
<td>-</td>
<td>0.34***</td>
<td>0.31***</td>
<td></td>
<td>-0.02</td>
</tr>
<tr>
<td>Evaluation</td>
<td>0.34***</td>
<td>0.31***</td>
<td>0.07</td>
<td>0.08</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Audience Intolerance</td>
<td>-</td>
<td>-0.18*</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Harm</td>
<td>-</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intentionality</td>
<td>-</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note. * p < .05, ** p < .01, *** p < .001
Table 7. Study 2.2 Correlations and Regressions of Factors and Motivations.

<table>
<thead>
<tr>
<th></th>
<th>Amends</th>
<th>Avoid People</th>
<th>Cover Up</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$r$</td>
<td>$\beta$</td>
<td>$r$</td>
</tr>
<tr>
<td><strong>Self/Behavior</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self Condemnation</td>
<td>$0.24^{**}$</td>
<td>$0.01$</td>
<td>$0.52^{***}$</td>
</tr>
<tr>
<td>Behavior Condemnation</td>
<td>$0.53^{***}$</td>
<td>$0.38^{***}$</td>
<td>$0.18^{*}$</td>
</tr>
<tr>
<td><strong>Public/Private</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fear of Evaluation</td>
<td>$0.15$</td>
<td>$0.06$</td>
<td>$0.35^{***}$</td>
</tr>
<tr>
<td>Audience Intolerant</td>
<td>$-0.13$</td>
<td>$-0.07$</td>
<td>$0.19^{*}$</td>
</tr>
<tr>
<td>Harm</td>
<td>$0.32^{***}$</td>
<td>$0.05$</td>
<td>$0.01$</td>
</tr>
<tr>
<td>Intent</td>
<td>$-0.14$</td>
<td>$-0.20^{***}$</td>
<td>$-0.03$</td>
</tr>
<tr>
<td><strong>Degree of Distress</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$0.25^{***}$</td>
<td>$0.14$</td>
<td>$0.36^{***}$</td>
</tr>
<tr>
<td>Control of Resolution</td>
<td>$0.40^{***}$</td>
<td>$0.41^{***}$</td>
<td>$-0.33^{***}$</td>
</tr>
<tr>
<td>Adj. $R^2$</td>
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<tr>
<td></td>
<td>$0.41$</td>
<td></td>
<td>$0.36$</td>
</tr>
</tbody>
</table>

*Note. * $p < .05$, ** $p < .01$, *** $p < .001$
Figure 1. Study 2.1 Mean (SE) Motivations by Condition.
Figure 2. Study 2.2 Mean (SE) Motivations by Condition.

*** p < .001, ** p < .01
Chapter 3

Reactions to Physician-Inspired Shame

Chapter 2 presented evidence that the motivations to make amends and avoid others were differentially predicted by behavior condemnation and self-condemnation, respectively. It also presented evidence that these affective cognitions occur within both shame and guilt experiences. The present study will attempt to extend and replicate these results by examining how these affective cognitions relate to motivations to amend and avoid within a specific type of shaming experience—a shaming interaction with a physician. Additionally, it will explore what happens when someone feels another person, specifically a physician, is intentionally trying to make him or her feel shame or guilt (i.e., give a “guilt trip”).

Introduction

Though modern medicine has made tremendous advancements in terms of quality of care and treatment of disease and illness, over a third of all deaths in the United States are still essentially preventable and largely due to unhealthy patient behavior (Mokdad, Marks, Stroup, & Gerberding, 2004). For example, in the U.S. approximately 18% of deaths are due to tobacco use, 17% to poor diet and physical inactivity, and 4% to alcohol consumption (Mokdad et al., 2004). According to a recent study of health risk factors, if America’s unhealthy lifestyles continue, a third of life expectancy gains could be lost within 20 years, mostly due to health problems related to obesity (Cutler, Glaeser, & Rosen, 2007). Recently, the U.S. Surgeon General has recommended that physicians address weight issues with their patients and emphasize the importance of proper nutrition and exercise (U.S. Department of Health and Human Services, 2010).
Inherent in the Surgeon General’s recommendations is the assumption that patients will benefit from having frank conversations with their physicians. However, recent empirical work has raised the possibility that such interactions do not always have the intended outcome. Harris and Darby (2009) asked a large adult sample if they had ever had an experience where a physician said something that made them feel shame. They found that over half of respondents had experienced such shame, most commonly over unhealthy patient behaviors such as exercise, sexual practices, and smoking habits. Interestingly, patients’ responses to these shameful encounters varied greatly. Forty-five percent of those experiencing shame reacted negatively including terminating treatment with, avoiding, or subsequently lying to their physician as a result of the incident. However, 33% reported positive reactions such as improving their health related behaviors. These findings raise the question of why shame in medical interactions produces such disparate responses. The current study will explore possible explanations of the divergent responses, focusing primarily upon: 1) the role that self versus behavior condemnation plays, and 2) perceptions regarding whether physicians were intentionally trying to induce shame or guilt.

The Motivations of Shame

As was discussed in previous chapters, shame is commonly believed to produce avoidance motivations and not amends motivations (Schmader & Lickel, 2006; Tangney et al., 1996; Wicker et al., 1983; see de Hooge and colleagues, 2010; 2011 for conflicting viewpoint). The results of Chapter 2, however, suggest that shame can produce both amends and avoidance motivations and that the specific affective cognitions of the experience (e.g., self-condemnation, behavior condemnation, etc.) are better predictors of
motivations than the emotion as a whole. Thus, these affective cognitions may also explain some of the variation reported by Harris & Darby (2009). Self condemnation, because it may be associated with motivations to avoid other people, may have been the affective cognition of participants who reported that they terminated treatment or avoided their physicians. In contrast, behavior condemnation, because it may be associated with approach motivations such as the desire to make amends, may have been the affective cognition felt by the participants who reported largely positive reactions. The present study is designed to examine the disparate responses of individuals reporting shame when interacting with a physician, and to determine whether those responses are partially explainable by differences in affective cognitions and their hypothesized motivations.

**Intentionally Induced Shame and Guilt**

Another factor that may predict the outcomes of a shaming encounter is whether the patient feels that the other person was intentionally trying to induce shame or guilt. Because shame and guilt are aversive emotional states, they can also serve as a form of punishment for improper actions, thereby deterring repetition of undesirable behaviors (Tangney et al., 2007). The punitive nature of shame and guilt lend themselves to use in social control, which refers to interactions in which one or more persons’ attempts to influence, regulate, or constrain the behaviors of another (Lewis & Rook, 1999). To our knowledge, no study has directly explored the effects of intentionally inducing these emotions in a medical domain. Some health researchers have noted, however, that general forms of social control can result in both improvement in the health behavior and greater psychological distress, a pattern referred to as the *dual-effects hypothesis* (Hughes & Gove, 1981; Lewis & Rook, 1999). One possibility is that intentionally inducing
shame or guilt, although eliciting psychological distress, also might be an effective method of discouraging unhealthy behavior.

However, other health researchers have noted that social control attempts can result in both psychological distress and poorer health behaviors (Helgeson, Novak, Lepore, & Eton, 2004; Rook, Thuras, & Lewis, 1990). One possible mechanism for such negative outcomes is psychological reactance—people often respond counter to the desires of another when they perceive that the other person is trying to restrict their freely chosen behaviors (Brehm, 1966). In the case of intentionally inducing shame and guilt, reactance could occur if the target of the control attempt perceives that the controlling person is trying to intentionally induce the feelings of shame or guilt. Such attributions could lead to reduced compliance and more psychological distress.

One of the aims of the current study is to examine patient perceptions that the physician was intentionally trying to induce shame or guilt. To our knowledge, this is a topic that has received no previous empirical attention, yet is likely common in everyday life. While the dual-effects hypothesis would predict some benefit from intentionally induced shame or guilt, reactance theory would predict that appraisals of intentionality would supersede any benefit of the emotional state and result in poorer outcomes.

**Current Research**

The current study is one of the first to examine shaming interactions with a physician (exception Harris & Darby, 2009) and the first to focus on the differential impact of distinct affective cognitions, specifically self and behavior condemnation, within that experience. We will address several important questions concerning physician inspired shame and the theoretical underpinnings of these states. Are feelings of self
versus behavior condemnation associated with different reactions in physician-patient interactions? Do perceptions that the physician is intentionally trying to induce shame or guilt affect the patient’s responses? If so, do these perceptions positively influence health outcomes, as is suggested by the dual-effects hypothesis, or do they negatively influence health outcomes, as is suggested by reactance theory?

To explore these issues, participants from a large Southern California University were asked whether they have ever experienced shame when interacting with a physician, and, if they had, to report on their emotional and behavioral reactions. The degree of self and behavior condemnation felt during the incident were measured by having participants rate items from the State Shame and Guilt Scale (Marschall et al., 1994). This approach has several advantages: 1) having participants recall just a “shaming experience” rather than an experience that elicited either shame or guilt replicates the methodology used in past research (Harris & Darby, 2009) and specifically addresses the puzzling variation seen in previous participants’ reactions to a shaming patient-physician interaction and 2) it examines a variety of behaviors and outcomes associated with approach and avoidance motivations rather than the common method of using a single survey item.

**Method**

**Participants**

Four hundred and ninety one undergraduate students individually completed a survey in exchange for course credit (380 female/110 male; age: $M = 20.3$, $SD = 1.96$). The ethnicities of the sample were as follows: Asian or Asian American (295), Caucasian (81), Hispanic (64), and other including African-American, Native American, Pacific Islander (51).
Measures

Before completing the questionnaire, participants were assured of the confidentiality of their responses by the experimenter and in an informed consent form. After completing basic demographic information, participants completed a measure of dispositional shame and dispositional guilt, Test of Self-Conscious Affect (TOSCA) (Tangney & Dearing, 2002). They also answered some additional questions that were unrelated to the current topic and so were not reported here.

Next, participants were asked for the approximate time since their last visit to the physician, the frequency of their visits, and whether they had ever experienced shame while interacting with a medical professional (henceforth referred to as the physician). Participants that remembered a shaming interaction indicated the number of such experiences, and then answered additional questions regarding their most recent shaming encounter. The additional questions comprise 5 categories: Description of the Event, Self and Behavioral Condemnation Experienced During the Event; Overall Impact of the Event; Affective, Motivational, and Behavioral Reactions; and Appraisals of the Physician.

Description of the Event. Participants were asked to report the specialty of the physician and to indicate the topic of the shaming encounter from a list of possible health topics. This list included the topics that were most frequently reported in previous work (Harris & Darby, 2009) as well as additional items. Possible shaming topics included weight, smoking, not taking prescribed medication, sexual practices, hygiene, exercise, alcohol or substance use, failure to get exams (including check-ups, self-exams, testing, etc.), not following physicians instructions, care of teeth, doctor insinuating that
symptoms are not true/made up, mental health, improper management of medical condition, pregnancy or birth control related, behavior/attitude/care of someone else (e.g., child), or other.

**Self and Behavior Condemnation.** Self and behavior condemnation were assessed using the State Shame and Guilt Scale (SSGS; Marschall et al., 1994), which is a fifteen-item scale that uses composite scores to measure these constructs, as well as pride, during an event. Participants in our study were asked to retrospectively report how they felt at the moment the incident took place. Sample self condemnation questions from the SSGS included “I felt like I was a bad person” and “I felt worthless, powerless.” Sample behavior condemnation questions include “I felt bad about something I had done (or not done)” and “I felt tension about what I had done (or not done).” All items were on a likert scale from 1 (*not at all*) to 5 (*very much so*).

**Intentional Shame and Guilt.** We also assessed patients’ perceptions that the physician was intentionally trying to induce shame or guilt (i.e., giving them a “guilt trip” or trying to shame them). To determine the potential impact of this form of social control, patients rated the degree to which “the doctor was purposely trying to make (you) feel shame” and, in another question, guilt on a scale from 1 (*not at all*) to 7 (*a great deal*).

**Overall Impact of the Event.** In order to assess the impact of the experience on the participants’ physical health, participants were asked to report whether as a consequence of the incident, the behavior or condition (e.g. health problem) improved or not. To assess the subjective impact of the event from the patient’s point of view, which could include other aspects of the experience besides physical repercussions, participants
were asked to rate “overall, how would you say this experience impacted you” on a scale from 1 (very negative impact) to 7 (very positive impact).

**Affective and Motivational Reactions.** To measure affective and motivational reactions to the event, the participants rated how much they were motivated to change their health behaviors because of the incident, felt they could change the behavior or condition, appreciated the physician, felt like a bad person during the incident, and felt judged by the physician on a scale from 1 (not at all) to 7 (a great deal). General negative affect was also measured by asking participants to rate on a 7-point likert scale how much the experience bothered them (not at all to very much) and how long the experience bothered them (no time at all to still bothers).

**Behavioral Reactions.** Participants were then given a list of possible behavioral reactions (adapted from Harris & Darby, 2009) and asked to endorse all that applied (either yes or no). This list includes: stopped seeing that physician, stopped seeing all physicians, avoided seeing any physician to some degree, lied about health related behaviors to avoid similar encounters, lied about frequency of certain behaviors, hid details about health-related behaviors, followed the physician’s advice, improved health-related behaviors, became more careful/conscientious with health-related behaviors, became more knowledgeable about health, and disclosed more information about health to physician.

**Appraisals of the Physician.** Participants rated a number of possible appraisals of the physician’s intentions and motives from 1 (not at all) to 7 (a great deal). Appraisals included: the physician was attempting to act in their best interest, the
physician’s assessment of the situation was accurate/correct, the physician was trying to understand the circumstances, and the physician had a positive tone of voice.

Results

Sample Description

Of the 491 participants, 23% \((n = 115)\) had experienced a shaming encounter with a physician. Four of these participants failed to elaborate on their shaming encounter, leaving a final sample size of 111 (94 female/27 male). The ethnicities of the final sample were as follows: Asian or Asian American (58), Caucasian (24), Hispanic (15), and other (14). Of these participants, 41% \((n = 46)\) reported having experienced one shaming encounter, while 59% \((n = 65)\) reported more than one encounter. Thus, it appears that shaming experiences are rather common amongst a college sample. More women (26%) than men (15%) reported that they had experienced shame over an interaction with a physician, \(\chi^2(1, N = 490) = 6.04, p < .05\), replicating the gender effect found with an older adult sample in Harris & Darby (2009).\(^4\) There was no association between ethnicity and having experienced shame in a medical encounter, \(\chi^2(1, N = 489) = 3.84, ns\).

The time since the incident occurred ranged from 0 months to 12 years, with a mean of 2 years. The most frequent shaming topics were sex (24%, \(n = 27)\), teeth (23%, \(n = 25\)), and weight (18%, \(n = 20\)). Note that participants were able to check more than one topic and some participants (30%, \(n = 33\)) declined to report a topic. The most common specialties of the shaming physicians were family practice physicians (31%, \(n = 34\)), gynecologists (23%, \(n = 25\)), and dentists (21%, \(n = 23\)).
We next analyzed the behavioral consequences of the event. As with previous work, responses to the shaming interaction were both positive and negative. Table 8 shows the percent of positive and negative responses to these experiences. Approximately 52% of respondents reported at least one negative response to the incident while approximately 72% reported at least one positive response. The most common negative response was to stop seeing the offending physician; the most common positive response was to become more careful about health behaviors.

The Role of Self Condemnation and Behavior Condemnation

We examined the amount of self condemnation and behavior condemnation participants recalled feeling during their encounter. To do so, we created composite scores for self condemnation and behavior condemnation from the SSGS. Cronbach’s alpha for the measure of self condemnation was .75 and for behavior condemnation was .81. Overall, participants recalled feeling self condemnation ($M = 3.06; SD = 1.04$) and behavior condemnation ($M = 3.17; SD = 1.03$) at roughly equal levels, $t(109) = -1.22$, $n.s$. Self condemnation and behavior condemnation were correlated with each other, $r(110) = .60, p < .001$. Correlational analyses revealed no relationship between time since the incident occurred and either feelings of self condemnation, $r(110) = .114, n.s$, or behavior condemnation, $r(110) = -.23, n.s$. As expected, this pattern suggests that self condemnation and behavior condemnation can co-occur and both states can be elicited in what are labeled “shaming” encounters.

The next series of analyses focus on the possible differential impact of self condemnation and behavior condemnation. We first present Pearson’s zero order correlations between the affective cognition and the outcome variable; when the variable
was dichotomous, we used point-biserial correlations. Then, because we are interested in
the unique contribution of each type of affective cognition to health behavior (i.e.,
behavior condemnation without self condemnation and self condemnation without
behavior condemnation), we present semi-partial correlations between the affective
cognition and the outcome variable while controlling for the other affective cognition.
This method has been used in previous work examining the unique effects of guilt and
shame in other settings (Tangney et al., 1996; Tangney et al., 1992).

**Overall Impact.** To assess the relationship between the affective cognitions and
the overall impact of the event, we first compared self condemnation and behavior
condemnation to three outcomes measures: improvement of the health problem,
participants’ subjective ratings of the overall impact of the event and the length of time
that the incident bothered them. The zero order and semi-partial correlations of these
outcome measures are presented in Table 9. Behavior condemnation was consistently
related to improvement of the health problem and, when controlling for self
condemnation, related to positive perceptions of the impact of the event. Self
condemnation was not related to improvement in the health problem, but was related to
negative perceptions of the impact of the event.

To further understand the relationship of self condemnation and behavior
condemnation to health behaviors, we next examined 3 types of reported reactions to the
experience: 1) affective and motivational reactions, 2) behavioral reactions, and 3)
appraisals of the shaming physicians. We then tested whether motivational reactions
mediate the relationships between the affective cognitions and the previous analyses of
the overall impact of the event.
Affective and Motivational Reactions. This set of analyses explored the relationship between the affective cognitions and the affective and motivational reactions to the experience, including 4 negative reactions (feeling bad during the experience, feeling judged by the physician, being bothered by the incident, and length of time bothered) and 3 positive reactions (motivated to change, feeling capable of change, and appreciation for the physician). As can be seen from Table 9, both the zero order correlations and the semi-partial correlations show that behavior condemnation was largely associated with positive reactions, although behavior condemnation was also associated with feeling bad during the event. Self condemnation, on the other hand, was exclusively associated with negative reactions—feeling bad during the event, feeling judged by the physician, and being bothered by the incident—and inversely related to positive reactions—less appreciation for the physician, and, when controlling for behavior condemnation, less motivation to change. These results lend further support to the hypothesis that self condemnation and behavior condemnation are associated with different affective and motivational reactions in doctor-patient interactions.

Behavioral Reactions. We next examined self condemnation and behavior condemnation as they related to 6 negative behaviors (discontinuing visits with the shaming physician, discontinuing visits with all physicians, avoiding all physicians to some degree, lying about the behavior to avoid future encounters, lying about the frequency of the behavior, and hiding details of the behavior) and 5 positive behaviors (following the physicians advice, improving health-related behaviors, becoming more careful with health behaviors, become more knowledgeable about health behaviors, and disclosing more information to health professional). Table 10 shows the correlations and
semi-partial correlations for behavior condemnation, self condemnation, and each of these behaviors.

Self condemnation was exclusively associated with negative behavioral reactions. As can be seen in Table 10, self condemnation was associated with ceasing visits to the shaming physician, lying, and hiding details from the physician. When controlling for behavior condemnation, self condemnation was also marginally related to avoiding all physicians to some degree and inversely related to following the physician’s instructions. It seems clear that self condemnation is exclusively associated with negative health behaviors.

In contrast to self condemnation, behavior condemnation was associated with both positive and negative behavioral reactions. On the positive side, behavior condemnation was correlated with following the physician’s instructions and, when controlling for self condemnation, marginally correlated with improving health behaviors and becoming more careful about health behaviors. On the negative side, however, behavior condemnation was associated with lying behaviors, though most of these relationships become non-significant when controlling for self condemnation.

**Appraisals of the Physician.** We next examined the relationship between self condemnation, behavior condemnation and the appraisals made about the physician. As with previous analyses, there are clear differences between self condemnation and behavior condemnation. Table 11 shows that behavior condemnation is exclusively associated with positive perceptions of the physician and the physician’s intentions, while self condemnation is exclusively associated with negative perceptions.
**Meditational Analyses of Overall Impact of the Event.** The next set of analyses examines possible factors that mediate the positive benefits of behavior condemnation. As noted earlier, behavior condemnation was related to improvement in the condition or behavior. We, therefore, tested whether the proposed motivational state of behavior condemnation, specifically the desire to make amends, was responsible for these positive changes. We performed meditational analyses between two possible mediators—motivation to change and feeling capable of change—that were significantly related to behavior condemnation ($\beta = .53, p < .01; \beta = .57, p < .01$, respectively). The mediation analyses used a series of logistic regressions in accordance with Baron and Kenny’s suggested steps for mediation (1986).

As demonstrated earlier, behavior condemnation is a significant predictor of improvement in the health problem ($\beta_1 = .38, p = .05$). When behavior condemnation and motivation to change are both entered as predictors, behavior condemnation no longer predicts improvement ($\beta_2 = .06, \text{ns}$) while motivation to change remains a significant positive predictor of improvement ($\beta = .71, p < .001$). The Sobel test was significant ($z = 2.75, p < .01$) indicating that the positive relationship between behavior condemnation and improvement in the condition was fully mediated by motivation to change. In contrast, when behavior condemnation and feeling capable of change were both entered as predictors, feeling capable of change was not a significant predictor of improvement ($\beta = .11, \text{ns}$), which indicates no mediation. In summary, it appears that the physical health benefits associated with behavior condemnation are largely due to the underlying motivation to repair and make amends, and not due to feelings of control over the behavior.
**Intentionally Induced Shame and Guilt**

To assess the impact of intentionally induced shame, we wanted to compare participants who perceived that the physician was intentionally trying to induce shame to those who did not. We therefore compared all participants who reported a 1 (not at all) on this item to participants who reported greater than 1. This created a dichotomous variable with 35% perceiving the shame was not intentional and 65% perceiving that it was. This same procedure was repeated for intentionally induced guilt (29% vs. 71%, respectively). As with our previous analyses, we first analyzed the overall impact of the event, followed by analyses of affective and motivational reactions, and finally behavioral reactions.

The chi-square analyses of the overall impact of the event indicated that neither intentionally induced shame nor intentionally induced guilt was associated with improvement in the problem behavior/condition ($\chi^2(1, N=111) = .85, ns$; $\chi^2(1, N=111) = 1.43, ns$, respectively). However, independent samples t-tests showed a relationship between both factors and the subjective impact of the event. Individuals that reported intentionally induced shame reported more negative perceptions of the impact of the event ($M = 3.61, SD = 1.28$) than those that did not report intentionally induced shame ($M = 4.69, SD = 1.19$; $t(109) = 4.34, p < .001$). These same effects were found between those that reported intentionally induced guilt and those that did not (subjective impact: $t(109) = 3.28, p < .001$, intentional guilt: $M = 3.73, SD = 1.33$, not intentional guilt: $M = 4.62, SD = 1.18$). In short, reports of both intentional shame and guilt are related to more negative perceptions of the impact of the event.
To analyze the affective and motivational reactions of intentionally induced shame and guilt, individual samples t-tests were used. As can be seen from Table 12, perceptions that the physician was intentionally trying to induce shame or guilt had wholly negative effects on affect and motivation. Individuals who reported intentionally induced shame reported feeling worse during the experience, feeling more judged by the physician, being bothered by the incident for longer, and feeling marginally less appreciation of the physician than those that did not report intentionally induced shame. Similarly, individuals who reported intentionally induced guilt also reported feeling worse, feeling more judged, being bothered for longer, and feeling less appreciation compared to those that did not report intentionally induced guilt. It appears that both intentional shame and intentional guilt are associated with poor motivational and affective responses to a shaming interaction with a physician.

The next set of analyses examined the behavioral reactions of intentionally induced shame and guilt. Chi-square analyses showed that participants who reported intentionally induced shame, compared to those that did not, were more likely to discontinue visits to the shaming physician (40% vs. 8%), $\chi^2(1, N = 110) = 12.53, p < .001$, and marginally more likely to lie about the frequency of the shameful behavior (21% vs. 8%), $\chi^2(1, N = 110) = 3.32, p = .068$. Comparisons of those reporting intentionally induced guilt to those that did not revealed these same two findings: increased likelihood of discontinuing visits (36% vs. 9%), $\chi^2(1, N = 110) = 7.89, p < .005$; increased likelihood of lying about the frequency (22% vs. 3%), $\chi^2(1, N = 110) = 5.78, p < .05$. Furthermore, participants reporting intentionally induced guilt were also
marginally more likely to report avoiding all physicians to some degree, (15% vs. 3%), $\chi^2(1, N = 110) = 3.27, p = .07$, and marginally less likely to report becoming more knowledgeable about their health, (27% vs. 44%), $\chi^2(1, N = 110) = 2.96, p = .08$. No other associations were significant.

As the reactions to the perception that the doctor was trying to intentionally induce shame were largely similar to those of intentional guilt, our final analysis was to conduct a correlation between these two variables to determine whether participants were distinguishing differences in the physician’s intentions. We found a strong correlation between these items, $r(111) = .79, p < .001$, and, in fact, only 10% subjects reported feeling that the physician had intentionally tried to induce one emotion without trying to induce the other. These findings suggest that the participants perceived little difference between intentionally induced shame and intentionally induced guilt.

In summary, participants who felt that the physician was intentionally trying to induce shame or guilt had more negative reactions than those who did not make such an attribution. In particular, they reported that the impact of the event was worse, have more negative affective and motivational reactions, and have more unhealthy behavioral reactions as a result of the incident than do participants who feel that the physician was not intentionally trying to induce shame or guilt, a pattern consistent with reactance theory.

**Discussion**

Past work has assumed that having a positive affective reaction to a medical visit will be beneficial to patients’ health behaviors while a negative affective reaction will be detrimental (Kane, Maciejewski, & Finch, 1997; Pascoe, 1983; Sitzia & Wood, 1997).
However, the current work suggests that such a general classification of negative affect may be mistaken. Though shaming interactions with a physician are quite common—almost a quarter of this college sample reported one or more such experience—reactions ranged from detrimental to beneficial. As discussed previously, a large portion of participants in this study reported negative reactions such as avoiding the shaming physician (28%), avoiding all physicians to some degree (12%), and lying about their behavior or condition (27%), but others reported positive consequences such as following the physician’s instructions (27%), becoming more careful about health related behaviors (52%), and becoming more knowledgeable about health (32%).

The data suggest that the affective cognitions of the individual may be important predictors of behavior, particularly in the domain of patient-physician interactions. We found that behavior condemnation was largely associated with positive behavioral and motivational reactions, such as greater motivation to change the behavior, compliance with the physician’s instructions, and, most importantly, reporting that the problem behavior or condition improved as a result of the incident. In sharp contrast, self condemnation was exclusively associated with negative behavioral and motivational reactions such as ceasing visits to the shaming physician, reporting that the incident had a negative impact, and, when controlling for behavior condemnation, a decreased likelihood of following the physician’s instructions. Ignoring the distinctions between these affective cognitions would have missed one of the most unique contributions of this study—some forms of negative thoughts and feelings may actually be impetuses to positive change.

Theoretical Issues
The present work also extends previous research on the still developing theoretical understanding of shame. First, although the field has generally accepted that shame is characterized by self condemnation and guilt by behavior condemnation, these findings demonstrate that behavior condemnation is not limited to guilt. Behavior condemnation occurred quite strongly within these shame experiences. In fact, it was no less strong than the reports of self condemnation. This further supports the findings of Chapter 2 in the present dissertation that the self versus behavior distinction may not be used by the lay person, but that this distinction may have much practical utility.

A second contribution of the present study is that it is informative about the role that perceptions of control play in amends and avoidance. Previous research has suggested that perceptions of control play a critical role in determining whether one will avoid or amend following a shame experience (de Hooge et al., 2010). Our data suggest that there is a caveat to this conclusion. While the relationship between improvement in the problem behavior and behavior condemnation was partly mediated by perceptions of control, it was not a full mediator. However, the connection between behavior condemnation and improvement was fully mediated by the motivation to change the problem behavior. Thus, it appears that motivations to change (e.g., amend) are even better predictors of behaviors, at least amends making, than perceptions of control.

Third, we tested the possibility that shame and guilt are effective tools in social control, specifically, whether shame and guilt that are perceived as being intentionally induced can promote positive reactions even while increasing psychological distress. To our knowledge, this is the first study to examine this phenomenon with these emotions. The results suggest that, contrary to the dual-effects hypothesis, perceiving that another
person is intentionally trying to induce shame or guilt was not associated with any positive reactions. When participants felt that either emotion was intentionally induced, reactance appeared to be the dominant response and participants reported both more psychological distress and negative behaviors. It appears that obvious “guilt-trips” and other observable forms of intentionally inducing shame or guilt are not effective means of getting people to engage in more healthy behaviors, at least when the targets of the induction notice them.

It is important to note that our data address the perceptions of intentionally induced shame and guilt rather than the doctor’s actual intentions. In order to understand the effectiveness of shame and guilt as methods of behavioral influence in a medical context, it would certainly be interesting to know more about the intentions of the physicians involved in these interactions. However, it seems doubtful that one could study this directly, since few physicians would probably admit to deliberately trying to evoke shame and guilt even if they sometimes do so, assuming that such an acknowledgement would be viewed by investigators in a negative light.

**Practical Implications**

This work highlights the potential dangers that physicians face when they are attempting to broach a potentially sensitive topic with a patient. Research from the fields of consumer behavior and substance abuse treatment offer some valuable insights into possible ways of addressing such topics. One study reported that consumers ignore unsolicited advice from experts and sometimes intentionally act contrary to the advice (a predicament similar to the one faced by physicians in this study) (Fitzsimons & Lehmann, 2004). A follow-up study found that allowing the consumer to elaborate about the pros
and cons of the expert’s recommendations reduced consumer reactance (Zemack-Rugar, Fitzsimons, & Lehmann, 2007). For physicians, this finding suggests that open-ended, guided communication that allows patients to reach their own conclusions about unhealthy behaviors may be a possible way of reducing patient reactance.

This type of communication is very similar to the motivational enhancement interventions used to treat individuals for alcohol and substance abuse (Rollnick & Miller, 1995). According to Miller and Sanchez (1994), the basic principles are: 1) provide personalized feedback, 2) emphasize the patient’s responsibility to change, 3) give advice on how to change, 4) provide options (a menu) for change, 5) express empathy, and 6) emphasize self-efficacy. This type of intervention has been purported to be amongst the most effective treatments for alcohol dependence (Miller, 2000). For physicians, applying this type of approach when trying to change patient behaviors may be an effective way of promoting more positive health responses. Because it is focused primarily on the problem behavior rather than condemning the individual, it should elicit more approach-motivated responses than avoidance-motivated responses and may be accompanied with better patient outcomes. Future research could include investigating the use of techniques such as motivational enhancement interventions for the more mundane problems of weight control, sexual practices, and even the care of one’s teeth.

Limitations

Given the correlational nature of the design, we cannot be certain that self condemnation and behavior condemnation are causing the effects seen here. For example, it is possible that the final outcomes influence how participants recall feeling about the incident. A person who failed to change a problem behavior may then condemn the self
and a person who succeeded may then condemn the behavior. However, we took several precautions to mitigate this possibility and there are several key findings that suggest that this is not the case. First, if final health outcomes were biasing recall of the event, one might imagine that the variable that would be most influenced would be the perception of being able to control the problem behavior—people who improved their behavior would likely perceive themselves as more agentic and able to control the behavior than those whose behavior remained unchanged. Importantly, we found no relationship between perceived ability to control the behavior and improvement in the health problem. This lack of relationship suggests that the final health outcomes are at most having a minimal impact on patient’s recollection of the event. Second, distortions in memory would most likely occur for events that are more temporally distant. To minimize this possible effect we had participants report on the most recent event. Additionally, we found no relationship between the time since the incident occurred and self-reported levels of self or behavior condemnation. Thus, temporal distance from the event cannot account for the differences found here between self and behavior condemnation. Finally, asking participants to report on specific past events (as done in the present study) has been argued to minimize the influence of current global attitudes and feelings (Harris & Darby, 2009; Reis et al., 2008).

Participants in this study were college student age, and were predominately of Asian ancestry and female. On first blush this might be seen as a limitation, but we think it is not for several reasons. First, doctor-patient interactions that occur early in one’s life may set expectations and patterns for future interactions. Therefore, early exchanges may have undue influence on future interactions and, as such, are an important topic of study.
Second, although young people are not at high risk for some of the diseases that take years to produce morbidity and mortality, they are at risk of illnesses and morbidity caused by sexual practices. In the current work, sex was the topic cited as most frequently inducing shame. Negative reactions such as avoiding the doctor or lying in such circumstances can not only put the patient at risk but his or her sexual partners as well. Finally, given that the vast majority of research in the US has focused on people of Caucasian ancestry, there is a paucity of research examining psychological and emotional reactions of groups with other ethnic backgrounds. This research is a step towards filling this gap. While Eastern cultures are typically thought to be more prone to shame than Western cultures (Benedict, 1946; Ha, 1995), our data did not reveal differences between Asians and Caucasians living within the US; both groups reported similar frequencies of shame in doctor-patient interactions. Whether this is a product of the situational constraints of the medical setting or generalizes to other settings is unclear and may be a fruitful direction for future studies.

In summary, though this study is not without limitations, it does provide a unique and informative look at the emotional, motivational, and health consequences of shaming interactions with a physician. This study marks one of the first to show distinct differences in the health associations between self and behavior condemnation. These findings not only further the theoretical understanding of shame, but they are also informative to working physicians. As physicians are given broader mandates to change unhealthy patient behavior, it seems increasingly important to understand the interpersonal dynamics and affect that occur in physician-patient interactions.
Chapter 3, in part, has been submitted for publication of the material as it may appear in Journal of Applied and Basic Psychology, 2012, Darby, R. S.; Henniger, N. E.; Harris, C. R., Taylor and Francis Inc, 2012. The dissertation author is the primary investigator and author of the material.
Footnotes

1 Though dispositional shame did predict having a shaming experience, $r(483) = .13, p < .005$, neither dispositional shame nor dispositional guilt significantly predicted any of the other dependent measures. We will therefore not report further on the TOSCA.

2 One item was inadvertently excluded from our measurement of self condemnation. However, this did not reduce its scale reliability as Cronbach’s alpha was .81.

3 As pride was not a target state, we will not report the results of the pride analyses.

4 Given the relatively small number of males that reported a shaming encounter, we do not further analyze gender differences.

5 Participants rated how strongly they agreed with the statement that the physician was trying to intentionally induce shame (and guilt) on a Likert-type scale. However, for clarity and ease of interpretation we reported our results as comparisons between those who did perceive that the shame (or guilt) was intentionally induced and those who did not. Analyses with the continuous measures of intentionally induced shame/guilt produced a similar pattern of results as the dichotomized measure with the following exceptions: intentional guilt was also associated with more lying, $r(111) = - .24, p < .05$, and hiding details of health related behaviors, $r(111) = - .22, p < .05$, and that intentional shame was no longer associated with more lying, $r(111) = - .12, ns$. 
Table 8. Study 3 General Reactions to Shaming Encounter.

<table>
<thead>
<tr>
<th>Positive Behavioral Reactions</th>
<th>Negative Behavioral Reactions</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>Follow the Physician’s Instructions</td>
<td>27%</td>
</tr>
<tr>
<td>Improve Health Related Behavior</td>
<td>38%</td>
</tr>
<tr>
<td>More Careful about Health Behaviors</td>
<td>52%</td>
</tr>
<tr>
<td>More Knowledgeable about Health Behaviors</td>
<td>32%</td>
</tr>
<tr>
<td>Disclose More Information to the Physician</td>
<td>8%</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Note.* Categories are not mutually exclusive and may sum to more than 100%.
Table 9. Study 3 Correlations between Affective Cognitions and Overall Impact, and Affective and Motivational Reactions.

<table>
<thead>
<tr>
<th>Overall Impact</th>
<th>Positive Affective and Motivational Reactions</th>
<th>Negative Affective and Motivational Reactions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Condemn Self</td>
<td>Condemn Behavior</td>
</tr>
<tr>
<td>Condemn Self</td>
<td>.07</td>
<td>.19*</td>
</tr>
<tr>
<td>Condemn Behavior</td>
<td>(-.06)</td>
<td>(.19*)</td>
</tr>
<tr>
<td>Motivated</td>
<td>-.00</td>
<td></td>
</tr>
<tr>
<td>To Change</td>
<td>(-.23**)</td>
<td></td>
</tr>
<tr>
<td>Subjective Impact of the Event</td>
<td>-.38***</td>
<td>(-.45***)</td>
</tr>
<tr>
<td>Feel Capable of Changing</td>
<td>.05</td>
<td>(-.15)</td>
</tr>
<tr>
<td>Appreciate the Physician</td>
<td>-.20*</td>
<td>(-.39***)</td>
</tr>
<tr>
<td>Felt Bad During the Event</td>
<td>.44***</td>
<td>(.15†)</td>
</tr>
<tr>
<td>Felt Like the Physician Was Judging</td>
<td>.42***</td>
<td>(.44***)</td>
</tr>
<tr>
<td>Bothered by the Incident</td>
<td>.41***</td>
<td>(.34***)</td>
</tr>
<tr>
<td>Length of Time Bothered</td>
<td>.38***</td>
<td>(.27**)</td>
</tr>
</tbody>
</table>

Note. *** < .001, ** < .01, * < .05, † < .08; Zero order correlations are outside the parentheses, semi-partial correlations controlling for the other affective are contained within the parentheses.
Table 10. Study 3 Correlations Between Affective Cognitions and Behavioral Reactions.

<table>
<thead>
<tr>
<th></th>
<th>Positive Behavioral Reactions</th>
<th>Negative Behavioral Reactions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Condemn Self</td>
<td>Condemn Behavior</td>
</tr>
<tr>
<td>Follow the Physician’s</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Instructions</td>
<td>-.03</td>
<td>.27**</td>
</tr>
<tr>
<td></td>
<td>(-.24*)</td>
<td>(.36***)</td>
</tr>
<tr>
<td>Improve Health Related Behavior</td>
<td>-.01</td>
<td>.13</td>
</tr>
<tr>
<td></td>
<td>(-.11)</td>
<td>(.17†)</td>
</tr>
<tr>
<td>More Careful about Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behaviors</td>
<td>-.08</td>
<td>.10</td>
</tr>
<tr>
<td></td>
<td>(-.17†)</td>
<td>(.18†)</td>
</tr>
<tr>
<td>More Knowledgeable about Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behaviors</td>
<td>.05</td>
<td>.02</td>
</tr>
<tr>
<td></td>
<td>(.04)</td>
<td>(-.01)</td>
</tr>
<tr>
<td>Disclose More Information to</td>
<td></td>
<td></td>
</tr>
<tr>
<td>the Physician</td>
<td>.05</td>
<td>.06</td>
</tr>
<tr>
<td></td>
<td>(.02)</td>
<td>(.04)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note. *** < .001, ** < .01, * < .05, † < .080; Zero order correlations are outside the parentheses, semi-partial correlations controlling for the other affective are contained within the parentheses.
Table 11. Study 3 Correlations Between Affective Cognitions and Appraisals of the Physician.

<table>
<thead>
<tr>
<th></th>
<th>Condemn Self</th>
<th>Condemn Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Was Acting In My Best Interest</td>
<td>-.30**</td>
<td>.16</td>
</tr>
<tr>
<td></td>
<td>(-.50***</td>
<td>(.43***)</td>
</tr>
<tr>
<td>Physician Was Accurate in Assessment</td>
<td>-.05</td>
<td>.30**</td>
</tr>
<tr>
<td></td>
<td>(-.28**)</td>
<td>(.41***)</td>
</tr>
<tr>
<td>I Felt Understood By My Physician</td>
<td>-.28**</td>
<td>-.11</td>
</tr>
<tr>
<td></td>
<td>(-.27**)</td>
<td>(.07)</td>
</tr>
<tr>
<td>The Physician Had a Positive Tone of Voice</td>
<td>-.46***</td>
<td>-.04</td>
</tr>
<tr>
<td></td>
<td>(-.54***)</td>
<td>(.28**)</td>
</tr>
</tbody>
</table>

**Note.*** < .001, ** < .01, * < .05, † < .08; Zero order correlations are outside the parentheses, semi-partial correlations controlling for the other affective cognition are contained within the parentheses.
<table>
<thead>
<tr>
<th>Affective and Motivational Reactions</th>
<th>Intentional Shame</th>
<th>Not Intentional Shame</th>
<th>Intentional Guilt</th>
<th>Not Intentional Guilt</th>
<th>t value&lt;sup&gt;a&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motivated to Change</td>
<td>4.2</td>
<td>1.9</td>
<td>4.6</td>
<td>1.9</td>
<td>1.03</td>
</tr>
<tr>
<td>Feel Capable of Changing</td>
<td>4.3</td>
<td>1.8</td>
<td>4.2</td>
<td>2.0</td>
<td>-0.12</td>
</tr>
<tr>
<td>Appreciate the Physician</td>
<td>3.8</td>
<td>2.0</td>
<td>4.5</td>
<td>2.1</td>
<td>1.85†</td>
</tr>
<tr>
<td>Felt Bad During the Event</td>
<td>4.7</td>
<td>2.1</td>
<td>3.5</td>
<td>2.0</td>
<td>-3.11**</td>
</tr>
<tr>
<td>Felt Like the Physician Was Judging</td>
<td>4.7</td>
<td>1.7</td>
<td>2.2</td>
<td>1.6</td>
<td>-7.44***</td>
</tr>
<tr>
<td>Bothered By the Incident</td>
<td>5.4</td>
<td>1.2</td>
<td>4.6</td>
<td>1.3</td>
<td>-3.39***</td>
</tr>
<tr>
<td>Length of Time Bothered</td>
<td>4.2</td>
<td>1.6</td>
<td>3.5</td>
<td>1.6</td>
<td>-2.33*</td>
</tr>
</tbody>
</table>

<sup>a</sup> Degrees of freedom varied from 108 to 109 due to some participants not answering a question

Note. *** < .001, ** < .01, * < .05, † < .08
Chapter 4
The Motivational Impact of Victim Discovery

The previous chapters explored how shame, guilt, embarrassment, and the theoretically important distinctions between these emotions affect one’s desire to make amends or to avoid. One theoretically important aspect of these emotions that deserves further exploration is the context in which the transgression occurred, that is, whether it is discovered or in undiscovered. In this chapter, we shall investigate how the actual exposure of the transgression to the victim affects motivations to amend or avoid.

As discussed previously, the public/private distinction between shame and guilt has a long history, but the operationalization of this distinction has changed over time. Originally, the focus of the public/private distinction was the fear of negative evaluation by others. As noted by Smith and colleagues (2002), figures such as Socrates, Charles Darwin, and William James have all stressed the importance of a damaged discovered image in the shame experience. A succinct summary of this viewpoint was offered by mid-twentieth century psychologist David Ausubel, who said that “shame is an unpleasant emotional reaction by an individual to an actual or presumed negative judgment by others….An actual audience is unnecessary, but a presumed or fantasied judgment by others is” (1955, p. 382).

Modern emotion theorists, however, have largely moved away from this theoretical conceptualization of the discovered/undiscovered distinction, and re-envisioned it as the actual presence of an audience, or lack thereof, to a transgression. Gehm and Scherer (1988) summarize this viewpoint well: “shame is usually dependent on the public exposure of one’s frailty or failing, whereas guilt may be something that
remains a secret with us, no one else knowing of our breach of social norms or of our responsibility for an immoral act” (p. 74).

**Transgression Exposure and Motivations**

In the literature to date, it remains unclear how the public/private distinction impacts motivations to amend or to avoid. In Chapter 2, we found that the first operationalization of the public/private distinction—the fear of negative evaluation—does in fact play an important role in motivations. Specifically, we found that this construction of the public/private distinction was a strong predictor of motivations to cover up the transgression (see Study 2.2) and to avoid the people involved (see Study 2.1). The second operationalization, whether or not the transgression was witnessed, was not as predictive. It was not related to either amends making or avoidance desires. In the current experiment, we shall investigate the possibility that a specific type of transgression exposure—exposure to the victim of the transgression—can affect a transgressor’s desires to make amends or avoid the victim.

The victim’s discovery of the transgression and whether or not the transgression was witnessed are related, but distinct constructs. While they often co-occur, they need not. A concrete example of when they do not overlap is the case of infidelity. When someone commits a sexual infidelity, there is almost always a witness to the transgression, usually in the form of a sexual partner, but the victim—the committed partner—rarely discovers the transgression until later. One would expect, especially in this case, that the victim’s discovery would have a much greater impact on amends making or avoidance behaviors than the presence of a witness. Consequently, as was seen in Chapter 2, the mere presence of others may not have much of an affect on motivations and behaviors;
but the exposure of the transgression to the victim may, though what affect that may be is unclear.

There are at least two possible ways a discovered transgression could affect motivations, and they result in somewhat contradictory predictions: 1) it could elicit more fear of negative evaluation and, therefore, more avoidance and 2) it could increase feelings of guilt or shame, depending upon the type of transgression, and elicit more of the motivation that theoretically accompanies that particular emotion.

The first possibility is that a discovered transgression could inspire more fear of negative evaluation than if the victim were unaware. Because fear of negative evaluation has been linked to avoidance (see Chapter 2), an exposed transgression would presumably motivate more avoidance than an unexposed one. This is similar in theory to the bystander effect, the psychological phenomenon by which the mere presence of other people (i.e., bystanders) reduces the likelihood that an individual will help someone in need (Fischer et al., 2011). One of the proposed causes of the bystander effect is “evaluation apprehension,” the fear of negative evaluation (Latan & Darley, 1970). In order to avoid the possibility of negative evaluation, people are motivated to avoid the situation and not offer the aid they would have if there had not been witnesses present. A similar situation occurs when people avoid going to the doctor for fear that their condition might be perceived as trivial (Harris, 2006). This has been seen to occur even when people experience symptoms of a potentially life-threatening issue such as cardiac failure (Harris, 2006). Given that the mere presence of others is enough to promote avoidance of other people when one only suspects that others will perceive them as having done something wrong, should it not have an even greater effect when a victim
knows one has *actually* done him or her wrong? Thus, one could expect that the a
discovered transgression could inspire greater fear of negative evaluation, which would in
turn inspire more avoidance of other people.

Another possible route by which the discovered transgression may influence
motivations is through increases in feelings of shame or guilt. It may be possible that the
dominant self-conscious emotion produced by the situation (or vignette) is intensified by
the exposure and that this emotion motivates emotion specific reactions (Smith and
colleagues (2002) noted that exposure magnifies both guilt and shame). For example, if a
devout Catholic were to have a moment of weakness and engage in premarital sex, she
would probably feel a host of negative emotions, including shame, guilt, and
embarrassment. If guilt were her dominant emotion, then she would likely feel a strong
motivation to make amends for her behavior (assuming, of course, the proposed
relationship between guilt and amends actually exists). If her sin were revealed to others,
the exposure would likely increase her feelings of guilt and lead to even stronger
motivations to make amends. If, however, shame were her dominant emotion, then she
would likely feel motivated to avoid other people. When that transgression is exposed,
then both her feelings of shame and desire to avoid others would likely increase. In
essence, the prediction is that the effect of exposure is due to changes in the self-
conscious emotions and that responses are differentially predicted by increases in feelings
of shame and guilt.

To our knowledge, there are only two studies that have examined the effects of
transgression exposure or transgression discovery and they actually find contradictory
results. Smith and colleagues used hypothetical scenarios that varied the degree to which
the victim was aware of the transgression and found that people expect to react with more avoidance to discovered transgressions than undiscovered (Smith et al., 2002). In contrast, Wolf and colleagues used hypothetical vignettes to investigate the effects of transgression exposure generally (in only some of the vignettes is it clear that the transgression is discovered by the victim) and found that participants reported that they would be more likely to make amends and less likely to avoid after a hypothetical exposed transgression than a hypothetical unexposed one (Wolf et al., 2010). One possible explanation for these contradictory findings is that the different vignettes were eliciting expectations of different affective cognitions and emotions (e.g., fear of negative vs. shame or guilt), and thereby changing participants’ expected reactions. Unfortunately, neither of these studies tested the psychological mechanisms by which the transgression exposure or discovery was eliciting amends or avoidance desires, so, as of yet, there is no empirical explanation for these contradictory findings.

The Current Research

The current research attempts to add to the sparse literature on the motivational effects of discovered transgressions by exploring 1) whether the victim’s knowledge of the transgressor’s wrongdoing influences motivations and behaviors and, if it does, 2) by what mechanisms these changes in motivations and behaviors occur. There are at least two possible effects of a discovered transgression and mechanisms by which these effects could occur. First, a discovered transgression could motivate more avoidance because it elicits more fear of negative evaluation than does a non-exposed transgression. Alternatively, a discovered transgression could simply magnify the dominant self-conscious emotion felt by the individual and produce either amends or avoidance,
depending on the emotion felt. We shall test the possible effects of transgression exposure in three different experiments. In Experiment 4.1, we will use hypothetical vignettes to test the effect of transgression exposure and whether these effects are mediated by expectations of changes in emotions or the fear of negative evaluation. In Experiments 4.2 and 4.3, we will extend the work from hypothetical to the real world by experimentally manipulating a transgression and its exposure in the laboratory.

**Experiment 4.1**

In this first experiment, we used the same hypothetical transgressions as Smith et al., (2002) to test how transgression exposure affects motivations and by what mechanism this occurs (e.g., fear of negative or affective changes). Participants read two scenarios and imagined themselves in the role of the protagonist. In each scenario, they were randomly assigned to imagine either committing a transgression that was discovered by the victim or was not discovered. There was also one additional condition, the victim present condition, which contained situations where the transgressor interacted with the victim shortly after committing the transgression, but no mention is made to indicate that the victim is aware of the transgression. This condition served as a control condition for the mere presence of the victim, as the victim was present in the discovered conditions but not the undiscovered.

After each scenario, participants rated the likelihood that they would try to make amends and avoid the victim, as well as their expected affective state and fear of negative evaluation.

**Methods**

**Participants**
Two hundred and four undergraduate students (61% female, age: $M = 20.38$, $SD = 1.47$) from a large southern California university participated in this online experiment in exchange for course credit. The ethnic composition of the sample was 58% Asian or Asian American, 21% Caucasian, 18% Hispanic, and 3% Other. Each vignette had 3 different levels of exposure—discovery, victim present, or undiscovered—and participants were randomly assigned to level of exposure for each vignette. We also included a morality condition in which the protagonist either believed what he or she was doing was wrong or did not. Past research has found that if the transgressor believes that her actions are wrong, she feels more guilt. But if she does not, she feels more shame (Smith et al., 2002). We included this variable to test differences in the dominant emotion felt. However, this condition did not significantly impact motivations or interact with exposure, so we dropped the moral component from our analyses.

**Procedure**

Subjects participated in this experiment entirely online. After giving informed consent, participants were asked basic demographic information and were informed that they would be reading several hypothetical accounts and that they should take the perspective of the protagonist. Participants then read the first scenario, which depicted Jody/Jim (the protagonist was always the same sex as the participant), who works at a local movie theater, stealing candy from her employer. In the discovered condition, Jody takes the candy and then realizes her boss had been watching as she took the candy. In the victim present condition, Julia takes the candy and looks up to see her boss from a distance. No mention of the Boss seeing the theft is made. In the undiscovered condition, there is no mention of anyone besides Jody.
After reading the vignette, participants answered questions about the specific emotions they would feel in the situation, the likelihood of they would avoid, amend, or lie, fear of negative evaluation, and their degree of distress. All questions were rated on a 1 to 5 scale (Not at All to Very Much So). This same process took place for the second vignette, which depicted Julia/Jason plagiarizing her lab mates homework. As was done by Smith and colleagues (2002), we combined the results of both vignettes for final analyses.

Measures

**Affect.** We assessed two different types of affect—specific emotions and degree of distress. Participants rated their expected level of guilt, embarrassment, and shame (e.g., “I would feel ashamed”). One item, “I would be extremely upset by this experience”, assessed degree of distress.

**Fear of Negative Evaluation.** Three items measured fear of negative evaluation (e.g., “I would feel judged”; $\alpha = .87$).

**Avoidance.** Three items measured avoidance of the people involved (e.g., “I would want to avoid the people involved”; $\alpha = .84$).

**Cover Up the Transgression.** We also included one item, “I would try to hide or lie about what I had done”, to test the desire to cover up the transgression.

**Amending.** Four items measured motivation to make amends (e.g., “I would want to make amends for what I had done”; $\alpha = .85$).

Results

Data Analyses
Unless otherwise specified, data were analyzed using one-way ANOVAs with exposure as the independent variable. When the ANOVA was significant, we performed follow-up contrasts using Tukey HSD post-hoc tests. We first investigated how a discovered transgression affected motivations. Then we tested whether a discovered transgression would change ratings of the self-conscious emotions and fear of negative evaluation, and how these potential mediators related to motivations. Our final analyses test whether these potential mediators actually mediated the effects of exposure.

**Motivations**

In our first set of analyses, we examined how discovered transgression affects the transgressor’s desire to make amends, avoid others, and cover up the transgression. One-way ANOVAs indicated that discovery had a significant impact on motivations to amend, $F(2, 388) = 11.34, p < .001$, and to cover up the transgression, $F(2, 392) = 24.41, p < .001$, but had no impact on avoidance of other people, $F(2, 389) = 1.53, p = .219$. Tukey contrasts revealed that participants in the discovery condition expected to that they would desire to make amends more than participants in either the undiscovered or victim present conditions (see Figure 3). They also reported that they would be less likely to cover up the transgression than the participants from the other two groups. It seems that people expect that the victim’s knowledge of the transgression will inspire them to make positive changes like making amends and not lying about the transgression.

**Affect**

In this set of analyses, we tested whether discovered transgressions would elicit more self-conscious emotions than undiscovered transgressions and whether these changes mediated the relationship between the discovered transgression condition and the
desire to make amends and not cover up the transgression. For these analyses, the
dependent measures were shame, guilt, embarrassment, and degree of general distress.
Exposure had a significant impact on embarrassment, $F(2, 391) = 12.32, p < .001$, and
guilt, $F(2, 391) = 3.47, p = .032$, and had a marginally significant impact on shame, $F(2, 390) = 2.91, p = .056$, and degree of distress, $F(2, 393) = 2.51, p = .082$. As can be seen
from Figure 4, discovered transgressions induced the most negative affect in every
measurement. Tukey contrasts showed that people expected that a discovered
transgression would lead to significantly more shame, embarrassment, and guilt than an
undiscovered one. They also expected a discovered transgression would induce more
embarrassment and guilt than the mere presence of the victim. There were no emotional
differences between the victim present condition and the undiscovered condition,
indicating that the mere presence of the victim is not enough to increase shame, guilt, and
embarrassment, but the victim’s discovery of the transgression is.

We next turned our attention to hypothesis that increases in the dominant self-
conscious emotion would elicit increases in the motivations associated with that
particular emotion. This hypothesis rests on three assumptions: 1) that the self-conscious
emotions differentially relate to motivations, 2) that one self-conscious emotion will be
stronger than the others, and 3) that this self-conscious emotion will mediate the
relationship between transgression discovery and motivations. We tested each of these
assumptions in turn.

First, using Pearson’s correlations, we tested the assumption that the self-
conscious emotions would differentially relate to motivations to amend and avoid as
would be expected by the specific emotions hypothesis. As can be seen from Table 13,
the pattern and magnitudes of these relationships are largely the same among the specific emotions, indicating that the ratings of the distinct emotions are not differentially predicting expected motivations. Thus, the prediction that the emotions would differentially predict motivations was not supported.

Second, using paired-samples t-tests, we investigated whether, within the discovered transgression condition, these vignettes would elicit one self-conscious emotion more than the others. These analyses revealed that ratings of embarrassment were significantly higher than ratings of shame, \( t(108) = -3.21, p = .002 \), and marginally higher than guilt, \( t(109) = -1.77, p = .079 \), which were not different from one another, \( t(109) = 1.35, p = .181 \). This suggests that embarrassment is the dominant emotion elicited by these vignettes.

Finally, we used Baron and Kenny’s recommended procedures for mediation analyses to test whether embarrassment, as the dominant self-conscious emotion, would mediate the relationship between transgression discovery and amends making. To test for mediation, we first dummy-coded condition, with the discovered transgression condition as the comparison group, and regressed these variables onto amends motivations. As reported earlier, a discovered transgression produced significantly more amends desires than an undiscovered transgression (\( \beta = .27, p < .001 \)) and a victim present one (\( \beta = .23, p < .001 \)). Next, we regressed ratings of embarrassment onto amends desires (\( \beta = .66, p < .001 \)). We then combined the condition variables and the specific emotion terms and regressed these onto amends. All of these variables remained significant predictors of amends desires (undiscovered: \( \beta = .09, p = .045 \); victim present: \( \beta = .09, p = .051 \); embarrassment: \( \beta = .64, p < .001 \)), although a Sobel’s test revealed that the strength of
the difference between a discovered transgression and both an undiscovered one (Sobel’s $t = 4.34, p < .001$) and one in the presence of the victim (Sobel’s $t = 3.68, p < .001$) was partially mediated by embarrassment. It seems that the expected affects of a discovered transgression, in these scenarios, are partially due to expected increases in embarrassment.²

**Fear of Negative Evaluation**

Our next analyses investigated the possibility that a discovered transgression would increase participants’ expected fear of negative evaluation. Contrary to expectations, a one-way ANOVA found no significant difference between conditions, $F(2, 393) = 1.89, p = .152$, indicating that people expect that they will fear negative evaluations from others just as much for undiscovered transgressions as for discovered.

In order to test whether fear of negative evaluation was linked with avoidance, as it was in Chapter 2, we next performed a correlational analysis between fear of negative evaluation and motivations. As expected, fear of negative evaluation was correlated with more avoidance, $r(388) = .62, p < .001$, and covering up the transgression, $r(393) = .26, p < .001$. Unexpectedly, it was also positively correlated with amends motivations, $r(387) = .66, p < .001$. In summary, it seems that people expect fear of negative evaluation increase the likelihood that one will make amends or avoid other people, however, they do not expect that a discovered transgression will increase this fear.

**Discussion**

These data suggest that people expect that a transgression discovered by the victim will produce more socially desirable motivations—motivations to amend and not cover up the transgression—compared to secret transgressions. Importantly, these
findings are not due to the mere presence of the victim as participants in the discovered transgression conditions also reported more desirable motivations than participants in the victim present condition.

The a priori hypothesis that the self-conscious emotions would differentially predict motivations was not supported by our results. Ratings of shame, guilt, and embarrassment were all strongly, positively associated with more amends and more avoidance motivations, and weakly, positively associated with more covering up of the transgression. We did find, however, that ratings of embarrassment partially, but not fully, mediated the affect of transgression exposure on amends making. This suggests that at least some of the affect of transgression exposure is due to changes in the self-conscious emotion.

We also found no evidence that fear of negative evaluation would elicit more avoidance in discovered events. Not only did transgression exposure not increase ratings of avoidance motivations, it also did not increase fear of negative evaluation, though fear of negative evaluation and avoidance were related to one another. These results were unexpected, especially considering we used the same vignettes as Smith and colleagues and they reported that discovered transgressions led to more avoidance.

The contradictory results from Smith and colleagues and the current study demonstrates one of the main limitations of this experiment. While vignettes have been successfully used in many arenas, research on affective forecasting suggests that people struggle with accurately predicting their emotional reactions to events (Wilson & Gilbert, 2005). The general inconsistency amongst the various hypothetical studies investigating the effects of transgression exposure (see Smith et al., 2002; Wolf et al., 2010), even
when the same vignettes are used, such as in the present study, suggests that people especially struggle with predicting their responses to a moral transgression. They seem to think that a discovered transgression should elicit more of a response than an undiscovered one, but they are not sure what that response should be. In the next experiment, we will address this problem by exploring the effects of transgression exposure in a laboratory experiment using real transgressions.

**Experiment 4.2**

The primary aim of Experiment 4.2 is to extend and clarify the results of Experiment 4.1 with a real transgression and real opportunities to amend and to avoid. To our knowledge, no published experiment using real offenses has experimentally assessed the effects of the victim’s discovery of the transgression on subsequent motivations to amend and avoid. The only previous studies to examine this question have used hypothetical vignettes, like in Experiment 4.1. The results of these studies are very inconsistent. As noted earlier, of the two studies using hypothetical surveys, one linked exposure with increased amends motivations (as did Experiment 4.1), and the other linked discovery to more avoidance (Smith et al., 2002). This inconsistency demonstrates the need to experimentally explore the effects of transgression discovery using real transgressions.

In this experiment, we experimentally caused some participants to transgress against others and manipulated whether or not the transgression was exposed to the victims. Participants were placed into pairs to work on potentially rewarding tasks, though they had to work on these tasks in separate rooms. We designed the experiment so that some of the partnerships (2/3) would fail and that responsibility for the failure would
rest with just one participant (the transgressor). The transgressors were given feedback that they had failed the tasks and had prevented their partners (the victims) from receiving any rewards. This failure represented a transgression because in a previous round the victim had contributed in earning a reward for the transgressor. Thus, the failure to reciprocate and earn a reward for the victims was the social transgression.

In the discovered transgression condition, the transgressor was informed that the victim would be told that the victim would not be receiving any tickets and it was the transgressor’s fault. In the undiscovered transgression condition, the transgressor was informed that the victim would only be told that he or she would not be receiving any tickets, but no blame would be assigned to the transgressor. In this way, participants in both conditions transgressed, but only half of these transgressions were discovered by the victim. We also included a no-transgression group for comparison.

All participants filled out a survey assessing their avoidance motivations, cognitions about their partner, fear of negative evaluation, and emotional state. Additionally, to measure amends motivations, half of the subjects played the dictator’s game, as the dictator, prior to taking the survey. Only half of the participants played the dictator’s game because the opportunity to make amends could impact subsequent survey responses. The current study design is, therefore, a 3 (Discovery: No Transgression, Undiscovered Transgression, Discovered Transgression) by 2 (Dictator’s Game: Played or Not) between subjects design.3

Methods

Participants
Three hundred and forty eight undergraduate students participated in exchange for course credit. We applied a strict a priori exclusion criteria that excluded any participants who expressed doubts about the experiment (e.g., that the transgression was part of the experiment; $n = 39$, 11%). The percent excluded is similar to past research using real transgressions (e.g., Harris, Darby, Burd, & Chang, 2011; Risen & Gilovich, 2007). Half of these participants were randomly assigned to be transgressors, leaving a final sample of 154 transgressors.

**Procedure**

Before arriving to the lab, participants were randomly assigned to either the no transgression, undiscovered transgression, or discovered transgression condition. They were also randomly assigned to be either the victim or the transgressor and to play the dictator’s game or not.

Participants arrived to the lab in pairs, were greeted by the experimenter and welcomed into the main lab room to provide informed consent. They were then given a cover story and told that, as partners, they would be playing a series of games together. Additionally, they were informed that they could earn for one another lottery tickets for entry in a raffle of two $20 gift certificates that would take place at the end of the quarter. Two tickets were offered so that both participants could receive the reward and to minimize competition within the pairs. Participants were then told that they would be playing 2 rounds of a memory word search game, but in separate rooms. The first round, if both partners succeeded at the game, Subject 1 (the future transgressor) would earn tickets to the lottery. The second round, if they both succeeded, Subject 2 (the future
victim) would earn tickets to the lottery. Thus, earning tickets depended upon both the subjects’ own efforts and the efforts of their partners’.

After participants were escorted to separate rooms, they started round 1. In round 1, both partners were attempting to earn lottery tickets for Subject 1 (the future transgressor). The game was rigged so that both partners would successful and afterward, 8 lottery tickets were awarded to Subject 1.

In the second round, the participants were playing to earn tickets for Subject 2 (the future victim). Both participants in the no transgression condition were set up to pass this task. However, transgressors in the undiscovered and discovered conditions were given word search puzzles that they could not pass.

After doing the word find, participants in the no transgression conditions were told that they had passed the game and earned 8 lottery tickets for subject 2. Transgressors in the undiscovered and discovered transgression conditions were told that subject 2 had played well enough to pass, but that they (the transgressor) had not found enough words on the list to pass, and because of this failure, subject 2 would not receive any tickets. The experimenter then told transgressors in the discovered transgression condition “I’m going to tell your partner what happened” and left the room to do so. In the undiscovered condition, the experimenter emphasized that the results would be kept secret from the victim and said “In order to maintain the integrity of the experiment, I’m not going to tell your partner that it was your fault; I will just say that the group didn’t succeed.”

At this point, half of the subjects were asked to immediately fill out a survey about their experience while the other half were asked to play the dictator’s game, then
fill out the survey. The survey included questions about the specific emotions participants were feeling, their attitudes toward their partners, and perceived fairness of the outcomes.

In the dictator’s game, the transgressor was given 10 lottery tickets to divide between themselves and their partners in any way they chose. Both participants were told that the transgressor’s decision was final and that the victim had no say in how the tickets would be divided. The number of lottery tickets given to the victim served as one measure of amends desires. After the game, these participants completed the previously mentioned survey regarding their experience.

**Measures**

**Emotions.** Participants rated how much they had experienced/were experiencing specific emotion terms on a scale of 0 (*Not At All*) to 7 (*Very Much So*). Among these emotions were the self-conscious emotions (e.g., shame, embarrassment, and guilt) as well as several filler emotion terms (e.g., happy, frustrated, loving, sad, calm, anger, frustration, anxiety, and jealousy). Differences between the transgression conditions and the no transgression control condition in the ratings of the self-conscious emotions served as a manipulation check that the transgression was successful because it suggests that the participants viewed their behavior negatively.

**Avoidance.** Participants were asked how much they would like to work with their partners again, and rated their response on a scale of 1 (*Not At All*) to 7 (*Very Much So*). They were also asked whether they would prefer to work on a future task alone, with their same partner, or with a new partner. These two questions assessed participants’ desires to avoid future interactions with their partners.
Fear of Negative Evaluation. Two questions assessed participants’ appraisals of how they were being evaluated by their partners. Participants rated how much they thought their partner enjoyed having them as a partner and how much they thought their partner would like to work with them again (1 “Not At All” to 7 “Very Much So”). We used the reverse score of these items as measures of fear of negative evaluation.4

Attitudes toward the Victim. Participants were asked to answer several questions (1 “Not At All” to 7 “Very Much So”) about their attitudes and motivations toward their partner. They were asked to rate how much they liked their partner and the closeness of their relationship.

Results

Data Analyses

For almost all analyses we used either a 3 (discovered vs. undiscovered vs. control) by 2 (dictator’s vs. no dictator’s) univariate analyses. However, there was no main effect of the dictator’s game on motivations nor did playing the game interact with the transgression conditions on any measure. Therefore, we will not report the results of the dictator’s game or the interactions between the dictator’s game and transgression condition, as only the possible effects of transgression exposure are relevant to the current topic. The reported results collapse across dictator condition and include all participants, unless otherwise specified.

In our first set of analyses, we shall examine how discovery impacts self-conscious affect, fear of negative evaluation, and appraisals of the victim. Then, we shall test how discovery impacts motivations to make amends and to avoid the victim. Finally,
we shall test whether affective changes mediate any changes in amends making or avoidance desires.

**Affect/Manipulation Check**

As a manipulation check, we first tested whether the transgression conditions successfully created feelings of guilt, shame, and embarrassment compared to the control conditions. One-way ANOVAs of exposure revealed that our transgression manipulation did successfully induce the shame \((F(2, 149) = 3.18, p = .045)\), guilt \((F(2, 150) = 7.64, p = .001)\), and embarrassment \((F(2, 151) = 7.99, p = .001)\). As can be seen from Figure 5, participants in the discovered and undiscovered transgression conditions reported more embarrassment and guilt than participants in the control condition. Participants in the discovered condition also reported more shame than participants in the control condition, though the undiscovered condition did not. There were no differences between the discovered and undiscovered conditions. Thus, it seems that our transgression effectively induced the self-conscious emotions, but, contrary to our expectations, discovered transgressions are no more likely to inspire the self-conscious emotions than undiscovered ones.

**Fear of Negative Evaluation**

We next examined participants’ perceptions of potential negative evaluation by their partner. The univariate analyses revealed that participants in the undiscovered condition \((M = 3.23, SD = 1.31)\) and discovered condition \((M = 3.02, SD = 1.52)\), thought their partner liked working with them less than participants in the no transgression condition \((F(2, 148) = 13.24, p < .001, M = 4.39, SD = 1.47)\). Contrary to expectations, the undiscovered and discovered conditions did not differ from one another \((p = .480)\).
Similarly, participants in the undiscovered condition ($M = 3.26, SD = 1.22$) and the discovered condition ($M = 3.08, SD = 1.56$) thought their partner would be less willing to work with them again than participants in the no transgression condition ($F(2, 148) = 12.35, p < .001, M = 4.37, SD = 1.42$). Once again, the transgression conditions were not different from one another ($p = .811$). Thus, it appears that participants in the transgression conditions perceived that their partners liked them less and were less willing to work with them again than were participants who did not commit a transgression, but that undiscovered transgressors’ judgments were no different from those of discovered transgressors.

**Attitudes toward the Victim**

Like the measures of avoidance, we used 3 (discovery) by 2 (dictator’s or not) univariate analyses to examine attitudes about their current partner. These analyses revealed no differences between the discovery conditions in degree of liking for current partner, $F(2, 148) = .04, p = .959$, or perceived closeness of the relationship, $F(2, 148) = .10, p = .901$. It seems that participants in the discovered, undiscovered, and no transgression conditions had similar attitudes toward their partners and that neither transgressing nor having that transgression exposed affects one’s attitude toward the victim.

**Amends**

In our next set of analyses, we tested the possibility that discovered transgressions would lead to more amends making than would undiscovered transgressions. For this analysis, we examined just participants who played the dictator’s game and compared the number of tickets (out of 10) given by participants to each partner in each exposure
condition. We found a main effect of discovery condition, $F(2, 86) = 12.12, p < .001$, with participants in both the discovered ($M = 7.18, SD = 2.04$) and undiscovered ($M = 7.11, SD = 1.97$) conditions giving away more tickets to the victim than participants in the no transgression conditions ($M = 4.89, SD = 1.16$), though the discovered and undiscovered conditions did not differ from one another ($p = .987$). This implies that discovered transgressors are no more likely to amend than are undiscovered transgressors, and that transgressing participants, regardless of the victim's knowledge of transgressor’s role in the wrongdoing, are inclined to make amends.

One possibility is that the increased amends efforts by those in the transgression conditions were due to increases in the self-conscious emotions and fear of negative evaluation. To assess this possibility, we first conducted Pearson’s zero-order correlations between the self-conscious emotions, fear of negative evaluation, and number of tickets given to determine whether these states are generally related to amends making. We found that none of these states were related to amends making (all $r$’s $\leq .112$, all $p$’s $\geq .304$). These results suggest that none of these states could mediate the relationship between the transgression conditions and amends efforts.

The lack of significant relationships between the self-conscious emotions, fear of negative evaluation, and amends efforts may have been, in part, due to the apparent ameliorating effect that playing the dictator’s game had on some of these states. Independent samples t-tests revealed that having the opportunity to make amends (e.g., play the dictator’s game) significantly lowered participants ratings of embarrassment ($t(152) = 2.67, p = .008$; dictator’s: $M = 1.32, SD = 1.80$; no dictator’s: $M = 2.19, SD = 2.27$), had a marginal, ameliorating impact on ratings of shame ($t(150) = 1.68, p = .095$;
dictator’s: $M = 1.10, SD = 1.62$; no dictator’s: $M = 1.59, SD = 1.94$). It did not, however, have an effect on feelings of guilt ($t(151) = 1.58, p = .117$; dictator’s: $M = 2.22, SD = 2.16$; no dictator’s: $M = 2.82, SD = 2.55$), appraisals of the partner’s desire to work with the transgressor again ($t(152) = -1.50, p = .135$; dictator’s: $M = 3.68, SD = 1.43$; no dictator’s: $M = 3.30, SD = 1.71$), or appraisals of how much the partner enjoyed working with the transgressor ($t(152) = -1.36, p = .164$; dictator’s: $M = 3.69, SD = 1.36$; no dictator’s: $M = 3.34, SD = 1.70$).

Avoidance

We next examined whether discovered transgressions would elicit more avoidance than undiscovered transgressions. We specifically examined the degree to which the transgressor wanted to work with the victim again and with whom the transgressor chose to work. A 3 (discovery) by 2 (dictator’s or not) univariate analyses showed no difference between the transgression conditions in how much they desired to work with the victim again ($F(2, 148) = .40, p = .670$, overall $M = 4.84, SD = 1.28$). We then performed a chi-square analysis between exposure condition and choice of who to work with on the next task (i.e., same partner vs. new partner vs. alone). This analysis also showed no difference between the exposure conditions, $\chi^2(4, N = 153) = 4.82, p = .306$. On average, 63% of participants chose to work with their current partner, 11% chose to work with a new partner, and 26% chose to work alone. Thus, the results suggest that there are no differences between the discovered, undiscovered, and no transgression conditions in their preferences to avoid working with their current partner.

We next examined how the self-conscious emotions and fear of negative evaluation related to avoidance desires. For these analyses, we performed Pearson’s
correlational analyses between the self-conscious emotions, ratings of how much the victim enjoying working with them, desired to work with them, and their desire to work with the victim again. Neither shame ($r(152) = .11, p = .188$), guilt ($r(153) = .06, p = .441$), nor embarrassment ($r(152) = .07, p = .414$), was associated with desiring to work with the victim again. The fear of negative evaluation measures, however, were related to avoidance of the victim. The desire to work with the victim again was negatively related with the perception that the victim enjoyed working with the transgressor, $r(154) = .35, p < .001$, and the perception that the victim desired to work with the transgressor again, $r(154) = .32, p < .001$. These data support the one of the main findings of Chapter 2 and suggest that fear of negative evaluation, but not the self-conscious emotions themselves, are related to avoidance motivations.

**Discussion**

In this experiment, we found no differences between discovered and undiscovered transgressions on any measure, including measures of avoidance and amends making. This lack of difference was somewhat unexpected, especially considering the significant findings from Experiment 4.1. It is important to note the transgression manipulation was successful—participants in the discovered and undiscovered conditions did report more shame, guilt, and embarrassment than participants in the no transgression condition—and any participant who expressed doubts regarding any element of the experiment, including whether the transgression was actually kept discovered or undiscovered, was removed prior to data analysis. Consequently, these findings suggest that the victim’s simple knowledge of the transgression has little impact on a transgressor’s desires to make
amends or avoid the victim. In this next experiment, we shall test the motivational impact of discovery in the presence of the victim.

**Experiment 4.3**

In this experiment, we attempted to increase the relative exposure between the discovered and undiscovered conditions of Experiment 4.2. We used largely the same experimental design with a few variations. The most critical variation is that in the discovered condition, the transgressor and the victim were in the same room for the offense. They were only separated after they were told that victim would not receive any lottery tickets and that it was due to the transgressor’s failure. The undiscovered condition remained the same.

A second change was that all participants played the dictator’s game. Because the dictator’s game impacted self-reported emotions in the previous study, we had half the participants play it before completing the survey questions (i.e., ratings of the self-conscious emotions, fear of negative evaluation, and avoidance) and half play it after completing the survey questions. Finally, the number of tickets to be divided in the dictator’s game was reduced to 5 to force participants to choose between their own interest (i.e., keeping 3 or more) and their victims’ (i.e., giving 3 or more).

**Methods**

**Participants**

One hundred and twelve undergraduate students (Female = 56%, Age: $M = 20.25$, $SD = 2.74$) participated in exchange for course credit. The ethnicity of the sample was 59% Asian or Asian American, 10% Caucasian, 13% Latino, and 28% Other. We applied the same a priori exclusion criteria as Experiment 4.2 ($n = 10, 11\%$). Half of the
remaining participants were assigned to be transgressors, leaving a final sample of 51 participants. We used a 2 (Discovered vs. Undiscovered) x 2 (Dictator’s game before survey vs. after) between subjects design.

**Procedure**

The protocol was largely the same as Experiment 4.2, with a few changes. First, participants in the discovered condition were not separated initially and played the cooperation games in the same room. Therefore, the feedback to the transgressor (e.g., that they failed the task and prevented the victim from receiving any tickets) was given in front of the victim. After receiving this feedback, the participants were then separated for the remainder of the experiment. The undiscovered condition remained unchanged and, because Experiment 4.2 demonstrated the efficacy of the manipulation, we did not include a no transgression condition.

Additionally, in this experiment all participants played the dictator’s game. In order to account for the effect of playing the dictator’s game on subjects’ self-reports, we randomly assigned half of the participants to play the dictator’s game after completing the surveys and the other half to play before the surveys. Also, the number of tickets to be divided in the dictator’s game was changed from an even number (10) to an odd number (5) in order to force participants to choose between being self-interested (keeping 3) and other interested (giving 3).

**Measures**

All dependent measures were the same as Experiment 4.2, except the number of tickets in the dictator’s game was 5 instead of 8.

**Results**
As was done in Experiment 4.2, we used a 2 (discovered vs. undiscovered) by 2 (dictator’s before vs. after) univariate analyses on all dependent measures, unless otherwise noted. Like Experiment 4.2, we did not find any effect of playing the dictator’s game on motivations and no interactions between the dictator’s game and the discovery conditions on any dependent measure. Therefore, we collapsed across dictator condition for these analyses (unless otherwise noted) and we will again only report the results of the condition analyses. The analyses were conducted in the same order as Experiment 4.2.

We first investigated how discovery impacted the self-conscious emotions, fear of negative evaluation, and appraisals of the victim. We then examined motivations to amend and avoid, and how each of these motivations is related to discovery, and self-reported affect and fear of negative evaluation.

**Affect**

We first tested whether there were self-reported affective differences between a discovered and undiscovered transgression. We replicated the results of Experiment 4.2 and, as can be seen from Figure 6, there were no differences between the discovery conditions for guilt, shame, or embarrassment. This finding suggests that some discovered transgressions, even when discovered in the presence of the transgressor, do not inspire more of the self-conscious emotions than undiscovered ones.

**Fear of Negative Evaluation**

To test whether a discovered transgression would elicit greater fear of negative evaluation than an undiscovered transgression, we examined ratings of how much the transgressor thought the victim enjoyed having them as a partner and how much they thought the victim wanted to work with them again. We found that no differences in
ratings of how much they thought the victim enjoyed having them as a partner, $F(1, 51) = .03, p = .870$, or ratings of how much they thought the victim wanted to work with them again, $F(1, 51) = .00, p = .968$.

**Attitudes toward the Victim**

We next examined whether transgression exposure changed the transgressor’s attitudes toward the victim. Once again, we found no differences between the discovered and undiscovered transgression conditions. They liked the victim at similar rates, $F(1, 50) = 1.63, p = .208$, and perceived the closeness of their relationship with the victim similarly, $F(1, 51) = 2.75, p = .104$.

**Amends**

Our next analysis tested whether exposure affected amends making. We found no difference in the number of tickets given to the victim by participants in the discovered condition ($M = 4.20, SD = .104$) and those in the undiscovered ($M = 4.17, SD = 1.05$), $F(1, 51) = .10, p = .755$. We also performed Pearson’s correlational analyses between the self-conscious emotions and number of tickets given. We found no relationship between this form of amends and number of tickets given (all $p$’s > .276). We also performed separate correlations for those who played the dictator’s before and those who played the dictator’s after. None of the correlations in either condition were significant (all $p$’s > .293). Finally, we performed another series of Pearson’s correlations between the fear of negative evaluation measures and amends making. These measures were also not significant (both $p$’s ≥ .795).

**Avoidance**
To examine the possible effects of discovery on avoidance motivations, we first examined participants’ ratings of how much they desired to work with their current partner on another task. Once again, we found no difference between the discovered condition ($M = 4.12$, $SD = 1.48$) and the undiscovered ($M = 4.53$, $SD = 1.33$, $F(1, 51) = 1.07, p = .307$). We next performed a chi-square analysis of exposure condition and participants choice to work either with their current partner, a new partner, or alone on the next test. Again, there was no difference between the discovered and undiscovered conditions, $\chi^2 (2, N = 55) = 1.71, p = .426$. On average, 49% of participants wanted to work with their current partner, 12% wanted to work with a new partner, and 39% wanted to work alone.

Finally, we examined how the self-conscious emotions and fear of negative evaluation relate to avoidance motivations. While neither shame, guilt, nor embarrassment was related to the desire to work with the victim again (all $p$’s $\geq .337$), both how much the transgressor thinks that the victim enjoyed working with transgressor and how much the transgressor thinks the victim wants to work with the transgressor again are both negatively related to avoidance, $r(51) = .35, p = .011$, and $r(51) = .38, p = .006$, respectively. Once again, the more an individual feared the negative evaluations of his or her partner, the less the individual wanted to work with him or her.

**Discussion**

This experiment completely replicated the findings of Experiment 4.2. We found no differences between the discovered and undiscovered conditions even when the victim was present for the transgression discovery. We shall discuss the significance of these
findings and how they relate to the findings from the hypothetical studies in the general conclusion.

**General Discussion**

In these experiments, we sought to reveal potential motivational differences between discovered and undiscovered transgressions using two different methodologies—hypothetical vignettes and real laboratory experiments. These methodologies yielded very different results. In Experiment 4.1, using hypothetical vignettes, we found a general positive effect of a discovered transgression compared to an undiscovered one and even a transgression in which the victim was present but unaware of the transgression. Participants expected a discovered transgression to elicit more amends making motivations and less of a desire to cover up the transgression. In Studies 4.2 and 4.3, however, when we experimentally manipulated a real transgression, participants who had their transgression discovered did not make any more amends (i.e., give any more lottery tickets) and did not report a greater desire to avoid the victim than participants whose transgression was kept undiscovered. These results indicate that expectations of how one would react to a discovered transgression differ from how people actually react.

**Hypotheticals versus the Real World**

This inconsistency between hypothetical experiments and real experiences has been noted in other fields of research as well. One such example concerns the evolutionary theory that due to the distinct reproductive pressures each sex faced throughout evolutionary development, men are more jealous of sexual infidelity and women are more jealous of emotional infidelity (Buss, 2000). The most robust support
for this claim comes from hypothetical vignettes that ask people to choose the more distressing hypothetical situation—their partner committing sexual infidelity or emotional infidelity (Harris, 2003). Men typically respond to this hypothetical dilemma by choosing sexual infidelity while women typically choose emotional infidelity (Buss, 2000). However, when people who have actually been the victim of an infidelity are asked to report on their experiences, men and women both report that the emotional infidelity was more distressing (Harris, 2002). Other measures of reactions to real infidelity, such as homicide statistics, also show no support for the presumed gender differences in jealousy (Harris, 2003; Harris & Darby, 2009) and are inconsistent with the results from the hypothetical studies.

This difference between hypothetical responses and actual responses most likely reflects the difficulty of accurately estimating one’s emotional responses to events. Often people overestimate both the intensity and duration of their emotional reactions, a phenomenon referred to as the impact bias (Wilson & Gilbert, 2005). Our findings indicate that something similar to the impact bias occurs when people think about the exposure of their transgressions. People expect that a discovered transgression will make the experience more emotional than a secret transgression. They also expect that they will react positively to the discovery and make amends. The results of Experiment 4.2 and 3 indicate that these expectations may not be reflective of actual behavior.

One area that our hypothetical and experimental results do agree on is the lack of distinct motivational effects between the self-conscious emotions. As discussed previously, some theorists have claimed that shame motivates avoidance, while guilt motivates amends (Tangney & Dearing, 2002). In all three experiments, we did not see
these emotions differentially predict motivations. Participants largely treated shame, guilt, and embarrassment as synonyms. Thus, this paper provides support to a growing body of work demonstrating that lay usage of the terms shame and guilt do not differentially predict motivations (see Chapter 2).

The Actual Effect of Discovery

We will base our discussion of the effects of discovery on motivations solely upon Experiment 4.2 and 4.3, as they address actual effects of discovery rather than expected effects. A priori, there was substantial reason to believe that a discovered transgression would greatly influence transgressor motivations. However, the results of our actual experiments failed to find any motivational differences following discovered versus undiscovered transgressions. There are at least two possible explanations for this pattern. First, discovered transgressions do not change motivations because they do not elicit any more fear of negative evaluation or shame, guilt, or embarrassment than undiscovered transgressions. Second, undiscovered transgressions can be just as influenced by social pressures as discovered transgressions.

In terms of affective changes, we expected that a discovered transgression would increase fear of negative evaluation and self-conscious emotions more than a undiscovered transgression, and that these changes would lead to motivational differences. Other studies have demonstrated that these affective states are related to amends making and avoidance motivations (see Chapter 2) and indeed, we found in Experiment 4.2 and 4.3, that the fear of negative evaluation was related to more avoidance. We did not, however, find any relationships between the self-conscious emotions and either amends or avoidance. Importantly, we did not find that discovered
transgressions increased either fear of negative evaluation or shame, guilt, or embarrassment more than undiscovered transgressions did.

This finding could be accounted for by the participants’ theory of mind and the tendency to imagine the thought process of their partners. As several researchers have pointed out, imagined exposure is enough to induce both the self-conscious emotions and fear of negative evaluation (Miller, 1996; Tangney et al., 1996). Even though participants were explicitly told that their transgression would not be revealed, and all subjects who expressing any doubt about these instructions were removed from data analysis, participants in the undiscovered conditions likely still imagined that their partners were placing the blame for losing on them. Interestingly, research on social facilitation—the psychological phenomenon in which an audience enhances an individual’s dominant response on a task (Zajonc, 1965)—has found that the actual presence of the audience is less important than the anticipation of being evaluated (Paulus & Murdoch, 1971). This implies that the imagined discovery is just as motivationally impactful as an actual one, and may explain the lack of motivational differences between the discovered and undiscovered conditions.

Another possible explanation for these findings is that undiscovered transgressions can be just as subject to social influence as discovered transgressions. In Experiments 4.2 and 4.3, we used the violation of the norm of reciprocity as the transgression. One possible consequence of this violation is that participants felt compelled to fulfill their social obligation and make amends and continue to work with the victim, regardless of whether their transgression was discovered or not. It is also possible that the social obligations associated with forming a partnership influenced
participants in both conditions. Because participants formed a partnership to earn rewards, abandoning their partner on future tasks may have been regarded as an additional transgression, which would have minimized any possible effect of exposure.

We do not consider these social constraints on behavior to be a limitation of the experiment. On the contrary, the results are actually demonstrative of the complex nature of social influence in the real world. Initially, we expected that these social influences would be stronger for discovered transgressions, and in some cases they probably are, however, the current experiment provides an excellent example of how the social world extends beyond the mere presence of others and shapes behaviors even when other people are not physically present. Future research would be well served to take this into account.

Limitations and Future Directions

Other than the previously reviewed limitations involved with hypothetical studies, there are several limitations of the particular experimental manipulation used in Experiments 4.2 and 4.3 that need to be reviewed. One potential issue is that the transgression—task failure—may have limited generalizability. Task failure is one special type of transgression amongst many diverse other types. We attempted to broaden the generalizability of the transgression by attaching negative consequences (i.e., harm) to another person for the task failure. Nevertheless, it is still not clear to what extent the results of the current research apply to serious transgressions such as infidelity and criminal activity, or even activities in which the exposure itself is the transgression, such as masturbation. It seems likely that the effect of exposure may be more extreme in these cases than for the milder, failure transgression used in Experiments 4.2 and 4.3. However,
in Chapter 2 of this dissertation, we also failed to find an effect of transgression exposure for recalled experiences of shame, guilt, and embarrassment. Many of these transgressions reflect these more serious or publically inappropriate transgressions. These results lend some additional weight to the generalizability of the present findings. Nevertheless, investigating possible interactions between transgression type and exposure seems like a logical future direction for this research.

In summary, the present work provides further evidence that the original construction of the public/private distinction—fear of negative evaluation—has more utility than the current construction—transgression exposure. In both Experiments 4.2 and 4.3, fear of negative evaluation predicted greater avoidance motivations, while discovery had no significant impact on motivations. Though our results are hardly conclusive, they do suggest that more work should address the “unpleasant emotional reaction by an individual to an actual or presumed negative judgment of others” (Ausubel, 1955, p. 382) and less should address the “public exposure of one’s frailty or failing” (Gehm & Scherer, 1988, p. 74).
Footnotes

1 For the remainder of this paper, we shall refer to a transgression that was discovered by the victim as a discovered transgression and a transgression that was not as an undiscovered transgression, regardless of whether there were other witnesses to the actual transgression.

2 Performing these analyses with shame or guilt as the mediator yields the same conclusion: these emotions are only partial mediators of the effect.

3 Demographic information was not gathered due to experimenter error.

4 Pilot work revealed that phrasing the questions negatively, such as “How much did you worry about what your partner thought of you?” made participants suspicious of the experimental design, which is why no negative questions assessing fear of negative evaluation were included in the survey.
Table 13. Study 4.1 Correlations Between the Self-Conscious Emotions and Motivations.

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<th>Amends Motivations</th>
<th>Avoidance Motivations</th>
<th>Cover Up Transgression</th>
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<tr>
<td>Shame</td>
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<td>.52***</td>
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<tr>
<td>Embarrassment</td>
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<td>Guilt</td>
<td>.66***</td>
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*Note.*** *p < .001, ** *p < .01, * *p < .05*
Figure 3. Study 4.1 Ratings of Expected Motivations.
Figure 4. Study 4.1 Self-reported Affect.
Figure 5. Study 4.2 Self-reported Affect

* $p < .05$
Figure 6. Experiment 4.3. Self-reported Affect.
Chapter 5

Conclusions

The goal of the present dissertation was to contribute to the understanding of the self-conscious emotions by providing an explanation of when and why a transgressor will be motivated to make amends for a wrong-doing or avoid others. The findings from this dissertation suggest that, though the motivations of the self-conscious emotions are quite complex, there are several key affective cognitions associated with the self-conscious emotions that differentially predict amends and avoidance behaviors. Behavior condemnation predicted participants’ desires to make amends in Chapters 2 and 3. Self condemnation predicted participants’ desires to avoid others (see Chapter 2 and 3) and to lie about the problem behavior (see Chapter 3). Similarly, fear of negative evaluation predicted the avoidance of other people (see Chapter 2 and Chapter 4) and covering up the transgression (see Chapter 2). These results show a consistent pattern in which the more one condemn the behavior, the more likely one is to make amends. Conversely, the more one condemns the whole self or fears the evaluations of others, the more likely one is to avoid others and distance oneself from the transgression.

One of the clear patterns to emerge from this dissertation is the minimal role external, situational factors seem to play in determining whether one is motivated to amend or to avoid others. For example, in Chapter 4, we experimentally tested whether the victim’s discovery of the transgression would lead to changes in the transgressor’s amends and avoidance behaviors and found that participants whose transgressions were exposed were not more likely to avoid the victim or make amends than participants whose transgressions were not exposed. This finding mirrored that of Chapter 2, in which
an exposed transgression had not bearing on motivations. In Chapter 2, we also found that other external situational factors, such as doing actual harm to someone, were not related to amends or avoidance motivations. The only semi-external situational factor that strongly related to motivations was the perception by patients that a physician was intentionally trying to induce shame or guilt (see Chapter 3). When participants made such appraisals, their behavior was overwhelmingly more negative than when they did not make such appraisals. However, it is important to note that it is the perception of intentionality, which is also an internal appraisal, which predicts this behavior. Thus, these findings also seem to support the superiority of internal, affective cognitions in predicting motivations and behaviors and suggest that it is not the characteristics of the transgression itself that lead to avoidance or amends; rather it is the internal workings of the transgressor.

The associations between self and behavior condemnation and avoidance and amends motivations, respectively, seem to support models of the self-conscious emotions that stress the importance of the self in predicting motivations and behaviors (Lewis, 1971; Tangney & Dearing, 2002; Wolf et al., 2010). Many researchers actually view the desire to hold a stable, positive self-image as an almost universal human drive (Leary, 1999; Crocker & Wolfe, 2001; James, 1890). Because self-image, in part, comes from the activities one engages in, (James, 1890), when people behave badly, they face a threat to their self-image. They can either adjust their self-image and view themselves more negatively (i.e., condemn the self) or they can regard the behavior as an anomaly and thereby maintain their positive self regard (i.e., condemn the behavior) (Jones & Nisbett, 1971; Ross, 1977). When the behavior is viewed as an anomalous problem, one may be
motivated to discontinue it and engage in activities that restore the positive self-image (e.g., make amends). In contrast, when the immutable self is perceived to be root of the bad behavior, one may be motivated to avoid the people and situations that serve as reminders of this negative aspect of the self (e.g., avoid other people). These are the exact patterns of behavior that was associated with behavior condemnation and self condemnation throughout this dissertation.

Our findings concerning the relationship between fear of negative evaluation and avoidance largely matches what is known about both the specific emotion of fear and the fear of negative evaluation in other domains. These lines of research suggest a strong relationship between fear, in all its forms, and avoidance motivations and behaviors (Lerner & Keltner, 2001; Veljaca & Rapee, 1998; Winton, Clark, & Edelmann, 1994). We similarly found, across several studies, that fear of negative evaluation was associated with avoidance behaviors and desires. The only study in which it was associated with somewhat related to amends making was in the hypothetical study of Chapter 4, and this finding only means that people expect the fear of negative evaluation to motivate positive changes. The findings from actual behavior data indicate that it does not (see Chapter 2 and Chapter 4).

Why fear of negative evaluation is not associated with amends making for real transgressions may be somewhat puzzling at first glance, but several other lines of research suggest that someone high in fear of negative evaluation may not perceive the same benefits of amends making as others. For example, the emotion of fear has been shown to increase the perceived cost of a risky activity and to make an individual less likely to try for a risky reward (Lerner & Keltner, 2001). Results from work with people
high in dispositional fear of negative evaluation indicate that this fear makes one hyper-aware of negative emotion in others (Winton et al., 1994) and less likely to notice positive emotion (Veljaca & Rapee, 1998). These findings suggest that a person fearing the negative evaluation of others would likely perceive a great deal of threat in attempting to make amends and also perceive the likelihood of successful reparation as extremely low. Avoidance then, would become the primary aim of such persons.

One question that naturally arises from these results is that of causality. The theoretical implications just discussed suggest that the affective cognitions were producing the motivations and behaviors. It is possible, however, that the reverse is actually the case; that the motivations and behaviors produce the affective cognitions. This an empirical question which future research should explore, though there may be several pieces of evidence to support the affective cognitions as the causal factors.

Firstly, as discussed in Chapter 3, we found that participants’ perceived control over the resolution did not mediate the relationship between behavior condemnation and actual changes in the problematic health behavior. One would expect that, if the final state of the problem behavior provided influence over self and behavior condemnation, it would be through perceived control. In essence, if one cannot change the behavior (i.e., has low perceived control), the problem lies with the self and would lead to self condemnation. In contrast, if one is able to change the behavior (i.e., high perceived control), then the problem is behavioral and does not reflect poorly on the self. Thus, if final health behavior were causing the changes in condemnation, perceived control should fully mediate the relationship between final health behaviors and condemnation, and as we have seen, it does not.
Another piece of evidence comes from Chapter 4, in which public and private transgressions were experimentally manipulated. We found a significant relationship between fear of negative evaluation and the desire to avoid the current partner, even though no avoidance behaviors had actually taken place. In other words, the motivations to avoid and the fear of negative evaluation were both present before the actual behavior had a chance to influence fear of negative evaluation. Thus, the final state of the behavior could not have caused the fear of negative evaluation, suggesting the causal arrow points from the affective cognition toward the behavior.

In summary, this dissertation describes a model by which one can predict whether one will amend or avoid after committing a social or moral transgression. Across several different studies, we presented empirical evidence suggesting that the external circumstances surrounding the transgression or whether one is feeling shame, guilt, or embarrassment matter little in this prediction. Rather, what matters is the degree to which one feels self condemnation, behavior condemnation, or fears negative evaluation from others. These affective cognitions seem to strongly and consistently predict amends making and avoidance behaviors. Future research will benefit from exploring these aspects of the self-conscious emotions, as they seem to provide important clarity to understanding the motivations of the self-conscious emotions.
References


