Shame and Decision-making

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Abstract
This study examines the effect of negative self-conscious emotions –specifically shame- on decision-making. Nathanson (1996) proposes that the shame experience results in certain categories of behaviour in what he calls the Compass of Shame. Shame can be seen as occurring in a social context. Thus, the shamed person will either accept the shame experience and initiate restorative behaviour (apologising, making amends) or initiate one of the defensive responses to protect the self. This can be by attacking the other (blaming the other, angry outburst), attacking the self (expressing own unworthiness), avoiding (blaming situational factors or pretending it's not there) or withdrawal from the situation (break off the interaction or relationship in which the shame is experienced). Using results from previously published empirical studies, the author attempts to explain what conditions surrounding the shame experience will steer decision-making towards these various strategies. The factors discovered were individual differences such as socialisation and self-esteem, control over the antecedents and the intensity of the shame experience.

1. Introduction

Psychology is said to be the study of behaviour. In itself this is a contradiction in terms, as translating 'psyche' into 'behaviour' requires a fair amount of creativity. Nonetheless, if one takes as point of departure *that* human behaviour serves a purpose, it seems obvious that behaviour is the direct result of some or other –conscious or otherwise- decision-making process. This process may rightly be termed psychological. Up until recently emotion has largely been disregarded in research on decision-making, whereas cognitive, behavioural and physiological effects have been over-represented. The human being isn't a strictly Watsonian machine that can be taught anything, neither is it a strictly cognitive, information-processing being. Cognition, physiology and emotions together, in the context of a social setting, provide the conditions for human experience. It is against this bio-psycho-social background that decision-making is best studied. The self-conscious emotions are those where the interaction between cognition, emotion and social setting is probably most salient. However, this study is further limited in scope to that of the effect of negative self-conscious emotions generally and shame specifically on decision-making.

Views on decision-making may undoubtedly be traced back to ancient cultures. However, for the purposes of this paper it is probably sufficient to start with what was jokingly called the psychology of gambling behaviour. The many variations on the original maximisation of expected value theory lead to Kahneman and Tversky's prospect theory. In conditions of certain gain persons are largely risk-averse, whereas in conditions of certain loss they prefer risk-seeking options. This theory is only partially successful in predicting decision-making outcomes, and is largely restricted to conditions of risk (Koele, 2004; Loewenstein & Lerner, 2003).

A clue can be found in Kahneman and Tversky's prospect theory: Somehow the motivational drive seems different under differing conditions. Tomkins (in Sarafino, 2002) puts it more abstractly: Humans wish to maximise positive and minimise negative affect. This could be viewed as the basis of motivation and thereby places affect as a fundamental determinant of decision-making processes.

This poses the question as to what emotion or affect is. Schaffer's (1996) words are apropos: "It is perhaps ironic that a feature of human behavior as intimately familiar as emotion should

have given rise to so much scientific uncertainty". In a classic article, Schachter and Singer (1962) theorise that emotion is nothing more than a non-specific arousal plus a belief as to its cause, still quoted without reservation in recent psychology textbooks such as Smith and Mackie (2000) and Sarafino (2002), despite the fact that the study contains mainly non-significant and marginal results and the conclusions it draws are at best tenuous.

Tomkins (1981) posits nine innate affects, biologically wired and evolutionary adapted responses peculiar to the human being: interest, enjoyment, surprise, fear, anger, distress, shame, contempt and disgust, which he has empirically deduced by discriminating distinct sets of facial, vocal, respiratory, skin and muscle responses. He sees emotion as being a complex response, which he calls a script, based on (learned) sequences of affects experienced during certain events. His broad yet intricate affect and script theories provide one of the most complete bio-psycho-social personality theories and is the basis of, amongst others, Izard's Differential Emotions Theory (Tomkins, 1981).

Generally, the self-conscious emotions are thought of as those that require appraisals of the self, such as guilt, shame, embarrassment, humiliation, regret (negative valence) and pride (positive valence) (Giner-Sorolla, 2001). However, there is little consensus on what precisely self-conscious emotions are, nor on the distinctions between them (See for example Tracy & Robins, 2004 and the no fewer than 10 articles by 19 authors totalling 45 pages in the same issue of the Psychological Inquiry). This study is limited to shame in the broadest sense of the word and it is assumed to be the underlying affect or an important component also of embarrassment, humiliation and guilt.

Intuitively, one knows that an ashamed person behaves differently to an unashamed one and that behaviour in any form is the result of some decision-making process. But what precisely is the effect of shame on decision-making? Bagozzi, Verbeke, and Gavino (2003) propose that the automatic, involuntary aspects of shame interrupt smoothly functioning behaviour and put self-regulatory processes in motion to restore positive affect, or to protect the person experiencing shame. Nathanson's (1996) *Compass of Shame* suggests that we either accept that which the shame has uncovered -and adjust our views accordingly-, or we use one of four highly scripted defensive responses.

Taking these ideas a step further, the author proposes the following theory: Shame occurs in a social context. Thus the decisions made by the shamed person will directly affect his or her social behaviour. The decision made (consciously or otherwise) falls into the following categories (in keeping with Nathanson): Accept the shame experience or protect the self.

Acceptance will result in initiation of restorative behaviour such as apologising and making amends. The conditions that will steer decision-making towards acceptance are 1) the capacity to bear the burden of the shame experience (i.e., individual differences: some people can tolerate a more intense shame experience than others) and 2) the intensity of the shame experienced. Low intensity will not have sufficient motivational force to bring the person into action and is more probable to result in acceptance. The higher the intensity, the more likely protection of the self becomes first prerogative, leading to ever more impulsive behaviour. However, extreme intensity leads to the realisation that the shortcomings to which the shame experience pertains are realistic, leading to capitulation and acceptance behaviour.

The alternative decision to protect the self will lead to a defensive response. This can be by attacking the other (Protect-attack-other; blaming the other, angry outburst), attacking the self (Protect-attack-self; expressing own unworthiness), avoiding (Protect-avoid; blaming situational factors or pretending it's not there) or withdrawal from the situation (Protect-

withdraw; break off the interaction or relationship in which the shame is experienced). These responses are not necessarily diametrically opposed, nor mutually exclusive, but denote broad responsive categories. The question is, however, under what conditions do particular patterns prevail?

The way the person feels about him/herself –self-esteem- is an important determinant and will tend to steer decision-making in a particular direction. Low self-esteem persons with their already meagre attitude about themselves will internalise shame and choose Protect-attack-self or simply avoid the situation (Protect-avoid). High self-esteem persons on the other hand are keen to keep their positive attitude about themselves and will be more likely to externalise shame and use Protect-attack-other or withdraw from it using Protect-withdraw.

A further polarising effect is the degree to which the person has control over the antecedents leading to the shame experience, or the possibility to repair the situation. The less the control, the more likely that Protect-avoid or Protect-withdraw will occur, as for example with stigmatisation. In such situations Protect-attack-other or Protect-attack-self seems difficult to tally (try blaming your parents that you have a sexually transmitted disease, for example) and therefore has little ameliorating effect.

In Figure 1 Nathanson's compass of shame has been adapted to show these hypotheses:

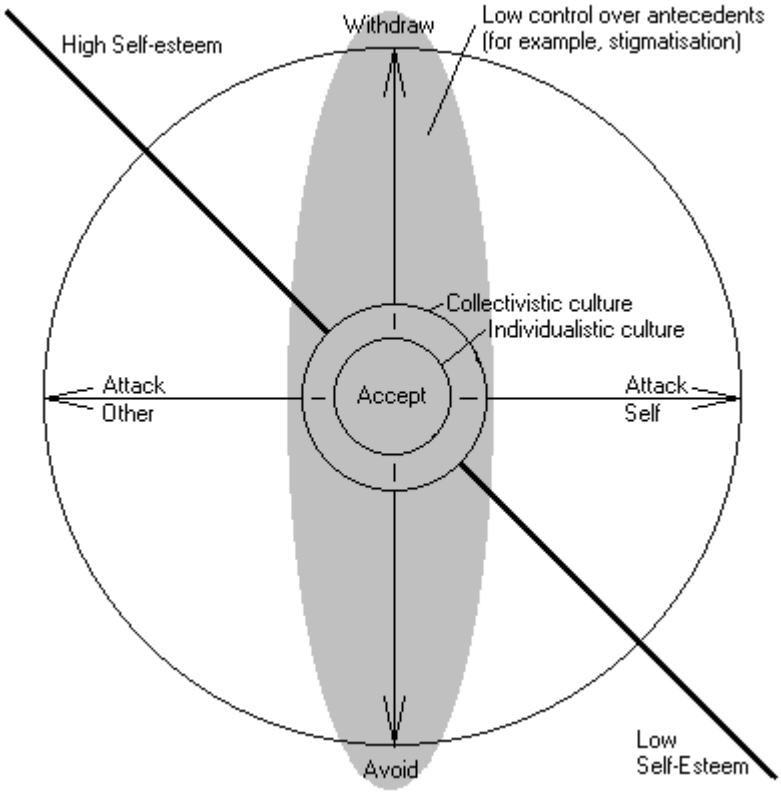

Figure 1. The compass of shame (adapted from Nathanson, 1996)

In Figure 1 the impulsiveness of the behaviour can be seen as increasing as the distance from the acceptance region increases. However, in collectivistic cultures shame has been socialised in such a way that the propensity to accept is greater than in individualistic cultures, shown by the smaller acceptance region. The shaded region shows the area in which there is little perceived control over the antecedents or reparative possibilities and the diagonal self-esteem axis shows that the lower the level of self-esteem, the greater the tendency to use Protect-avoid and Protect-attack-self defensive responses, whereas the greater the level of self-esteem, the greater the tendency to use Protect-withdraw and Protect-attack-other defensive responses.

As there is a dearth of empirical studies on the effect of shame on decision-making, an attempt is therefore made to extract conclusions out of several studies on negative emotions generally and negative self-conscious emotions specifically. The underlying question in the extraction, reinterpretation and translation of these results is how the above theory can be verified or falsified by this evidence.

2. Research on shame and its effect on decision-making

Empirical studies on shame are plagued by some fundamental methodological questions. For example, how can one manipulate a shame condition? Such manipulation often requires some form of deception, raising concomitant ethical issues. Nonetheless, some studies using deception have been reported. An alternative method is autobiographical; yet reservations remain about the accuracy of persons' memories regarding shameful experiences. A third category is naturally occurring (intact) groups where one may expect shame to be experienced as a general rule, for example, groups that are commonly stigmatised, such as persons infected by a sexually transmitted infection or disease (STI/STD). In this study results using several methodologies are examined. It is reiterated that shame is regarded in a broad sense of the word and includes concepts such as embarrassment and humiliation. Also decision-making needs to be seen in a broad sense as the precursor to behaviour, so that behaviour often serves as dependant measure and the decision-making process from it inferred.

The first question is under what conditions will the shame experience steer decision-making towards an Acceptance (Accept-strategy) strategy. Bagozzi, Verbeke, and Gavino (2003) studied shame amongst Dutch and Filipino salespeople. They found that in regulating shame Dutch (individualistic culture) tend to hide from the source of shame (Protect-strategy) versus the Filipino (collectivistic culture) inclination to make amends (Accept-strategy). This can be explained by the fact that in collectivistic cultures individual shame is subordinate to group shame. It is more honourable for the individual to accept the shame so that the esteem of the group remains unblemished. Persons in a collectivistic culture are therefore socialised to tolerate a greater intensity of shame than people in individualistic cultures.

What other conditions might lead to an Accept-strategy? Baumeister, Stillwell, and Heatherton (1995) asked subjects to recount two stories in which they angered or upset someone, one with and one without feelings of guilt afterwards. The significant findings were that when feelings of guilt were present versus absent, more lessons were learnt, the transgressor was viewed as selfish (insight gained, probably accompanied by decision not to repeat behaviour), behaviour changed, an apology given and the misdeed confessed (decision made translating directly into behaviour). It may be argued that the retrospective condition of guilt (or shame) is largely coloured by the subjects' realisation that they were to blame for the feelings of guilt they were experiencing. It is not surprising then that a large percentage of persons in the guilt condition chose an Accept-strategy. It is possible -yet not verifiable from the report- that amongst those who did not feel guilty there were situations in which persons were operating from Protect-attack-other, that is, blaming others for the situation to mask their shame.

A further question is whether the intensity of the shame experience affects whether or not an Accept-strategy is chosen. Leith and Baumeister (1996) tested a theory about how negative affect can lead to self-defeating responses. Their hypothesis is that when people are upset, they tend to choose high-risk, high-payoff options, meaning that behaviour during emotional distress could be impulsive. They presumably prefer an impulsive course of action because they do not think about it any further than recognising the appeal of the high payoff. One of the studies they performed involved inducing embarrassment in their subjects and the results indicate that impulsive behaviour (i.e., shallow processing and decision-making) seems more

likely in an embarrassed state. Impulsive behaviour is probably indicative of attempting as quickly as possible to protect the self, that is, choosing a Protect-strategy. The preliminary conclusion that may be drawn is that the higher the intensity of the shame experience the more likely that a Protect-strategy will be used.

This conclusion is only partially applicable, as may be inferred from Giner-Sorolla's (2001) study: He asked subjects to describe two self-control dilemmas and what their emotional states were before, during and after the dilemma, in order to determine the effect of self-conscious versus hedonic emotion. Self-control is generally considered as choosing a course of action to provide a more positive outcome in the long rather than the short term (Baumeister & Heatherton, 1996). The self-control dilemma can be in the form of delayed-cost or delayed-benefit. Giner-Sorolla (2001) found that self-control tended to be highest at extremely high and low levels of self-conscious negative affect. He also attempted to divide the shame experience into shame and guilt, with little success however. The conclusion one may draw is that the effect of shame on self-control is non-linear. Both an extremely high and a low level of shame correlated with high self-control. In other words, persons in this state tended to choose delayed-benefit and reject delayed-cost options. Shame is not a dichotomous on-off condition, but a continuum from mild to extreme. Mild and extreme variants tend to correlate with an Accept-strategy, whereas the middle region seems to correlate with a Protect-strategy.

The findings on the conditions leading to the choice for an Accept-strategy can be summarised as follows:

- There are individual differences in how intense shame needs to be before motivating a person to defend him/herself as is evidenced by cultural differences.
- The more obvious it is to the shamed individual that s/he is at fault, the more likely that an Accept-strategy will be chosen.
- The relationship between intensity of shame and decision to use an Accept-strategy is non-linear: generally the higher the intensity, the more preferable Protect-strategies are, however extremely high-intensity shame also leads to an Accept-strategy.

The second question regards what conditions are conducive to the choice of a particular defensive strategy. One might expect control to be an important determinant, as is also the case with coping styles. Being a member of a stigmatised group is an example where individuals have little post priori control over their membership to that group, STD/STI groups being an excellent example. Several studies have examined perceived barriers to seeking STD/STI health-care, yet most of these are range-restricted as they concentrate on clinical populations. Persons avoiding health-care might be precisely the most interesting. This makes the study by Cunningham, Tschann, Gurvey, Fortenberry and Ellen (2002) among non-clinical African-American adolescents especially interesting. They found that stigma and shame form a barrier to various aspects of STD health-care seeking, particularly among female adolescents. Although the distinction between stigma and shame is unclear, that they are related concepts seems obvious. The salient point is that stigmatised shame can be severe enough to push decision-making in the direction of Protect-avoid or Protect-withdraw. Stigma is a societal effect and its antecedents lie beyond the control of the stigmatised individual. Often no options are at hand to remove oneself from the stigmatised group. It seems reasonable to attribute the choice of Protect-avoid and Protect-withdraw to this fact, as Protect-attack-self and Protect-attack-other would seem misplaced reactions.

Other than the control dimension, one would also expect individual differences to affect the tendency to choose particular defensive options. The factor most likely to explain these differences is that of low or high self-esteem. Self-esteem can be broadly defined as the feelings an individual has of his/her own worthiness. It is probably useful to consider the

relationship between the concepts of shame and self-esteem. It cannot be said, for example, that an low self-esteem person is constantly ashamed. Nearer to the truth is probably that s/he is more sensitive to the shame experience. Baumeister and Tice (1985) manipulated a success-failure condition and found that low self-esteem persons are motivated to try and improve their performance (A, possibly Protect-attack-self) after a humiliating failure (i.e., they were not given the opportunity to save face), but not after success, nor after failure with face-saving opportunity (Protect-avoid: blame it on situational factors). Their explanation for this phenomenon is that low self-esteem people are not after excelling at a task, but merely aim for good-enough performance. High self-esteem people in contrast tend to try and improve their performance only in the success condition, apparently as they aim for excellent performance and therefore avoid tasks at which they are likely to fail, that is, they prefer to protect their self-esteem by using Protect-withdraw.

Aspinwall and Taylor (1993) studied mood as a moderator of social-comparison activity. Upward social-comparison behaviour can be seen as Protect-attack-self and downward social-comparison as Protect-attack-other. This is a tenuous supposition rather based on what categories and strategies this kind of behaviour is not an example. The mood-congruency perspective (recall information consistent with present mood) suggests that subjects in a negative mood should respond unfavourably to both upward and downward comparisons. In contrast, the mood-repair perspective (attempt actively to alleviate negative mood state) suggests that subjects in a negative mood should respond favourably to both upward and downward comparisons. They found that low self-esteem subjects (but not high self-esteem subjects) in the negative mood condition significantly improved in mood following exposure to a downward comparison. This means that downward comparisons (Protect-attack-other) are uplifting only to low self-esteem people who are trying to manage negative affect.

Whereas Aspinwall and Taylor (1993) studied mood, the studies by Wood, Giordano-Beech, Taylor, Michela, and Gaus (1994) concentrate on pride and shame. In three intricate studies they examined the possibility that low self-esteem persons would use different decision-making strategies than high self-esteem persons when confronted by success (which we can parallel to inducing a feeling of pride) or failure (*vide*, but humiliation, or shame). This was measured by examining the choices subjects made for comparison or avoidance of comparison with the other they had succeeded over or failed against. They predicted and showed that low self-esteem persons would protect themselves by avoiding comparisons after failure (Protect-avoid) and utilize a safe opportunity for self-enhancement by seeking comparisons after success with a person who failed against them. In a similar vein, high self-esteem persons tended to seek comparisons (upward, i.e. Protect-attack-self) when they failed. More importantly for this paper, they also examined the mood of their subjects after success or failure and found that low self-esteem subjects sought comparisons the better they felt; high self-esteem subjects sought comparisons the worse they felt. The studies by Wood, et al., (1994) might at first glance seem contradictory to that of Giner-Sorolla (2002), but one should remember that the latter was not considering self-esteem or social-comparison, but self-directed behaviour in the form of self-control - clearly a different kettle of fish. The studies by Wood, et al., (1994) show that low self-esteem subjects, as shame intensifies, increasingly use the Protect-avoid strategy, whereas high self-esteem subjects increasingly use the Protect-attack-self.

The conditions leading to various defensive strategies can be summarised as follows:

- When the antecedents leading to a particular shame situation are either beyond the control of the shamed individual, or are not repairable, Protect-avoid and Protect-withdraw are preferred decisions.

- Low self-esteem persons generally prefer Protect-attack-self choices (and Protect-avoid when a face-saving opportunity is available), whereas high self-esteem persons prefer Protect-withdraw when humiliated.
- However, high self-esteem persons also use Protect-attack-self options when they visibly fail at a task and low self-esteem persons also use Protect-attack-other when they succeed and see an opportunity to shore up their self-esteem.

3. Conclusions

Before discussing the studies and the conclusions one may draw from them, some general remarks are apropos. Firstly, with the exception of the cross-cultural and stigmatisation studies, the populations studied were invariably made up of college students. This necessarily poses questions about the extent to which results may be generalised. Also the stigmatisation study is limited to a very specific group of people (African-American adolescents). Furthermore, in the cross-cultural study, the two groups were not entirely comparable as regards gender and education: The Filipino sample was more highly educated and contained more women than the Dutch sample. Secondly, although the methodology varied between studies, generally researchers did their best to avoid confoundings such as experimenter effects, order in which items were offered, inter-rater reliability, etc.

What is apparent in the above studies is that there is no clear-cut answer and the proposed theory does not hold up entirely. The relationship between self-esteem and P-strategies seems to hold only for Protect-avoid and Protect-withdraw. The relationship between Protect-attack-self and Protect-attack-other strategies and self-esteem could not be verified and will require another explanation and further research.

The studies reported here indicate *that* shame and the shame experience affect the decisions people make. One may draw the preliminary conclusions that

- Acceptance strategies are preferred when blame can be attributed to the individual, when shame intensity is relatively low and when shame intensity is extremely high. There are individual differences as to the intensity of shame borne before a person is motivated to use a protective strategy, but generally the higher the shame intensity, the less an acceptance strategy is preferred.
- Attack self and attack other protective strategies are generally not preferred when the antecedents or restorative possibilities lie beyond the control of the shamed person.
- Avoidance protective strategies are preferred by high self-esteem persons.
- Withdrawal protective strategies are preferred by low self-esteem persons.

What goes across the board is that none of the studies reported here has as point of departure the effect of shame (or the self-conscious emotions) on decision-making. This isn't a criticism on the studies themselves, but questions how applicable these studies are to the subject being investigated. Future research set up from this perspective could verify these preliminary findings and shed light on the conditions under which attack self and attack other strategies are preferred in the shame condition.

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