Chapter 27
Distinguishing Shame, Humiliation and Guilt: An Evolutionary Functional Analysis and Compassion Focused Interventions

Paul Gilbert

Abstract The self-conscious emotions of shame, humiliation and guilt are clearly related to our human capacity for self-awareness and sense of self as an 'object in the minds of others'. However, this chapter will highlight that the emotional and motivational processes that sit behind them are phylogenetically old and rooted in social competition for shame and humiliation and care-giving for guilt. Insight into their phylogenetic origins and differences helps us to gain insight into the physiological processes that texture them and why they can have such profound effects not only on individual human behaviour but also whole societies and cultures. This chapter will explore the differences between these self-conscious emotions, how they are rooted in different motivational systems and how we can utilise care and compassion based motivational systems for the remediation and change.

Keywords Compassion · Guilt · Humiliation · Reputation · Shame

27.1 Introduction

Emotions evolved because they stimulate animals to behave in certain ways. For example, emotions such as anger, anxiety and disgust serve the function of detecting threats and creating physiological states for appropriate defences (fight, flight and avoid/expel). Positive and hedonic emotions stimulate resource seeking and acquiring. The physiological infrastructures supporting basic emotions are ancient and are often referred to as *primary emotions*. However, the evolution of a range of cognitive competencies over the last 2 million years including ones for self-monitoring, self-consciousness and self-identity, gave rise to *self-conscious emotions* (Gilbert, 1998a, 2007; Sedikides & Skowronski, 1997; Tracy, Robins, & Tangney, 2007).

P. Gilbert (✉)
Centre for Compassion Research and Training, College of Health and Social Care Research Centre, University of Derby, Kedleston Road, Derby DE22 1GB, UK
e-mail: p.gilbert@derby.ac.uk

P. Gilbert
University of Queensland, Brisbane, Australia

C.-H. Mayer and E. Vanderheiden (eds.), *The Bright Side of Shame*,
https://doi.org/10.1007/978-3-030-13409-9_27

There are a range of different self-conscious emotions that utilise primary emotions but blend them with self-conscious experience. The most common of these include shame, pride, embarrassment, humiliation, and guilt (Giner-Sorolla, 2015; Tracy et al., 2007). The central and peripheral nervous system did not evolve a different threat processing system for self-conscious emotions; the amygdala, hypothalamic-pituitary adrenal axis and autonomic nervous system remain the basic physiological mechanisms for all threats including to one's self-identity (Dickerson & Kemeny, 2004). Rather what evolved were new cognitive competencies that allow these threat systems to be triggered, textured and experienced in new ways (Tracy et al., 2007; Gilbert, 2009). Importantly, social threats linking to rejection, social loss and social devaluation, are core to our shame experience (Gilbert, 1998b; Sznycer, Tooby, Cosmedes et al., 2016), and are the most powerful activators of threat processing systems (Dickerson & Kemeny, 2004). Indeed, there is good evidence that rejection and experiences of shame operate through similar neurophysiological pathways as pain (Kross, Berman, Mischel, Smith, & Wager, 2011) although there may be physiological differences between acute and chronic rejection-shame experiences (Rohleder, Chen, Wolf, & Miller, 2008).

Importantly, there are different types of social threat that are linked to different types of self-conscious emotion. While shame and humiliation are both linked to the evolutionary salient problems of social competition, social reputation and social acceptance (Gilbert, 1992, 1998b; Sznycer et al., 2016), guilt is linked to a very different motivational process for caring and avoiding causing harm to others (Crook, 1980; Gilbert 1989/2016, 2009) (Elison and Malik, in this book). The next part of this chapter looks at some of the evolutionary origins of certain self-conscious emotion.

27.2 Intrasexual Competition

Shame and humiliation are rooted in various forms of social competition and operate through ancient, phylogenetic neurophysiological systems (Gilbert, 1989/2016, 1998b, 2007). There are two forms of social competition called 'scramble and contest'. In scramble competition individuals don't interact with each other whereas in contest competition they do. Contest competition can involve efforts of one individual(s) to prevent (an)other individual(s) access to resources or to accumulate more than others. While food or habitat can be a source of conflict the most common and intense forms of conflict are over sexual access. This is called *intrasexual competition* indicating competitiveness between same gender members. Intrasexual competition can be aggressive. In species where females come into uterus episodically and relatively short-term, the males can engage in intense aggressive competition for short periods of time. For example, the females of the Big Horn mountain goat secrete pheromones into the atmosphere as they come into uterus and this has an impact on the males who then start intense head-butting fights for dominance (Farke, 2008). Indeed, they have evolved highly thickened skulls that allow them to crash into each

other at 35 km an hour! Although fights for dominance can occur at other times, outside periods of sexual competition, males live comparatively peacefully together.

Primates do not have any specific breeding seasons in competing for resources. Rather contest conflicts are regulated through the development of dominance and status hierarchies. These hierarchies are established partly through displays that are called *ritualistic agonistic display* behaviours. Such displays signal *resource holding power (RHP)*, sometimes seen as fighting ability, but also the alliances one can call on to help in a conflict (Caryl, 1988). These allow competitors to weigh each other up (utilise social comparison) and for those who assess themselves to be less powerful to back off or submit. Although typically associated with male competitive behaviour females also engage in agonistic behaviours that require submissive behaviours from subordinates. Looked at another way some individuals will escalate conflicts exhibiting more anger and aggression to a challenge or in a conflict, whereas others will show what has been called a fear-dove strategy of seeking to de-escalate the conflict using submissive and appeasing behaviour (Archer, 1988; Caryl, 1988). In many primate species females are as rank sensitive as males and dominant females can be very threatening to subordinate females and even their infants. In addition, they prefer courtships with more dominant males (Abbott et al., 2003). It is in these basic and ancient social dispositions we can see the human origins of shame and humiliation.

In humans, down rank competitive attacks are less physical (although they can be) and depend more on the symbolic representation of self and social presentation (reputation). Buss and Dreden (1990) found that the content of derogation and shaming differed for male-on-male and female-on-female shaming, with male-on-male shame focusing on notions of weakness and sexual incompetence and female-on-female shame focusing on appearance, promiscuous and sexual (un)attractiveness. Baumeister and Twenge (2002) suggest that female-on-female shaming for sexual activities and appearance can be a means of sexual competition to regulate female sexuality and that these become culturally shared values (e.g. women should not be promiscuous or use their sexuality to advance their careers). Shaming and reputation undermining are the means for controlling female sexual choice.

27.3 Submissiveness and Shame

Whether down rank attacks are physical or symbolic, understanding the origins and functions of submissive behaviour and signals, that try to limit the damage of such attacks, offer clues to the origins of shame responding and its behavioural profiles. Indeed, the submissive signal has long been linked to the phylogenetic origins of shame displays because they evolved to inhibit attacks by dominant, threatening others (Gilbert 1998b; Gilbert & McGuire, 1998; Keltner, 1995). It is the subordinate's ability to express a submissive display, that downgrades the hostile intent of the more dominant, which enables it to continue within a group where others are more powerful. Hence, submissive behaviours evolved as fundamental defensive social

behaviours which facilitate control over aggression and enable social cohesion. As MacLean (1990) points out:

> ….Ethologists have made it popularly known….. that a passive response (a submissive display) to an aggressive display may make it possible under most circumstances to avoid unnecessary, and sometimes mortal, conflict. Hence it could be argued that the *submissive display is the most important of all displays* because without it numerous individuals might not survive. (italics added, p. 235)

There are a variety of submissive displays that depend on context, but as a general rule submissive displays involve eye gaze avoidance, curling the body to look smaller, social wariness, and inhibiting outputs (Gilbert, 2000a). These are also the basis of shame displays and have the same function as a submissive behaviour in an aggressive context, which is basically reducing aggressive or rejecting behaviour from more powerful others (Keltner, 1995). Martens, Tracy and Shariff (2012) review many studies showing that in contexts of potential conflict or transgression shame displays do indeed reduce hostility; although this can be relatively specific to in-groups. Submissive displays may not protect one from outgroup hostility. In self-report studies, shame proneness is also highly correlated with submissive behaviour (Gilbert, 2000b; Gilbert, Pehl, & Allan, 1994).

27.4 Intersexual Competition

Intersexual competition is related to the ability to attract or gain access to reproductive partners; members of the opposite sex. Whereas *intra*sexual competition can use the strategies of threat and inhibition *inter*sexual competition involves strategies of attraction, approach and positive affect. This is not to deny that males can be threatening towards females and even that some forms of copulation are not far short of rape; and of course, in humans' rape is tragically all too common. Nor should we overlook the fact that in some species males can kill off the young of other males in order to bring the female into oestrus. Nonetheless, for our purposes here we will focus on the most shame-relevant important dynamic of intersexual competition which pertains to the dimension of enticement and attraction and eliciting voluntary engaging and helpful behaviour from others (Gilbert, 1998b, 2007).

The desire to display positive characteristics of ourselves in order to stimulate positive emotions in others, and attract and elicit the positive intentions of others, is well established as a human motive. As the social anthropologist Barkow (1980, 1989) pointed out some years ago it is a strategy that now permeates nearly all forms of human social competition. Various forms of headdresses, cloths, make up and body shaping, athletic displays, displays of any skill or talent and of course displays of wealth such as fast cars, are forms of social display that invites positive audience judgement. It is believed that when metals were first discovered they were used as adornments rather than instruments or weapons. Rather than fighting or threatening aggression, competition by attraction is aimed to create positive evaluation

467581_1_En_27_Chapter ☑ TYPESET ☐ DISK ☐ LE ☑ CP Disp.:1/3/2019 Pages: 19 Layout: T1-Standard

in the minds of others so one is chosen as a partner in particular roles (Barkow, 1980). Gilbert (1989/2016, 1997; Gilbert, Price, & Allan 1995) suggested that whereas in the aggressive context, where the focus is on *resource holding potential* (Caryl, 1988) in the attracting competitive arenas it is on *social holding potential* (SAHP); that is the ability to influence the minds of others positively such that one is seen as a valued, desired and attractive agent and avoid being marginalised or rejected (Gilbert, 1997, 2007). To have positive SAHP is to be an individual who is liked and valued by others whereas negative SAHP would be an individual who is ignored, disliked and shunned; in other words the emotions created in the interpersonal field can be positive, indifferent or negative which will impact on the style of relating that individual can elicit from others. In her book *Survival of the Prettiest*, Etcoff (1999) highlights the benefits of being able to compete on various attraction dimensions. Individuals deemed to have physical attractiveness as well as attractive personalities have better outcomes in terms of choice of sexual partners, supportive social networks and job opportunities.

Using this concept, shame can be seen as an experience of having low or negative SAHP; that one is perceived to be unattractive in some way and worthy of marginalisation, exclusion, rejection or even persecution. Because the underlying dynamic is competitive then the defensive behaviour, to avoid exclusion, rejection or persecution remains, a submissive display rather than an overly confident, hubristic or aggressive display. Hence, many of the dimensions of shame are ones of social competitiveness. For example, the body and body appearance are major sources for people to experience a sense of inferiority, undesirability and shame (Andrews, 2002; Gilbert & Miles, 2002; Lamarche, Ozimok, Gammage, & Muir, 2017). But any display, be it of various athletic or intellectual talents and skills, that is rejected by an audience can be a source for shame because it indicates devaluation of self in the mind of others.

In his book *On The Expression of Emotions* in Man and Animals Darwin (1872) was clear that self-conscious emotions such as blushing, embarrassment and shame are all related to how we experience ourselves in the minds of others. Some years later Charles Horton Cooley, in 1902 coined the term *The Looking Glass Self* (Elison, in this book), highlighting the fact that we experience ourselves through the minds of others. Scheff (1988) articulated this theme in his approach to shame. One of the major shame theorist Michael Lewis (1992) highlights the social dynamic of shame by referring to shame as the *affect of exposure*. Mollon (1984) refers to the existential writings of Sartre to highlight the same theme:

> To see oneself blushing and to feel oneself sweating, etc., are inaccurate expressions which the shy person uses to describe his state; what he really means is that he is physically and constantly conscious of his body, not as it is for him but as it is for the Other….. We often say that the shy man is embarrassed by his own body. Actually, this is incorrect; I cannot be embarrassed by my own body as I exist in it. It is my body as it is for the Other which embarrasses me. (As quoted by Mollon 1984, p. 212)

Sznycer et al. (2016) also articulated an evolved model of shame rooted in competitive behaviour and reputation regulation. They investigated the relationship between social devaluation and shame in a number of different cultures including America, India (Bhawuk and Malik, in this book) and Israel. As expected shame was very

highly correlated with experiences of social devaluation across cultures. What sits behind these concerns is social competition.

27.5 Shame and the Self

External shame then, focuses attention and cognitive processing on what's happening in the minds of others in relationship to the self. *Internal* shame focuses attention inwards, links to self-evaluation, often with forms of self-criticism (Gilbert 1992, 1998b, 2007; Giner-Sorolla, 2015). Competencies for self-awareness and judgement probably began to evolve around 2 million years ago. Early humans began to develop a form of social intelligence that allowed for new types of self-awareness, and self-insight (Gilbert, 2017b, 2018), Sedikides and Skowronski (1997) outline possible origins and precursors for a capacity to symbolise 'a self.'

Symbolic self-other awareness is the ability to imagine the self (or other) as an *object* and to judge and give value to self and other, to have self-esteem, pride or shame, or allocate positive or negative values to self and others (good and able, or worthless and useless). Our experience of ourselves, and our judgement of ourselves, is therefore partly linked to ourselves as a social agent and cannot be decontextualised from the social. The biblical myth of Adam and Eve is a story of shame. It conveys the ideas that shame is related to becoming self-aware, aware of another(s) security, and fear of transgression against authority with possible consequent punishment. It also attests to the antiquity of shame.

Although shame has been linked to failing to meet self-standards, the evidence does not support this view unless these 'failures' are seen to render one as an unattractive social agent in some way. Indeed, exploring the idea that shame was about failure to live up to ideals and using qualitative methods Lindsay-Hartz, de Rivera and Mascolo (1995) found that:

> To our surprise we found that most of the participants rejected this formulation. Rather, when ashamed, participants talked about being who they did *not* want to be. That is, they experienced themselves as embodying an anti-ideal, rather than simply not being who they wanted to be. The participants said things like. "I am fat and ugly," not "I failed to be pretty;" or "I am bad and evil," not "I am not as good as I want to be." This difference in emphasis is not simply semantic. Participants insisted that the distinction was important…… (p. 277).

Internal shame requires that there is some self-perception, evaluation or appraisal of self as actually "unattractive"—not just a failure to reach a standard (Gilbert, 1992, 1997, 1998b); that is to say it is closeness to an undesired and unattractive self rather than distance from a desired self that is at issue (Ogilive, 1987). The dynamic of an unattractive self, that's under scrutiny and seen as unworthy or incompetent in some way underpins many forms of mental health problems including depression (Gilbert, 2013) and social anxiety (Gilbert, 2014).

Although some authors regard shame as linked to a global self-evaluation, others have highlighted the fact that we can feel shame for specific aspects of ourselves. For example body shame (Andrews, 1995; Gilbert & Miles, 2002; Lamarche

et al., 2017) and appearance (Kellett & Gilbert, 2001). Indeed, Andrews, Qian and Valentine, (2002) developed a self-report shame scale that measures characterological, behavioural and bodily shame as different dimensions of shame. Shame can be focused on specific characteristics of body function such as impotence, shape, size and appearance. Body focused shame underpins Body Dysmorphic Disorder (Gilbert & Miles, 2002). And shame can be a serious problem in how people seek out medical help for diseases that can be unattractive in appearance, secretions or deemed to be self-induced (Gilbert, 2017a). People can delay seeking help for bowel cancer or sexually transmitted diseases because of shame issues. Fear of shame can motivate concealment and non-sharing of personal information such as past trauma, behaviour or emotions or fantasies. Fear of shame can have very serious consequences on people's abilities to develop open trusting and affiliative relationships (Gilbert, 2009). Part of psychotherapy can be working with what people have 'shamefully' concealed and creates feelings of disconnection. In these contexts clients can monitor very carefully what they think the therapist might be thinking of them; their SAHP in the mind of the therapist.

While subordination, submissiveness and shame overlap, they are not the same. One can be submissive and recognise one's subordinate status without feeling shame. Indeed, in some contexts one may be willingly submissive to an adored leader. Another example that both Scott (1990) in his book, Domination and the Arts of Resistance and also Goffman's in his work on social stigma (1968), make clear is that there is a public and private face to acts of subordination. What is said and agreed in public may be very different in private. Compliance to authority, even public acts of (involuntary) subordination, do not suggest shame but social fear (Gilbert, 1992). It is also possible to have a sense of external shame but not to internalise that. For example, some people who have battled with sexual orientation may not experience internal shame but can be very hurt by experiencing stigma and external shame.

27.6 Humiliation

The term humiliation has many meanings. For example, a humiliating defeat can imply defeat in the face of an expectation of wining, perhaps where one had all the advantages. It can also be used to describe a large margin between the winner and loser. Figure 27.1 outlines some of these distinctions.

Although often seen as similar to shame, and with many overlapping features, humiliation differs from shame in important ways. Like shame, humiliation is rooted in the competitive dynamics and negotiating our social place in the world; status and social fit. Shame involves a sense of self as damaged as a social agent, and when internalised can be associated with negative judgements of the self even self-disgust and hatred. Although self-blame is not necessary for shame (we can be ashamed of a birth defect or deformity, for example, and we can feel a sense of shame through association with stigmatised or shamed others) for the most part there is some sense of personal identification with the shamed identity (Tracy et al. 2007). As noted

elsewhere this is not the case for humiliation (Gilbert, 1998b). There is growing consensus that humiliation is associated with desires for vengeance in a way that shame may not be (Gilbert,1998b). Trumbull (2008) also highlights how humiliation generates aggressive, defensive responses directed at restoration of status, and to depose the humiliator and counter humiliate him or her.

In a major review of the literature on humiliation Elison (in this book) and Harter (2007) highlight the fact that the social devaluation is regarded as unjustified, as an injustice; individuals feel they have been ridiculed, taunted, bullied even tortured and devalued by others unfairly and unjustly; 'they have been wronged.' Whereas shame typically involves fear-based emotions, humiliation is one of anger and vengeance. Even if individuals feel they are in subordinate positions the desire for vengeance can be intense. Elison and Harter (2007) highlight examples of school shootings where individuals have often felt humiliated and ridiculed by others and their killing sprees were based on humiliated rage. This is true in groups, tribes and countries too where individuals who feel humiliated can have serious desires for vengeance. One of the drivers of the Second World War was the humiliation the allies heaped on the Germans for the First World War in the Treaty of Versailles (Mayer on shame in Germany, in this book). For the most part the humiliated person feels that the humiliator purposely and deliberately sought to create a sense of ridicule and inferiority in them. In torture for example, humiliating rituals even including being urinated and defecated on can be part of the process; it is a demonstration of power. Indeed, although we often think that torture and humiliation are to dehumanise people in fact it's the very awareness of

SHAME	HUMILIATION
HAVE IN COMMON	
Sensitivity to put down/injury	
Desire to protect self	
Increase in arousal	
Complex emotions	
Rumination	
ARE DIFFERENT IN	
Internal Attribution	External attribution
Self bad /flawed	Other bad
Inferiority	Not necessarily inferior
Heightened self conscientious	Attention focused on the other
Acceptance	Unjust
Not vengeful	Vengeful

Fig. 27.1 Similarities and distinctions between shame and humiliation (From Gilbert 1997, 2018)

our human needs for connectedness and to be respected valued and esteemed (to have positive SAHP) that the humiliator plays on. During the emergence of the Holocaust Jews were made to do humiliating acts such as scrubbing streets with toothbrushes and had symbols hung around their necks. While we could hurt and threaten animals, and they may well show submissive or fearful responses, we can't shame or humiliate them. We are humiliated and shamed not because we are like animals ~~but~~ because we have human needs and sensibilities of self and social contextual awareness.

Another dimension to humiliation that is less acknowledged and requires research is that humiliation often crosses group boundaries. Individuals who feel humiliated can often feel excluded and marginalised as if they are an outgroup member. Many of Elison and Harter's (2007) examples that involved murderous vengeance suggest experiences of being an outcast, a ridiculed out-grouper, not just subordinated. This may explain partly why humiliated fury can often be taken out on a number of individuals who represent that groups identity. Humiliated fury can create the desire to 'do unto others as has been done to me' a sort of inversion of the golden rule. Another aspect of humiliation is it can create destructive envy and jealousy (Gilbert, 1992, 1998c). In a famous Beatles song *Run for Your Life*, (on the album Rubber Soul) are the words 'I'd rather see you dead little girl than to be with another man.' Sometimes jilted people refer to feeling humiliated rather than shamed by a rejection or infidelity, again with an intense desire for vengeance. Indeed, in some cultures it is a basis for honour killing. John Lennon later regretted writing the song and it was his least favourite, but it speaks to a dark theme of sexually, competitive driven humiliation. So in shame the focus is on the damaged reputation to oneself and as agent which is commonly internalised in negative self-evaluation whereas in humiliation the focus is on (what is seen as) unjustifiable devaluation harm and ridicule that's been done by another. In terms of competitive dynamics of humiliation, the experiencer seeks to dominate or injure the humiliator. These sentiments are not part of shame.

These distinctions can be depicted in Figs. 27.1 and 27.2.

Figure 27.2 depicts that in the first instance humans are born with extraordinarily sensitive needs to be cared for and looked after by others and be held in positive regard. From an early age they are constantly looking for approval of their displays and validation of their feelings. They are learning not only how they exist in the minds of others but how others are disposed towards them. They are particularly attentive to voice tones and facial expressions that indicate different emotions in the carer. Cold or rejecting facial expressions and voice tones can indicate that we are held negatively in the minds of others creating in the first instance an experience of external shame. We have a sense that we are not an attractive social agent, and this sensitises various threats systems, orientating attention and defensive manoeuvres (Gilbert, 1998b, 1998c). If on the other hand the individual perceives the environment is hostile, unfair and unjust then the experience is not rooted in self attribution's but in external attributions and humiliation.

Figure 27.2 also demonstrates that we can have reflected shame and a sense of humiliation whereby these can be brought to families or groups by its members or member. For example, in some cultures honour killing is for a family member,

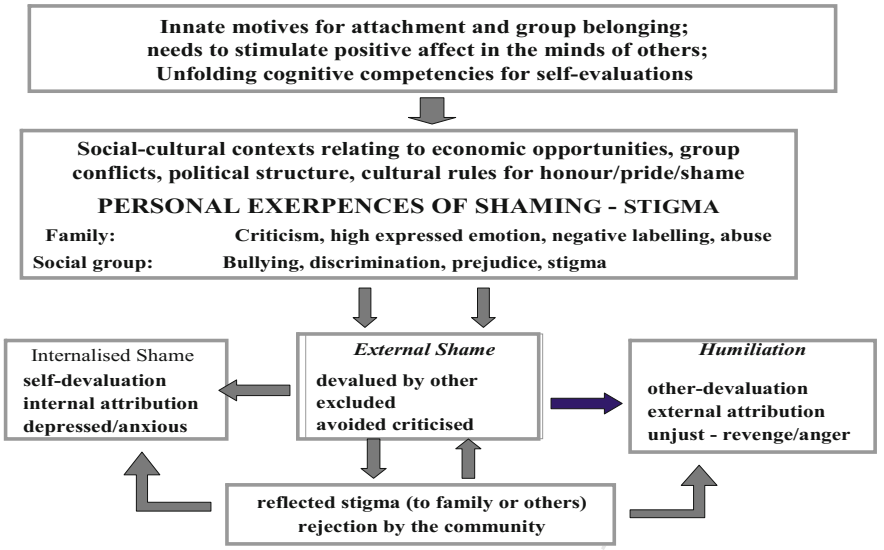

Fig. 27.2 An evolutionary and biopsychosocial model for shame and humiliation Adapted from Gilbert (2002)

usually a young woman seeking their own sexuality who is deemed to have brought shame or humiliation to the family and tarnished the reputation and honour of the family (Gilbert, Gilbert, & Sanghera, 2004). Some cultures regard this as justified and indeed honourable whereas others as a crime and shameful.

Importantly, the self-conscious emotions can coexist. For example, it is very common in forensic services to find individuals who respond very aggressively to any threats upon them and who speak in the language of humiliation. However, as they engage in therapeutic explorations it becomes clear they also carry an intense sense of vulnerability, feelings of unworthiness and a sense of shame. Their aggressive humiliation-behaviour is actually a defence against experiencing this vulnerable, inferior sense of self. So aggressive behaviour itself is not a clear defining distinction between the two self-conscious emotions.

27.7 Guilt

Many authors tend to lump shame, humiliation and guilt together as part of the same family of self-conscious emotions, but an exploration of their evolutionary roots show them to be very different. The word guilt derives from the German word gelt which meant debt in the 8th century.

The evolutionary origins of guilt do not lie in the sexual and resource competitive dynamics of life but rather in caring motives and behaviour. With the evolution of

parental investment and caring behaviour there was a focus on providing for infants such that they would be defended from harms and nurtured appropriately. Crook (1980) pointed out that for caring to evolve there had also to be a harm avoidance system such that carers are attentive to and avoid causing harm to the targets of their care and are motivated to take remedial action as soon as possible if they do. Indeed, MacLean (1990) highlighted the fact that some egg laying species such some fish sometimes cannibalise their own young. So one of the first evolved processes for caring is kin recognition and 'don't eat the kids'! Second, harm avoidance will evolve with emotional consequences to having violated that general strategy and motivate reparations as quickly as possible. It follows therefore that the attentional focus of guilt will be different to that of shame and humiliation. For example, in guilt there is no aggressive desire for vengeance and no concern with social reputation. The focus is on having caused harm and desire for reparation. The emotions of guilt relate to sadness and remorse which partly motivate reparation and are very different to ones of anxiety and anger as in shame and humiliation. Guilt is linked to empathic and sympathy abilities (Tangney & Dearing 2002). Empathy is important for guilt but not necessary for shame or humiliation. Indeed, one can feel shamed and humiliated through projection.

Responses to having caused harm, even inadvertently can vary from shame to guilt. For example, imagine driving down the road and a dog runs out and you hit it. Externalising anger would focus on the damage the dog has done to your car (stupid dog); external shame would focus on fear of what others might say about your driving, internal shame on negative self-evaluation 'why am I not careful enough'. In such cases one might be tempted to drive on. Guilt focuses on sadness and sorrow and one is more likely to stop and help the injured animal. One's mind is not focused on what others might think or even judgements of one's driving but on the injured dog. Guilt is therefore a moral emotion in a way that shame often it is not (Tracy et al. 2007; Tangney & Dearing, 2002). Guilt supports prosocial behaviour, and builds interpersonal bonds (Baumeister, Stillwell, & Heatherton 1994). This suggests that the negative affect of guilt or the anticipation of guilt may nudge us towards care and compassion (Gilbert, 2009, 2017a). While shame may motivate individuals to try to repair the damage they caused, this is primarily to repair their own reputation and reduce external shame or sometimes to help themselves feel better about themselves.

Indeed, study after study has shown that guilt is significantly linked to moral behaviour and cooperation whereas shame is not (De Hooge, Zeelenberg, & Breugelmans, 2007; Tangney & Dearing, 2002). Further guilt and it has low or no association with mental health problems (Gilbert, 2000c; Tangney & Dearing, 2002; SzentaÂgotai-Tătar, & Miu, 2016). In contrast, shame proneness, when rooted in a deep sense of an unattractive and an undesired self, is often associated with hostile forms of self-criticism and is linked to whole range of psychopathologies (Gilbert, 2009). Humiliation is seen as especially linked to the more aggressive, interpersonal difficulties. Approaches that over rely on cognitive explanations identify shame as linked to global self-evaluation whereas guilt is focused on behaviour. Although important these are not their defining features. Rather the underpinning motivational mechanisms that drive them are.

Another area where this distinction is very important is between restorative and retributive justice (Wenzel, Okimoto, Feather, & Platow, 2008). In retributive justice the focus is on shaming and humiliating, the idea is to cause suffering in some sense and for perpetrators to know their (lowered) social place. The desire is to induce fear, with a sense of subordination and defeat in perpetrators so they will not be tempted to do it again. In addition, retributive justice is a public demonstration that justice has been done and to act as a deterrent; hence it is designed to be callous (Gilbert, 2018). Restorative justice on the other hand, seeks to bring perpetrator and victim together in order to help the perpetrator empathise and understand the harm they have done. When this works well, rather than shaming and humiliating perpetrators, they are connected to a sense of guilt which allows them to begin to experience sadness and remorse. This internalised sense of responsibility taking, with a feeling of inner sadness for causing harm, is a more reliable source for subsequent prevention (Zehr, 2015). It should be noted, however, that clinically individuals who are blocked out on their ability to experience sadness can struggle with this approach and therapeutic work may be necessary to enable them to work on their own pain and suffering before they can appreciate the pain and suffering they have caused others (Gilbert, 2017b).

27.8 Compassion Focused Therapy

The evolution of social competition is ancient and often stressful. Indeed, there are many physiological markers linked to losing social status, and for humans being shamed, rejected or humiliated. In contrast, caring motivational systems evolved to 'look after, protect encourage and sooth (Gilbert, 1989/2016).' Caring motives organise our minds in very different ways and operate through different physiological processes to those of competitive motives. Caring, and its recent derivative compassion, are linked to hormones such as oxytocin and the myelinated vagas which is part of the parasympathetic system (Kirby et al., 2017; Thayer, Åhs, Fredrikson, Sollers, & Wager, 2012). Both have soothing functions. There is considerable evidence that access to caring others significantly attenuates stress. For example, if subordinate primates have access to support and soothing from kin they show less stress responses (Abbott et al., 2003). Many priming experiments show that attachment primes have a major impact on threatened stressed processing (e.g., Hornstein & Eisenberger, 2018)

Evolution based, compassion focused therapy suggests that one way to help people who are locked into problems of shame and humiliation is to switch them out of the competitive motivational systems into care and affiliative motivational systems (Gilbert, 2000c, 2010, 2017b). In this way the therapy seeks to change not only psychological processes but physiological ones too (Kirby et al., 2017). Hence there are a series of interventions and practices to help clients activate and stimulate caring motivational systems and their physiological mediators. These include:

467581_1_En_27_Chapter ☑ TYPESET ☐ DISK ☐ LE ☑ CP Disp.:1/3/2019 Pages: 19 Layout: T1-Standard

- People are introduced to an evolutionary, psychoeducation formulation of how and why we can get caught up in different conflicting, motivational and emotion systems that can be unhelpful to us and others (called tricky brain). The focus is to help clients have an understanding that our minds are created by our genes and choreographed by our upbringing. It is not our fault the way we are but it is our responsibility to learn about our minds and utilise them cultivate mental processes and habits that can to maximise well-being and minimise causing harm to self; shifting from personalisation shame and blaming to compassionate responsibility taking.
- People are offered the definition of compassion as *sensitivity to suffering in self and others with a commitment to try to alleviate and prevent it* (Gilbert, 2009, 2017b) and is rooted in courage and wisdom. The next step is to help people to mindfully be aware of what emotion and motivation system they are operating from at any point in time and how to switch into motivational and emotional systems mediated through compassion processing that are physiologically and psychologically more conducive to well-being.
- People are helped to understand the link between motivation and physiological activation and provide people with a variety of postural and breathing practices, imagery and behavioral practices, that stimulate the vagus nerve and other physiological systems linked to caring motivation and affiliative emotion processing. In addition, clients are trained to use particular voice friendly and affiliative emotional textures to the thoughts, particularly self-referent thoughts. These build into a portfolio of practices to cultivate one's compassionate mind
- People are introduced to the nature of a compassionate self-identity that guides cultivating a compassionate mind and compassionate self. They are supported in exploring the benefits of practising, harnessing and living one's life from that orientation. This is accompanied by a range of guided meditation practices, ways of thinking and ways of engaging in compassionate behaviour.

By way of short case example consider Sally (not her real name and the details are changed here). Sally had experienced intense bullying as a young child about the weight. She came into therapy with low self-esteem, was highly self-critical, socially anxious and depressed. She also had a sense of shame not only around her appearance but also because she felt she hadn't really achieved very much in life even though she was intelligent. Her cognitive and motivational processes were highly linked to competitive motivational processing that included the typical competition motivational themes. These included: unfavourable social comparison, tendencies towards submissive behaviour, believing that other people saw her as inferior, wanting improve her standing/status in the eyes of others, to compete and achieve in the world, self-monitoring and self-critical thoughts that were internally self-downing and shaming with a hostile contemptuous tone to them.

The compassion focused therapist first provides a secure base and validating empathic connection to facilitate the client feeling validated and accepted. Talking about shame is itself painful and can be expressed as shameful in itself. Sally's transference was competitive in the sense that she believed that therapist would

also judge negatively, compare her unfavourably with other clients, see her as less motivated or competent, and would expect her to achieve and do more. In CFT one would be very cautious about being pulled into that motivational system by focusing on doing and achieving. Instead CFT helped Sally to understand how our brains have evolved in such a way that we can become very focused on competitive social comparison, fears of what others think and feel about, us particularly if we've been bullied, and it's very easy to get caught in these loops.

We then explored 'what is the part of ourselves, may be linked to our inner strengths, that would really help us to face and work with the things that frighten and upset us.' The therapist then guides Sally to the core qualities of the compassionate mind, rooted as they are in courage and wisdom able to address pain and suffering. To help us with problems of shame we need a part of ourselves that can be supportive, validating and healing which we call the compassionate self. CFT spends time on discovering, recruiting and cultivating this aspect of self, including its physiological parameters.

Core to Sally's therapy was helping her to recognise the hostility and undermining nature of her and self-criticism. This is done in a series of steps using functional analysis and chair work. Sally was able to learn how to generate compassionate self-talk with friendly affiliative inner 'tones and textures' to her thoughts. As the internal compassionate competencies of Sally developed it became possible to help her use this aspect of her mind to address some of her shame and also engage compassionately in rescripting bullying trauma memories. So in brief Sally learnt to become more mindful and mind aware, recognise the value of refocusing on compassion motivation, activating the system and practising. Then, with the compassion focus, being able to move into and work with distressing areas.

CFT was specifically developed for people with high levels of shame and self-criticism often linked to complex or traumatic pasts. CFT suggest that if individuals do not have the inner physiological infrastructures (a form of inner secure base and safe haven to use attachment terms rooted in systems such as the vagus nerve) and psychological competencies for compassion and regulating threat processing, then working with shame and trauma can be very difficult for them.

27.9 Conclusion

This chapter explored some of the evolved differences between self-conscious emotions rooted in motivational systems and competencies for defence. Shame is linked to competitive dynamics which has an inhibitory function since it is linked to subordinate defensive strategies of inhibition. Humiliation is linked to competitive dynamics but is the opposite and generates aggression and desires for vengeance and retaliation. (Out)Group identification is more common in humiliation. Guilt has a completely different evolutionary origin, rooted in caring behaviour with all of the competencies that go with it. In many studies, that other chapters to this volume explore, shame is associated with vulnerabilities to a range internalising type psychopathologies,

Table 27.1 Comparisons of external and internal shame humiliation guilt

	External shame	Internal shame	Humiliation	Guilt
Motivation	competitive rank	competitive rank	Competitive rank	Caring
Attention	Mind of the other	Own mind/self	Mind of the other	Mind of the other
Cognitive	They think badly of me	I think badly of me	How dare they think badly of me	I have hurt someone
Emotions	Threat-anxious	Threat-depressed	Threat-anger	Sorrow and remorse
Behaviours	Defensive submissive and avoidant	Defensive externally but offensive internally (self-attacking)	Offensive, vengeful	Reparative

such as depression and social anxiety while humiliation is associated more with vengeance and aggressive acting out. Shame is particularly toxic when it is rooted in a sense of self as bad, unworthy or even disgusting and where there is a high degrees of self-criticism through to self-hatred. In contrast guilt is associated with prosocial behaviour and is not linked to psychopathology or vengeance. This is partly because it's rooted in a completely different motivational system that its patterns, emotional dispositions and sense of self are quite differently to shame and humiliation (Giner-Sorolla 2015).

As a summary Table 27.1 gives a simplified overview of some of the differences between internal and external shame, humiliation and guilt.

These distinctions are important particularly in psychotherapy. For example, compassion focused therapy (Gilbert, 2010) helps individuals identify forms of shame-based self-criticism and how to switch into self-compassion. For humiliation it helps individuals work with their sense of anger, address potential underlying unprocessed emotions associated with humiliation and where appropriate develop forgiveness. If harm has been done then enabling people to process guilt is essential. For some individuals processing these emotions is very difficult because it takes them into their own emotional pain. Group relationships and cultural dynamics of what is and what is not shaming add new dimensions of experience that are lacquered into the sense of oneself as 'a confident desirable attractive person' or one 'vulnerable to criticism rejection and exclusion.' Seeing these experiences through the lens of evolved motivation systems offer new avenues for research and therapy.

References

Abbott, D. H., Keverne, E. B., Bercovitch, F. B., Shively, C. A., Mendoza, S. P., Saltzman, W., et al. (2003). Are subordinates always stressed? A comparative analysis of rank differences in cortisol levels among primates. *Hormones and Behavior, 43*(1), 67–82.

Andrews, B. (1995). Bodily shame as a mediator between abusive experiences and depression. *Journal of Abnormal Psychology, 104*, 277–285.
Andrews, B. (2002). Body shame and abuse in childhood. In P. Gilbert & J. N. V. Miles (Eds), *Body shame: Conceptualisation, research & treatment* (pp. 256–266). London. Brunner-Routledge.
Andrews, B., Qian, M., & Valentine, J. D. (2002). Predicting depressive symptoms with a new measure of shame: The experience of shame scale. *British Journal of Clinical Psychology, 41*(1), 29–42.
Archer, J. (1988). *The behavioural biology of aggression*. Cambridge: Cambridge University Press.
Barkow, J. H. (1980). Prestige and self-esteem: A bioscocial interpretation. In D. R. Omark., F. F. Strayer, & D. G. Freedman (Eds.), *Dominance relations: An ethological view of conflict and social interaction* (pp. 319–332). New York: Garland Press.
Barkow, J. H. (1989). *Darwin, sex and status: biological approaches to mind and culture*. Toronto: University of Toronto Press.
Baumeister, R. F., Stillwell, A. M., & Heatherton, T. F. (1994). Guilt: An interpersonal approach. *Psychological Bulletin, 115*(2), 243–267.
Baumeister, R. F., & Twenge, J. M. (2002). Cultural suppression of female sexuality. *Review of General Psychology, 6,* 166–203.
Buss, D. M., & Dreden, L. A. (1990). Derogation of competitors. *Journal of Social and Person Relationships, 7,* 395–422.
Caryl, P. G. (1988). Escalated fighting and the war of nerves: Games theory and animal combat. In P. H. Bateson, & P. H. Klopfer, (Eds.). *Perspectives in ethology. advantages of diversity* (Vol. 4, pp. 199–224). New York: Plenum Press.
Cooley, C. H. (1902). *Human nature and the social order*. New York: Scribner's.
Crook, J. H. (1980). *The evolution of human consciousness*. Oxford: Oxford University Press.
Darwin, C. (1872/2009). *On the expression of the emotions in man and animals.* Penguin Classics.
De Hooge, I. E., Zeelenberg, M., & Breugelmans, S. M. (2007). Moral sentiments and cooperation: Differential influences of shame and guilt. *Cognition and Emotion, 21*(5), 1025–1042.
Dickerson, S. S., & Kemeny, M. E. (2004). Acute stressors and cortisol responses: A theoretical integration and synthesis of laboratory research. *Psychological Bulletin, 130*(3), 355.
Etcoff, N. (1999). *Survival of the prettiest: The science of beauty*. New York: Doubleday.
Elison, J., & Harter, S. (2007). Humiliation: Causes, correlates, and consequences. In J. L. Tracy, R. W. Robins, & J. P. Tangney (Eds.), *The self-conscious emotions: Theory and research* (pp. 310–329). New York: Guilford.
Farke, A. A. (2008). Frontal sinuses and head-butting in goats: A finite element analysis. *Journal of Experimental Biology, 211*(19), 3085–3094.
Gilbert, P. (1989/2016). *Human nature and suffering.* London: Lawrence Erlbaum Associates.
Gilbert, P. (1992). *Depression: The evolution of powerlessness*. London: Lawrence Erlbaum Associates.
Gilbert, P. (1997). The evolution of social attractiveness and its role in shame, humiliation, guilt and therapy. *British Journal of Medical Psychology, 70,* 113–147.
Gilbert, P. (1998a). Evolutionary psychopathology: Why isn't the mind better designed than it is? *British Journal of Medical Psychology, 71,* 353–373.
Gilbert, P. (1998b). What is shame? Some core issues and controversies. In P. Gilbert & B. Andrews (Eds.), *Shame: Interpersonal behavior, psychopathology and culture* (pp. 3–36). New York: Oxford University Press.
Gilbert, P. (1998c). Shame & humiliation in complex cases: In N. Tarrier., G. Haddock, & A. Wells (Eds.), *Treating complex cases: The cognitive behavioural approach* (pp. 241–271). Wiley.
Gilbert, P. (2000a). Varieties of submissive behaviour: Their evolution and role in depression. In L. Sloman & P. Gilbert (Eds.) *Subordination and defeat. An evolutionary approach to mood disorders* (3–46). Hillsadale: N.J. Lawrence Erlbaum.
Gilbert, P. (2000b). The relationship of shame, social anxiety and depression: The role of the evaluation of social rank. *Clinical Psychology and Psychotherapy, 7,* 174–189.

Gilbert, P. (2000c). Social mentalities: Internal 'social' conflicts and the role of inner warmth and compassion in cognitive therapy. In P. Gilbert & K. G. Bailey (Eds.), *Genes on the couch: Explorations in evolutionary psychotherapy* (pp. 118–150). Hove: Psychology Press.
Gilbert, P. (2002). Body shame: A biopsychosocial conceptualisation and overview, with treatment implications. In P. Gilbert & J. Miles (Eds.), *Body shame: Conceptualisation, research & treatment* (pp. 3–54). London: Routledge.
Gilbert, P. (2007). The evolution of shame as a marker for relationship security. In J. L. Tracy, R. W. Robins, & J. P Tangney (Eds.), *The self-conscious emotions: Theory and research* (pp. 283–309). New York: Guilford.
Gilbert, P. (2009). *The compassionate mind: A new approach to the challenge of life*. London: Constable & Robinson.
Gilbert, P. (2010). *Compassion focused therapy: The CBT distinctive features series*. London: Routledge.
Gilbert, P. (2013). Depression: The challenges of an integrated biopsychosocial evolutionary approach. In M. Power (Ed.), *The Wiley Blackwell handbook of mood disorders*: Second edition (pp. 229–288.). Chichester, Wiley.
Gilbert, P. (2014). Evolutionary models. Practical and conceptual utility for the treatment and study of social anxiety disorder. In J. W. Weeks (ed.). *The Wiley Blackwell handbook of social anxiety disorder* (p. 24–52). Chichester: Wiley.
Gilbert, P. (2017a). Shame and the vulnerable self in medical contexts: the compassionate solution. *Medical humanities*, medhum-2016.
Gilbert, P. (2017b). Compassion as a social mentality: An evolutionary approach. In P. Gilbert (Ed.), *Compassion: Concepts, research and applications* (pp. 31–68). London: Routledge.
Gilbert, P. (2018). *Living like crazy* (2nd ed.). York: Annwyn House.
Gilbert, P., Clarke, M., Kempel, S., Miles, J. N. V., & Irons, C. (2004a). Criticizing and reassuring oneself: An exploration of forms style and reasons in female students. *British Journal of Clinical Psychology, 43,* 31–50.
Gilbert, P., Gilbert, J., & Sanghera, J. (2004b). A focus group exploration of the impact of izzat, shame, subordination and entrapment on mental health and service use in South Asian women living in Derby. *Mental Health, Religion & Culture, 7,* 109–130.
Gilbert, P., & McGuire, M. (1998). Shame, status and social roles: The psychobiological continuum from monkeys to humans. In P. Gilbert & B. Andrews (Eds.), *Shame: interpersonal behavior, psychopathology and culture* (pp. 99–125). New York: Oxford University Press.
Gilbert, P., & Miles, J. (2002). *Body shame: Conceptualisations, research & treatment*. London: Brunner-Routledge.
Gilbert, P., Pehl, J., & Allan, S. (1994). The phenomenology of shame and guilt: An empirical investigation. *British Journal of Medical Psychology, 67,* 23–36.
Gilbert, P., Price, J. S., & Allan, S. (1995). Social comparison, social attractiveness and evolution: How might they be related? *New Ideas in Psychology, 13,* 149–165.
Giner-Sorolla, R. (2015). *Judging passions: Moral emotions in persons and groups*. London: Routledge.
Goffman, E. (1968). *Stigma: Notes on the management of a spoiled identity*. Harmondsworth: Penguin.
Hornstein, E. A., & Eisenberger, N. I. (2018). A social safety net: Developing a model of social-support figures as prepared safety stimuli. *Current Directions in Psychological Science, 27*, 25–31.
Kellett, S., & Gilbert, P. (2001). Acne: A biopsychosocial and evolutionary perspective with a focus on shame. *British Journal of Health Psychology, 6*(1), 1–24.
Keltner, D. (1995). Signs of appeasement: Evidence for the distinct displays of embarrassment, amusement and shame. *Journal of Personality and Social Psychology, 68,* 441–454.
Kirby, J. N., Doty, J., Petrocchi, N., & Gilbert. P. (2017). The current and future role of heart rate variability for assessing and training compassion. Frontiers. *Public Health, 5*, 40. Retrieved from https://doi.org/10.3389/fpubh.2017.00040.

Kross, E., Berman, M. G., Mischel, W., Smith, E. E., & Wager, T. D. (2011). Social rejection shares somatosensory representations with physical pain. *Proceedings of the National Academy of Sciences, 108*(15), 6270–6275.
Lamarche, L., Ozimok, B., Gammage, K. L., & Muir, C. (2017). Men respond too: The effects of a social-evaluative body image threat on shame and cortisol in university Men. *American Journal Of Men's Health, 11*(6), 1791–1803.
Lewis, M. (1992). *Shame: The exposed self*. New York: The Free Press.
Lindsay-Hartz, J., de Rivera, J., & Mascolo, M.F. (1995). Differentiating guilt and shame and their effects on motivations. In Tangney, J. P. & Fischer, K. W. (Eds). *Self-conscious emotions. The psychology of shame, guilt, embarrassment and pride.* (pp. 274–300). New York: Guilford.
MacLean, P. D. (1990). *The triune brian in evolution*. New York: Plenum Press.
Martens, J. P., Tracy, J. L., & Shariff, A. F. (2012). Status signals: Adaptive benefits of displaying and observing the nonverbal expressions of pride and shame. *Cognition and Emotion, 26*(3), 390–406.
Mollon, P. (1984). Shame in relation to narcissistic disturbance. *British Journal of Medical Psychology, 57,* 207–214.
Ogilive, D. M. (1987). The undesired self: A neglected variable in personality research. *Journal of Personality and Social Psychology, 52,* 379–388.
Rohleder, N., Chen, E., Wolf, J. M., & Miller, G. E. (2008). The Psychobiology of trait shame in young women: Extending the social self preservation theory. *Health Psychology*, 27(5), 523–532. Retrieved from http://doi.org/10.1037/0278-6133.27.5.52.
Scheff, T. J. (1988). Shame and conformity. The deference-emotion system. *American Review of Sociology, 53,* 395–406.
Scott, J. C. (1990). *Domination and the arts of resistance*. New Haven: Yale University Press.
Sedikides, C., & Skowronski, J. J. (1997). The symbolic self in evolutionary context. *Personality and Social Psychology Review, 1,* 80–102.
SzentaÂgotai-Tătar, A., & Miu, A. C. (2016). Individual differences in emotion regulation, childhood trauma and proneness to shame and guilt in adolescence. *PLoS ONE,* 11(11), e0167299. Retrieved from https://doi.org/10.1371/journal.pone.0167299.
Sznycer, D., Tooby, J., Cosmides, L., Porat, R., Shalvi, S., & Halperin, E. (2016). Shame closely tracks the threat of devaluation by others, even across cultures. *Proceedings of the National Academy of Sciences, 113*(10), 2625–2630.
Tangney, J. P., & Dearing, R. L. (2002). *Shame and guilt.* Guilford Press.
Thayer, J. F., Åhs, F., Fredrikson, M., Sollers, J. J., & Wager, T. D. (2012). A meta-analysis of heart rate variability and neuroimaging studies: Implications for heart rate variability as a marker of stress and health. *Neuroscience and Biobehavioral Reviews, 36*(2), 747–756.
Tracy, J. L., Robins, R. W., & Tangney, J. P. (Eds.). (2007). *The Self-conscious emotions: Theory and research.* (pp. 283–309). New York: Guilford.
Trumbull, D. (2008). Humiliation: The trauma of disrespect. *Journal of The American Academy of Psychoanalysis and Dynamic Psychiatry, 36,* 643–660.
Wenzel, M., Okimoto, T. G., Feather, N. T., & Platow, M. J. (2008). Retributive and restorative justice. *Law and Human Behavior, 32*(5), 375–389.
Zehr, H. (2015). *The little book of restorative justice: Revised and updated.* Skyhorse Publishing, Inc.

Paul Gilbert (Ph.D.), FBPsS, OBE is Professor of Clinical Psychology at the University of Derby and until his retirement from the NHS in 2016 was Consultant Clinical Psychologist at the Derbyshire Health Care Foundation Trust. He has researched evolutionary approaches to psychopathology for over 40 years with a special focus on the roles of mood, shame and self-criticism in various mental health difficulties for which Compassion Focused Therapy was developed. He was made a Fellow of the British Psychological Society in 1993. In 2003 he was president of the

British Association for Behavioural and Cognitive Psychotherapy. 2002–2004 he was a member of the first British Governments' NICE guidelines for depression. He has written/edited 21 books and over 200 papers. In 2006 he established the Compassionate Mind Foundation as an international charity with the mission statement To promote wellbeing through the scientific understanding and application of compassion (www.compassionatemind.co.uk). There are now a number of sister foundations in other countries. On leaving the health service in 2016 he established the Centre for compassion research and training at the University of Derby and has recently been awarded an honorary professorship at the University of Queensland Australia. He was awarded an OBE by the Queen in March 2011 for services to mental health. He is now in the Director of the Centre for Compassion Research and Training at Derby University UK. He has written and edited many books on compassion. His latest Book is Living Like Crazy.