

The relationship between self-harm, shame and guilt

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ABSTRACT

Self-harm is a major health concern behavior associated with suicide risk and significant psychological distress. Shame and guilt are the moral emotions which play a potential role in the Self-harm or self-injury. Theories also suggest that aversive emotional states are an important process that drives the Self-harm behavior. The present review therefore sought to provide a review of the relationship between Self-harm, guilt and shame. Results of this review support the link between shame and Self-harm. Clinically, consideration needs to be given to the role of shame amongst individuals who present Self-harm behavior and more research should be done on determining the relationship between guilt and Self-harm behavior.

Keywords: *Self-harm, Guilt, Shame, Systematic review, Suicide*

Due to high prevalence and correlation with suicide risk, self-harm poses a significant health concern. In India, the prevalence rate is as high as 17% especially among adolescents (Sivasankar.N et al., 2016). Self-harm refers to the deliberate destruction or damage to one's own body tissue, irrespective of suicidal intent and behaviors includes over dosage of medicine, cutting, burning, banging, hitting and scratching oneself. Self-harm behavior therefore includes suicidal behavior and non suicidal self-injury. Recent studies suggests that one of the most common reported reasons for Self-harm is around coping with or regulating difficult emotional states. For better understanding the mechanism involving exposure to and regulation of emotional states appear to key to understanding Self-harm behavior. Certain emotions appear especially important in understanding Self-harm behavior. The current review focuses on two such emotions: shame and guilt.

Shame is defined as a cognitive affective construct, comprising negative judgment of the self. The judgment of the self is undesirable and characterized by an evaluation of the self as inherently flawed, inadequate or bad (Blythin et al., 2018). Guilt on other hand is concerned with one's behavior and the negative evaluation. Hence, focus is something done by the individual that is perceived as bad or wrong, rather than the evaluating individual themselves.

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Shame and guilt have been described as "moral" emotions of self-consciousness that arise in response to self-evaluation.

Shame centers upon the individual's perception of themselves in a negative manner. Some researchers have explained two types of shame i.e. external shame which means the individual's perception of being negatively judged by others and whereas, in internal shame individual's judge oneself negatively. In contrast, guilt centers upon the individual's work as bad or wrong and is judged by oneself unlike like shame. A range of psychometric measures have been developed to study various aspects of shame but there is no such psychometric measures which measures various components of guilt so far. Shame and guilt can be experienced as emotional states that are unwanted or aversive. Nevertheless, literature suggests that shame may be especially pernicious because of its close ties to the individual's sense of self. Nonetheless, shame is closely linked to different psychological conditions, including anxiety, borderline personality disorder, depression post-traumatic stress disorder (PTSD), and eating disorders. In a population of people with borderline personality disorder (BPD), Brown, Linehan, Comtois, Murray and Chapman (2009) examined the effect of shame on self-inflicted injury. Individuals with BPD are at very high risk of suicidal and non-suicidal self-inflicted injury (Brown et al., 2009).

Shame and guilt both tend to relate differently to a variety of outcomes. For example, for a variety of behaviors associated with Self-harm behavior, shame and guilt have shown to be risk and protective factors, respectively. It encompasses both externalizing behaviors such as aggression (Stuewig et al., 2010) and drug use (Dearing, Stuewig & Tangney, 2005), as well as internalizing behaviors such as various forms of psychopathology (Tangney, Stuewig & Mashek, 2007). A sense of shame occurs when one thinks that others are judging them negatively (Tangney et al., 2007). Hastings, Northman and Tangney (2000) concluded in their study of suicidal studies that shame is a better predictor of suicide than guilt.

Guilt feelings are likely to serve as a protective mechanism from engaging in self-injurious behaviour, as just that, the guilt-prone individual will correctly judge a negative situation. As their shame prone counterparts may tend to do, they will be less inclined to assess themselves as negative. Guilt can even serve as a protective factor because it is linked to proactive attempts to solve a problem. On the other hand, guilt which is linked to defense, separation and distance.

Shame may also aggravate the effect of high emotional dysregulation, resulting in higher self-harm rates than those with lower levels of shame. An especially risky combination can be the product of being high in both emotional dysregulation and remorse. In comparison, guilt can function as a protective variable against self-harm, whereby guilt correlates with emotional dysregulation to result in lower self-harm rates with higher guilt levels than those with lower guilt levels. Getting high in guilt will buffer the harmful effects of emotional dysregulation on self-harm

The current article aims to provide a review of the available literature pertaining to Self-harm and its relationship with shame and guilt. Shame and guilt correlate with each other, as well as with depressive symptoms, has been reported. They also analyze correlations by correcting for guilt (when the effect excludes shame) or shame (when the effect includes guilt) and anxiety in addition to concentrating on bivariate associations.

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Association between shame, guilt and Self-harm

A subgroup of three studies more specifically measured self-harm than suicidal behavior (Kealy, 2019; Lamb, 2004; Milligan & Andrews, 2005). In those with a history of self-harm, two out of three studies showed significantly higher levels of shame than those without. In one psychiatric outpatient study (Lamb, 2004), shame was not significantly correlated with self-harm frequency, and the trend direction was actually negative (greater guilt associated with less frequent self-harm), although the sample was very small, increasing the risk of unusual and unrepresentative results. Unpublished data also indicated a high level of guilt in the psychiatric patient.

REVIEW OF LITERATURE

The present article aimed at providing a review of the available literature on self-harm and its relationship with shame and guilt. There was also evidence that there was a positive association between shame and suicidal behavior and self-harm (where assessed as a general construct), but there were less studies and more diverse outcomes.

Hasting M.E et al (2002) studied shame, guilt and suicide and they found that shame is a better predictor of suicide than guilt.

Lamb (2004) studied shame and self-harm and found that the emotion that is thought to play a significant role in self-harm is shame.

Sheehy K (2019) examined the relationship between shame, guilt and self-harm and found that shame has a positive association with self-harm.

METHODOLOGY

Aim

- The present paper aims to explore the relationship between shames, guilt and self-harm.

Objectives

- The current study focuses on the relevant literature and empirical studies to find out the relationship between self-harm, shame and guilt.

DISCUSSION

The present study reviews various research studies which explores the relationship between self-harm, guilt and shame. Most of the studies indicate that there is a positive relationship between self-harm and shame. It has been found that shame has been positively associated with mental health problems, whereas the effects of guilt have been more uncertain (Blythin et al., 2018; Carden et al., 2018; Kim et al., 2011; Pugh et al., 2015). The results show that elevated shame experiences are associated with self-harming behaviour. It is not possible to conclude that feelings of shame actively drive or maintain self-harm as the data are observational and correlation.

However, shame experiences may also be a result of self-harm (e.g. scar-related self-injury shame; Bachtelle & Pepper, 2015), or an epiphenomenon related to other self-harming processes. As a way to control such self-directed feelings, self-harm can emerge. There is evidence that increased support for self-harm behavior, shame-regulation purposes (i.e. reduction of shame) is associated with higher self-harm frequency (Schoenleber, 2013; Schoenleber & Berenbaum, 2012).

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The studies done by Hasting (2002), Lamb (2004) and Sheehy (2019) on shame, guilt and self-harm, the result indicates that shame is a better predictor of self-harm as compared to guilt. The feeling of shame is more traumatic for the individual as compared to the feeling of guilt. The feeling of shame is experienced on day to day basis but feeling of guilt is mainly experienced by the individual suffering from psychopathology such as depression, borderline personality disorder, and schizoaffective disorder.

CONCLUSION

It can be clearly concluded that shame has a positive association with self-harm whereas, guilt proneness does not appear to be related to self-harm, but caution should be taken in making further conclusions at this stage.

Research Implications

1. Future research may benefit from moving beyond cross sectional designs to better understanding this relationship.
2. This study draws together the existing literature on shame, remorse, and self-harm. They provide a tentative indication of the nature and extent of the relationship between these (and their subtypes) emotions and self-harm.
3. We also highlight important literature gaps and future directions, including the need for longitudinal designs and replications of earlier studies
4. Quantitative research may shed further light on the relationship between shame, guilt and self-harm

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Conflict of Interest

The author declared no conflict of interests.

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