Self-conscious emotions

- guilt
- shame
- embarrassment
- pride
- envy

- Self-conscious emotions
  - require self-awareness and self-representations
  - emerge later in childhood than basic emotions
  - facilitate the attainment of complex social goals
  - do not have discrete, universally recognized facial expressions
  - are cognitively complex

Tracy & Robins, 2007

Maggie Schauer 2014
• Blushing
• Confusion of mind
• Downward cast eyes
• Slack posture and lowered head
• Silence, speechlessness
• shame earlier in ontogenesis than guilt
• function of shame (evolutionary): reinforcement of socially desirable behavior, especially in the following domains:
  – excrement/cleanliness,
  – intimate body parts (“die Scham”=vulva),
  – sexual behavior, display of skin and body parts.

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• shame is an emotion (= action disposition) closely related to guilt but is a distinct affective state
• Although biologically prepared, situations that may elicit shame are learned and thus dependent on the particular cultural setting
• evolutionary preparedness for
  – sanitary activities (already in infants)
  – sexual activities, oestrus (develops during puberty)
“Now, whenever we know, or suppose, that others are depreciating our personal appearance, our attention is strongly drawn towards ourselves, more especially to our faces.”

*Darwin, Charles (1872), The expression of the emotions in man and animals, London: John Murray*

**Self-conscious Emotions -**
being evaluated while being the evaluator

Maggie Schauer 2014
SHAME:
»How could I have done that?«
-> Feel bad about oneself

GUILT:
»How could I have done that?«
-> Feel bad about a behavior
SHAME:
- I am a bad person
- I am defective (there is a fundamental defect)
- I want to sink into the floor, shrink, be small
- I am worthless
- I am evaluated by others
- I want to escape
- I want to hide

-> heightened awareness of public evaluation

“what are they thinking about me. I wonder whether they know what a bad and worthless person I am”


Maggie Schauer 2014
GUILT:
- I feel tension, remorse, regret over the bad thing that was done
- Thinking about it over and over again
- Thinking about, reparation, confession, apologizing

What is my effect on others?

Shame = hiding, denying, escaping
Shame interferes with an empathic connection: Associated with problematic, self-oriented personal distress; no attention to the other person’s feelings (except how they evaluate me)
-> not living a better life, trying to be a good person
-> heightened risk and vulnerability for psychological symptoms (anxiety, depression, low self-esteem, eating disorders)

J. Tangney
Guilt (about actions)

- source of distress
  - Regret
  - feeling sorry
- factor contributing to the development and maintenance of depression and PTSD
- symptom of PTSD
gilt as symptom of PTSD

• Survival Guilt
  – Guilt about surviving when others did not
    • Prisoner in concentration camp eats last piece of bread..
  – Guilt about things one had to do in order to survive
    • Child soldier kills his sister in order to survive

• Other forms of Guilt
  – I should have known better-> Hindsight Bias
Hindsight Bias

• Tendency for knowledge about event outcomes to bias one’s recollections of what she knew before outcomes were known.
  – False belief that unforeseeable outcomes were foreseeable and therefore preventable
  – Belief that one was capable of knowing an unforeseeable negative outcome was going to occur and one could have acted to prevent this outcome
Guilt

an unpleasant feeling / distress with accompanying beliefs that one should have thought, felt, or acted differently

Combat exposure, physical abuse, sexual abuse, and the loss of a loved one have all been found to be associated with the experience of trauma-related guilt.
Guilt= desire to take reparative action
‘guilt prone’ people are good at taking other people’s perspective, they are empathic: guilt and other-oriented empathy go hand-in-hand

-> trying to live a better live, be a good person
-> resilient, no heightened risk for psychiatric symptoms

“Guilt is more adaptive, the moral emotion of choice!”

<table>
<thead>
<tr>
<th>Shame</th>
<th>Guilt</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deny Responsibility</td>
<td>Accept Responsibility</td>
</tr>
<tr>
<td>Self-Oriented Personal Distress</td>
<td>Other-oriented empathy</td>
</tr>
<tr>
<td>No Deterrence of Aggression</td>
<td>Low Aggression (Past Behavior., Future Risk)</td>
</tr>
<tr>
<td>Psychological Symptoms (Anxiety, Depression, Low Self-Esteem)</td>
<td>Psychological Resilience (Low Anxiety, Low Depression, Higher Self-Esteem)</td>
</tr>
<tr>
<td>Substance Abuse (Illegal Drugs and Alcohol)</td>
<td>Low Substance Abuse</td>
</tr>
</tbody>
</table>

J. Tangney, GMU Inmate Study

Maggie Schauer 2014
Difference only in Longitudinal Study (5th grade to early adulthood)

- **Shame-prone** children are less likely to: apply to college, practice safe sex, more likely to abuse alcohol, more suicide attempts; less likely to be doing community work.

- **Guilt-prone children** more likely to: apply to college, fewer sexual partners; practice safe sex, less likely to use alcohol; less likely to attempt suicide; less likely to be arrested or convicted of a crime or in jail;

  J. Tangney

Maggie Schauer 2014
Difference in Anger and Aggression

- **Shame-prone** individuals are prone to feelings of anger, outbursts, physically aggression and hostility. Once angered, they manage anger in an unconstructive fashion; blaming other people as defensive response for making me feel worthless. Shame is an important part in family violence.

- **Guilt-prone** individuals handle anger pro-actively and constructively.
Shame is a common emotion that contributes to many problems that bring clients into therapy, such as poor psychological adjustment, interpersonal difficulties, and overall poor life functioning (see Tangney & Dearing, 2002). Not only is shame a factor underlying many of the reasons that clients seek psychotherapeutic help, but clients may feel shame as a result of needing help with their emotional concerns. Once in therapy, clients may further experience shame while discussing intimate details about themselves. Shame is therefore likely to be elicited frequently in therapy, though signals of client shame may be subtle. If a therapist fails to recognize client shame, the client’s shame-related problems will likely continue. Furthermore, clients who experience unacknowledged shame in the context of therapy may feel misunderstood, resulting in an empathic failure on the part of the therapist. Such empathic failure may result in premature termination of therapy. Therefore, therapists must recognize, acknowledge, and address client experiences of shame—to both build a therapeutic alliance and resolve the shame. The intent of this book is to provide clinicians with guidance for dealing with client shame.
Shame in the Therapy hour

• “In the eyes of the other” – let the patient experience your watchful look and ask them what they think you think about them (eye-contact and orientation in the here and now is important)

• Direct the shameful feelings on the perpetrator: “He is the one to feel ashamed! What he did is a shame! (allow humiliation of the perpetrator, not the victim)
SHAME VARIABILITY QUESTIONNAIRE (SVQ)

INSTRUCTIONS: Think back [over the past four months / since your last assessment] and try to remember the time you felt the worst about yourself. It may be a time you felt shame more intensely than any other time. If you did not feel shame during this period of time, it may be a time you felt your lowest self-esteem or thought about something you didn’t like about yourself, even if it was for only a brief moment. Try to remember the specific event and its circumstances.

When did this event happen? ____/____/______ (ESTIMATE DATE)

The following are some statements that may describe how you felt AT THE EXACT TIME you felt the worst about yourself. Please rate each statement using the 5-point scale below. Remember to rate each statement based on how you felt right at that worst moment. 

<table>
<thead>
<tr>
<th>Statement</th>
<th>NOT AT ALL COMPLETELY</th>
<th>I did not feel this way</th>
<th>I felt this way somewhat</th>
<th>I felt this very strongly</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I experienced shame</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. I felt good about myself</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. I hated myself</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. I wanted to hide from other people</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5. I felt inadequate</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6. I felt disgusted with myself</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7. I felt worthless</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8. I felt that I was a bad person</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>9. I had trouble thinking about anyone other than myself</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>10. I felt I deserved to be punished</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>11. I felt I was a failure as a person</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>12. I blamed myself for bad things that happened</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>13. I felt like a worthy or valuable person</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>14. I felt inferior to others</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

15. In the previous ratings (for questions 1-14 above)...
   which number indicated “I did not feel that way at all”? 1 2 3 4 5
   which number indicated “I felt that way very strongly”? 1 2 3 4 5

16. In the previous 14 ratings, you reported:
   [ ] How you feel about yourself in general (i.e., on average)
   [ ] How you felt about yourself today
   [ ] How you felt about yourself at your worst point in the past four weeks
   [ ] How you felt about yourself at your worst point in the past four months
   [ ] How you felt about yourself at your worst point in the past four years

17. How long did you feel bad about yourself that day (i.e., how long until you felt like your normal self again, got your mind onto something else, or went to sleep)?
   [ ] Nearly the whole rest of the day
   [ ] Longer than 1 hour, but not most of the rest of the day
   [ ] Longer than 10 minutes, less than 1 hour
   [ ] Longer than 1 minute, Less than 10 minutes
   [ ] Less than 1 minute

18. On average, how often did you feel bad about yourself this strongly (over the past four months / since your last assessment)?
   [ ] Nearly every day
   [ ] Several times per week
   [ ] Once per week
   [ ] 1-3 times per month
   [ ] One or two times only (i.e., less than once per month)

19. On average, how often did you feel good about yourself (or at least not feel bad about yourself) (over the past four months / since your last assessment)?
   In other words, how many days did you NOT suffer from shame, hate yourself, feel inadequate, feel inferior, feel worthless, feel like a failure, or think you were a bad person.
   [ ] Nearly every day
   [ ] Several days per week
   [ ] One day per week
   [ ] 1-3 days per month
   [ ] One or two days only (i.e., less than once per month
   [ ] No days
• Shame is a severe obstacle in NET as it increases avoidance to talk
• Relief from shame requires knowledge of cultural values
• Differential Diagnosis: Social Phobia
The Diagnostic and Statistical Manual of the American Psychiatric Association (APA) currently defines **Social Anxiety Disorder** as follows:

The Current DSM-5 Definition:

A. A **persistent fear of one or more social or performance situations** in which the person is exposed to unfamiliar people or to possible scrutiny by others. The individual fears that he or she will act in a way (or show anxiety symptoms) that will be embarrassing and humiliating.

B. **Exposure to the feared situation almost invariably provokes anxiety**, which may take the form of a situationally bound or situationally pre-disposed Panic Attack.

C. The person **recognizes that this fear is unreasonable** or excessive.

D. **The feared situations are avoided** or else are endured with intense anxiety and distress.

E. The avoidance, anxious anticipation, or distress in the feared social or performance situation(s) interferes significantly with the person's normal routine, occupational (academic) functioning, or social activities or relationships, or there is marked distress about having the phobia.

F. The fear, anxiety, or avoidance is persistent, typically lasting 6 or more months.
Shame & PTSD

• few studies of PTSD where shame and guilt are examined
• shame-proneness has been found to be positively correlated with PTSD symptom severity (Leskela et al., 2002) and predicts PTSD in women with negative sexual experiences (Uji et al., 2007)
• shame may be deliberately inflicted by perpetrators to humiliate the victim

Maggie Schauer 2014
Guilt - dimensions

• **Responsibility** for causing a negative outcome
• **Lack of Justification** for actions taken
• Violation of values or **Wrongdoing**
• **Foreseeability and Preventability**—the degree to which a person thinks he knew (in advance) that a negative outcome was going to occur and could have prevented outcome
• **Distress** related to guilt
• Attitudes About Guilt Survey (AAGS)
• Trauma-Related Guilt Inventory (TRGI)
• CAPS (associated features)
CAPS - Survivor guilt

Frequency
27af. Did you feel bad or guilty that it was not as bad for you as it was for others? [IF APPLICABLE ASK:] (Have you felt that it should have been you instead of someone else who got badly hurt or died?) How much of the time in the past (month/week, lifetime worst month)did you feel bad?

<table>
<thead>
<tr>
<th></th>
<th>Description/Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>None of the time</td>
</tr>
<tr>
<td>1</td>
<td>Very little of the time (less than 10%)</td>
</tr>
<tr>
<td>2</td>
<td>Some of the time (approx. 20-30%)</td>
</tr>
<tr>
<td>3</td>
<td>Much of the time (approx. 50-60%)</td>
</tr>
<tr>
<td>4</td>
<td>Most or all of the time (more than 80%)</td>
</tr>
<tr>
<td>8</td>
<td>Not Applicable</td>
</tr>
</tbody>
</table>

Intensity
27ai. In the past month/(LIFETIME WORST MONTH, what did you do when you started to feel bad? (Did you stop what you were doing or were you able to keep doing what you were doing? How strong were these bad and/or guilty feelings?

<table>
<thead>
<tr>
<th></th>
<th>Description/Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>None, no feelings of guilt [May wish to have done something differently but does not feel bad or guilty]</td>
</tr>
<tr>
<td>1</td>
<td>A little, mild slight feelings of guilt</td>
</tr>
<tr>
<td>2</td>
<td>Some, moderate, guilt definitely present but still manageable</td>
</tr>
<tr>
<td>3</td>
<td>A lot, severe, marked feelings of guilt, considerable distress</td>
</tr>
<tr>
<td>4</td>
<td>A whole lot, extreme guilt, pervasive feelings of guilt, self-condemnation regarding behavior, incapacitating distress</td>
</tr>
<tr>
<td>8</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>
27. Guilt over acts of commission or omission

<table>
<thead>
<tr>
<th>Frequency</th>
</tr>
</thead>
</table>

26af. Did you think that (EVENT) was your fault? [IF YES:] How was it your fault? Have you felt bad (guilty) about things you did at the time of the (EVENT)? Did you feel bad (guilty) about things you DIDN’T do at time of event? (Did you wish you had acted differently? How? Did you think a lot about things you wished you had done? How did that make you feel?) Did you think (EVENT) took place because you were bad or wrong? (How did that make you feel? Did you worry that other people thought (EVENT) was your fault?) In the (past month/week/lifetime worst month), how much of the time (how often) did you feel this way?

<table>
<thead>
<tr>
<th>Intensity</th>
</tr>
</thead>
</table>

26ai. In this (past month/week/lifetime worst month) what would you do when you felt bad or guilty? (Did you stop what you were doing or were you able to keep doing what you were doing?) In the (past month/week/lifetime worst month), how strong were these bad (guilty) feelings?

0  None, no feelings of guilt [May wish to have done something differently but does not feel bad or guilty]
1  A little, mild, slight feelings of guilt
2  Some, moderate, guilt definitely present but still manageable
3  A lot, severe, marked feelings of guilt, considerable distress
4  A whole lot, extreme guilt, pervasive feelings of guilt, self-condemnation regarding behavior, incapacitating distress

QV (SPECIFY)
1. To what extent do you think that you should have known better and could have prevented or avoided the outcome
   a) There is no possible way that I could have known better.
   b) I believe slightly that I should have known better.
   c) I believe moderately should have known better.
   d) For the most part, I should have known better.
   e) I absolutely should have known better.

2. How justified was what you did? (i.e., How good were your reasons for what you did?)
   Completely...Considerably...Moderately...Slightly...Not justified in any way.

3. How personally responsible were you for causing what happened?
   In no way...Slightly...Moderately...Considerably...Completely responsible.

Maggie Schauer 2014
4. Did you do something wrong? (i.e., Did you violate personal standards of right and wrong by what you did? Not wrong in any way...Slightly...Moderately...Considerably...Extremely wrong

5. How much distress do you feel when you think about what happened? None...Slight...Moderate...Considerable...Extreme Distress

6. How often do you experience guilt that relates to what happened? Never...Seldom...Occasionally...Often...Always

7. What is the intensity or severity of guilt you experience that relates to what happened? None...Slight...Moderate...Considerable...Extreme

Maggie Schauer 2014
Guilt Relationships with Psychopathology and Adjustment
(Kubany et al., 1996)

<table>
<thead>
<tr>
<th></th>
<th>War-Veterans</th>
<th>Battered Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>PTSD</td>
<td>.72</td>
<td>.55</td>
</tr>
<tr>
<td>Depression</td>
<td>.69</td>
<td>.62</td>
</tr>
<tr>
<td>Self-Esteem</td>
<td>-.62</td>
<td>-.61</td>
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<tr>
<td>Shame Proneness</td>
<td>.43</td>
<td>.61</td>
</tr>
<tr>
<td>Suicidal Ideation</td>
<td>.58</td>
<td>.37</td>
</tr>
</tbody>
</table>

All P < .05
1. **Hindsight-biased** thinking (“Could you already know that at the time..?”)
2. Weighing the merits of actions taken against ideal or fantasy options which never existed (“Did this option really exist?”)
3. Weighing the merits of actions taken against options which only came to mind later (“Did this solution already come to your mind at the time when you were busy surviving?” “How much time did you have to think about it?”)
4. Obliviousness to the multitude of factors that cause traumatic events (“What are the causal factors outside yourself?” - > responsibility pie)
5. Wrongly equating ‘I could have done something to prevent it’ with ‘I caused the traumatic outcome’
6. Confusion between responsibility as accountability with responsibility as power to control outcomes (wrong generalization: The child of a good mother survives <-> “you tried very hard to act responsible!”)
7. Tendency to conclude wrongdoing based on a negative outcome rather than on one’s intentions (before the outcome was known)
8. Failure to realize that,
   - strong emotional reactions are not under voluntary control (not a matter of choice or willpower)
   - in some situations all options can have negative outcome – there is no control!

Guilt – the reassuring illusion of control!

“if I had acted differently, I could have prevented it. Next time, I’ll not do (action) or I will do (action)!”

Maggie Schauer 2014
Treatment of trauma-related guilt

- Guilt Assessment (structured interview)
- Guilt pre – Psychoeducation
- NET
- Guilt post
  - if necessary Cognitive Therapy Proper (structured procedures for correcting thinking errors that cause distortions in the 4 guilt-related beliefs)
Responsibility pie

Maggie Schauer 2014
DISTRESS
(Emotional Pain)

Forseeability & Preventability

Lack of Justification

Wrongdoing

Responsibility

Kubany

Maggie Schauer 2014
Shame & NET

• pathological shame (-proneness) is ultimately the fear of being excluded/rejected - because someone is convinced that deep inside she can not even nearly meet the (moral) requirements of the community
• the best thing to do then is to hide everything deep inside yourself as showing it will cause others to dislike and reject you
• in this way exposure as in NET is like a behavioral experiment: A person starts to show her true inner self and expects rejection
• As therapist you do the opposite, you show true and honest compassion - i.e. an inclusive social signal
• this leads to a change in the fundamental basic assumption behind the shame

Maggie Schauer 2014
work on ‘shame’ while in sensu exposure
“look at me, please! Can you see my eyes?” (corrective information through eye-contact)
“It is not your fault.” (reassuring)
“The rapist needs to hide and shame! He is wrong, defective, bad…” (redirecting shame to the perpetrator)

work on ‘guilt’ during in sensu exposure
“you are in the cold water now. Your arms are paralyzed. Can you really grab your wife and rescue her? But feel how hard you tried!...” (corrective information from the detailed trauma scene)

& work on ‘guilt’ after exposure
Responsibility pie; hindsight bias etc. (Cognitive Restructuring)
Psychoeducation about guilt

• Bad news is that guilt is an extremely common problem among trauma survivors.
• Good news: Trauma survivors tend to distort or exaggerate the importance of their roles in trauma and tend to experience guilt that has absolutely no rationale basis.
• Examples of trauma survivors who experienced irrational guilt
• Explanation that judgement is only possible after NET – usually resp. pie changes

-> discuss possibilities for reparative actions!

Maggie Schauer 2014
Inducing shame is counterproductive

Shame-prone individuals with problems of anger management and impulse control should not be shamed again.

Concern about this kind of alternative sentencing practices: Inducing shame and humiliation in offenders does not appear to serve any long term protective function for society.

Rather:
- underscore the negative effects of one’s behavior
- provide means for reparation (e.g. drunk drivers can help cleaning accident sites)
- possibilities for giving back to the community

Maggie Schauer 2014
Tangney
Restorative Justice

In contrast to shame proneness, inmates who are prone to guilt are less likely to be arrested again and engaged less in undetected felonies in the year post release (GMU Inmate Study)

How to reduce the rate of criminal recidivism with interventions targeting moral emotions (shame and guilt)?
Restorative Justice

⇒ Guilt inducing and Shame reducing approaches are the treatment of choice!
⇒ Emphasis on community, personal responsibility and reparation
  - take responsibility for behavior
  - acknowledge negative consequences
  - feel guilt for having done wrong (not for being wrong)
  - act to make amends
  - emphasis on moral action and change

“Feel guilt for having done wrong, but don’t feel shame for who you are!”

June Tangney
Implications for parents and teachers

There are good ways and bad ways to feel bad
Guilt is the moral emotion of choice
You don’t have to feel really bad to be a good person

- Minimize shame and humiliation
- Promote empathy for others
- Induce guilt (responsibility) wisely, with care: seeing the consequences, not making them feel they are a bad person
- Help children develop a plan for making amends (reparation plan)
- Give a ‘mastery orientation’: focus on mastering a task, not measuring the person
PTSD-treatment trials which considered shame and guilt

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</thead>
<tbody>
<tr>
<td>(Arntz et al., 2007)</td>
<td>71 PTBS-Patienten</td>
<td>IE (39) IETR (28) Warteliste (21)</td>
<td>10 Sitzungen für jede Bedingung</td>
<td>4</td>
<td>SCID</td>
<td>DSM-IV</td>
<td></td>
<td>IE (d= -0.06) ng</td>
<td>IE+HR (d= 0.64) ng**</td>
<td>IE (d= -0.25) ng</td>
<td>IE-IR (d= 0.67) ng**</td>
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<td>PSS-SR</td>
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<td>IE vs. IE+HR (d-korr= 0.47)ng</td>
<td>IE vs. IE+HR (d-korr= 1.23)ng</td>
<td>IE vs. IE+HR (d-korr= 0.07)ng</td>
<td>IE vs. IE+HR (d-korr= 1.09)ng</td>
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<tr>
<td>(Cohen et al., 2005)</td>
<td>229 Kinder mit PTBS</td>
<td>TF-CBT (114) CCT (115)</td>
<td>12 TF-CBT 12 CCT</td>
<td>26</td>
<td>CAPS</td>
<td>DSM-IV</td>
<td></td>
<td>TF-CBT (d= 1.05) ng**</td>
<td>TF-CBT vs. CCT (d-korr= 0.46)**</td>
<td>N.A.</td>
<td>N.A.</td>
</tr>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Prä Post</td>
<td>Prä Post</td>
<td>N.A.</td>
<td>N.A.</td>
</tr>
<tr>
<td>(Ginzburg et al., 2009)</td>
<td>166 Frauen mit Missbrauchserfahrung im Kindesalter</td>
<td>TFGT (55) PFGT (56) Warteliste (55)</td>
<td>24 x TFGT (90min) 24 x PFGT (90min)</td>
<td>37</td>
<td>Capscb</td>
<td>DSM-IV</td>
<td></td>
<td>TFGT und PFGT vs. Warteliste (d-korr= 0.51)ng</td>
<td>TFGT und PFGT vs. Warteliste (d-korr= 0.34)ng</td>
<td>N.A.</td>
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<td>Prä Post</td>
<td>Prä Post</td>
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<td>(Karl et al., 2009)</td>
<td>42 Überlebende von Motorradunfällen mit PTBS</td>
<td>CBT (21) Warteliste (21)</td>
<td>8-12 wöchentliche Sitzungen</td>
<td>6</td>
<td>CAPS</td>
<td>DSM-IV</td>
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<td>CBT (d= 0.95) ng</td>
<td>CBT vs. Warteliste (d-korr= 0.69)</td>
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<td>(Kubany et al., 2004)</td>
<td>75 misshandelte Frauen</td>
<td>immediate CTT-BW</td>
<td>11 Sitzungen</td>
<td>18</td>
<td>CAPS</td>
<td>DSM-IV</td>
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<td>delayed CTT-BW</td>
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<td>PFQ,</td>
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<td>Shame proneness (d= 2.14) ng</td>
<td>Shame proneness (d= 1.84) ng</td>
<td>Shame proneness (d= 2.91) ng</td>
<td>Shame proneness (d= 2.74) ng</td>
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<td>TRGI STRGS-PA</td>
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<td>Global guilt (d= 3.52) ng</td>
<td>Global guilt (d= 3.12) ng</td>
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<td>Overall guilt (d= 3.12) ng</td>
<td>Overall guilt (d= 2.4) ng</td>
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<td>(Marks et al., 1998)</td>
<td>87 Patienten mit PTBS</td>
<td>PE (23) CR (19) PE = CR (24) Entspannung (21)</td>
<td>10 Sitzungen für jede Bedingung</td>
<td>10</td>
<td>CAPS</td>
<td>DSM-III-R</td>
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<td>Prä Post</td>
<td>Prä Post</td>
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treatment trials which considered shame and guilt

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<td>(Nishith et al., 2005)</td>
<td>98 Opfer von Vergewaltigungen</td>
<td>CPT (49) PE (49)</td>
<td>N.A.</td>
<td>21</td>
<td>CAPS TRGI</td>
<td>DSM-IV</td>
<td>Prä Post 9M</td>
<td>nur PTBS: CPT (d=1.62) MMPE (d=1.27) MM CPT vs. PE (d_korr=0.47) MM PTBS+MDD: CPT (d=1.56) MM PE (d=1.8) MM CPT vs. PE (d_korr=0.25) MM</td>
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<td>nur PTBS: CPT (d=2.08) MM PE (d=1.63) MM CPT vs. PE (d_korr=0.38) MM PTBS+MDD: CPT (d=1.38) MM PE (d=1.82) MM CPT vs. PE (d_korr=0.11) MM</td>
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<td>(Resick et al., 2008)</td>
<td>256 Frauen mit PTBS</td>
<td>CPT (53) WA (50) CPT-C (47)</td>
<td>je 12 Einheiten</td>
<td>106</td>
<td>CAPS ESS PBRS TRGI</td>
<td>DSM-IV</td>
<td>Prä Post 6M</td>
<td>CPT (d=0.82) MM WA (d=0.96) MM CPT-C (d=0.97) MM</td>
<td>CPT (d=1.15) MM WA (d=1.12) MM CPT-C (d=1.26) MM</td>
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<td>(Schaal et al., 2009)</td>
<td>26 Waisenkinder aus Ruanda</td>
<td>IPT (14) NET (12)</td>
<td>4 x group therapy IPT 3 x NET+1 grief session</td>
<td>1</td>
<td>CAPS zusätzliche CAPS-Items für Schuld</td>
<td>DSM-IV</td>
<td>Prä 3M 6M</td>
<td>NET (d=0.98) MM IPT (d=0.12) MM NET vs. IPT (d_korr=1.11) MM</td>
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<td>(Stapleton et al., 2006)</td>
<td>45 PTBS-Patienten</td>
<td>PE (15) EMDR (15) Entspannungs- training (15)</td>
<td>8 x PE (90min) n.A. x EMDR und Entspannung (90min)</td>
<td>15</td>
<td>SCID-IV zusätzl. Item für TRG Guilt Inventory</td>
<td>DSM-IV</td>
<td>Prä Post 3M</td>
<td>EMDR (d=0.47) MM PE (d=0.52) MM Entspannung (d=0.8) MM EMDR vs PE (d_korr=0.04) MM PE vs. Entspannung (d_korr=0.29) MM EMDR vs. Entspannung (d_korr=0.29) MM</td>
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<td>EMDR (d=0.78) MM PE (d=0.4) MM Entspannung (d=1.46) MM EMDR vs. PE (d_korr=0.4) MM EMDR vs. Entspannung (d_korr=0.46) MM PE vs. Entspannung (d_korr=0.89) MM</td>
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