THE RELATIONSHIP BETWEEN SELF-DIRECTED EMOTIONS AND DEPRESSION: THE INFLUENCE OF RUMINATION ON THIS RELATIONSHIP

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Abstract: This study investigates the relationships among self-directed emotions (shame and guilt), depression, and the moderating role of rumination within a clinical sample. Prior research has identified rumination as a critical factor in depression, yet its interaction with specific emotions like shame and guilt remains underexplored. This research aims to elucidate how rumination influences the relationship between these self-directed emotions and depressive symptoms. Participants included N=53 psychiatric inpatients, for whom assessments were conducted to measure levels of shame, guilt, rumination, and depressive symptoms. Findings indicate that shame, but not guilt, is significantly correlated with depressive symptoms, with rumination not moderating these relationships. These results highlight the importance of targeting shame in depression treatments and call for further examination of rumination's role in this dynamic. The study contributes to a deeper understanding of the emotional underpinnings of depression and the complex function of rumination, suggesting directions for future research and clinical practice.

Keywords: depression, shame, guilt, rumination

Introduction

Studies have explored the relationship between shame, guilt, and depressive symptomatology (Kim, Thibodeau & Jorgensen, 2011), highlighting a clear distinction between these two emotions and their implications in experiencing depressive symptoms (Alexander, Brewin, Vearnals, Wolff & Leff, 1999). Research on non-clinical samples showed that shame, but not guilt, is related to depressive symptomatology, with few studies targeting the psychiatric population. Moreover, one of the few studies on a clinical sample concluded the opposite, that guilt, not shame, is related to depressive symptoms, possibly due to methodological aspects (Orth, Berking și Burkhardt, 2006).

Many studies evaluated rumination as a state and investigated its mediating effect on the relationship between shame or guilt and depression. To our knowledge, no study has explored the moderating effect of rumination on the shame-depression and guilt-depression relationship in a clinical sample. Regarding non-clinical samples, Treynor, Gonzalez, and Nolen-Hoeksema (2003) investigated this effect in a non-clinical sample (students) and found that rumination can amplify the effect of negative emotions on depressive symptoms, although not specifically focusing on shame and guilt in relation to depression.

The distinction between shame and guilt is debated in the literature (Teroni & Deonna, 2008), with key differences including: (a) shame is a social emotion; (b) shame affects the entire self, unlike guilt, which is related to a specific behaviour; (c) shame is related to failures that undermine personal goals or ideals, while guilt pertains to transgressions; (d) shame is self-oriented, involving internal focus, whereas guilt is other-oriented, involving a negative evaluation of a specific behaviour’s impact on others.

Theoretical perspectives view shame as a global self-evaluation experience involving the entire self, while guilt is specific to committed behaviours (Lutwak, Panish, & Ferrari, 2003). Generally, people tend to feel guilty when focusing on negative aspects of their behaviours, but feel shame when focusing on negative aspects of themselves. Guilt is less profound and destructive compared to shame, as it concerns a specific action rather than the self as a whole (Tangney, 1998, as cited in Eisenberg, 2000).

Regarding attributional style, Tracy and Robins (2006) found that both shame and guilt are elicited by internal attributions, but guilt is generated when the fluctuating aspects of the self are blamed, whereas shame arises in relation to the constant aspects of the self.

Self-Directed Emotions

All human emotions are generally relevant to the self, arising when something significant for the person occurs or is about to occur. According to Lazarus's appraisal theory, we experience emotions when we evaluate an event as positively or negatively significant for our well-being (Lazarus, 1966, as cited in Tangney & Tracy, 2012). Self-conscious emotions are vital for various psychological processes but have been relatively under-investigated compared to other "basic" emotions (Tracy & Robins, 2004). Emotions associated with the self, such as guilt, shame, pride, and embarrassment, are moral emotions that encourage adherence to social norms and personal standards, manifesting in early childhood as a result of self-awareness development (Else-Quest, Higgins, Allison, & Morton, 2012). They are compared to a moral-emotional barometer providing information about the social and moral acceptability of human behaviour (Tangney, Stuewig & Mashek, 2007).

According to Lewis (2000), self-related emotions include embarrassment, jealousy, empathy, as well as shame, guilt and pride. The first group of self-awareness emotions requires the cognitive ability to reflect on oneself but does not demand complex cognitive capabilities like understanding norms and standards. Self-directed emotions like shame, guilt, and pride play a crucial role in motivating and regulating thoughts, emotions, and behaviours (Tracy & Robins, 2004). As we move from basic emotions to self-related emotions, socialization plays an increasingly significant role in determining which situations provoke certain emotions and how they are expressed (Lewis, 2000).

Distinctive features of self-directed emotions include the need for self-awareness and self-representations, appearing later in childhood than basic emotions, serving primary socialization needs, lacking universally recognized discrete facial expressions, and being cognitively complex emotions (Tracy & Robins, 2004). Attributional theories suggest that the activation and functioning of self-related emotions largely depend on how a person perceives and evaluates oneself, highlighting the intrapersonal nature of these emotions (Sznycer, 2019). However, many fundamental questions about self-related emotions remain unanswered. The most significant question is why human brains are equipped with self-related emotions and their purpose. Their often dramatic interpersonal impact might indicate that these emotions have adaptive functions at the interpersonal level. However, according to attributional theories, these interpersonal effects are secondary to intrapersonal processes (Tangney, Stuewig & Mashek, 2007).

Evolutionary theories propose that self-directed emotions serve interpersonal adaptation functions and fit the neurocognitive architecture that performs these functions (Rodriguez Mosquera, 2018). Self-directed emotions appear to be adaptations of information processing directed by natural selection because they helped our human ancestors cope with challenges and opportunities related to social evaluation – the disposition to associate with others or to change personal well-being in favour of others' well-being. These adaptation issues include limiting the spread of negative information about oneself and any subsequent

devaluation by others (shame) and remedying events where one undervalues another's well-being (guilt) (Sznycer, 2019).

Therefore, self-directed emotions contribute to behaviour regulation, adherence to social norms and personal standards, and can influence interpersonal relationships and perceptions of us by others. However, many questions regarding the functions and mechanisms of self-directed emotions remain unanswered and require further research to fully understand the complexity and impact of these emotions. The focus will now shift to two specific self-directed emotions, shame and guilt, due to their relevance to depression and their importance in understanding the mechanisms underlying this condition.

Shame and guilt have been found to correlate differently with depression, anxiety, psychoticism, and anger (Woien, Ernst, Patock-Peckham, & Nagoshi, 2003). A 2011 meta-analysis quantitatively summarized the associations between shame, guilt, and depressive symptoms, indicating a stronger association of shame with depressive symptoms compared to guilt (Kim, Thibodeau, & Jorgensen, 2011). The DSM-5 lists inappropriate or excessive guilt as a symptom of depression, despite researchers referring to excessive or inappropriate guilt, which is not explicitly evaluated (5th ed.; DSM–5; American Psychiatric Association, 2013).

Research has indicated that guilt, not shame, correlated with depressive symptoms, associating guilt with a stable attributional style for negative outcomes, global negative self-evaluation, submissive behaviour, and repressed anger (Alexander, Brewin, Vearnals, Wolff, & Leff, 1999). Other studies concluded that only shame has a strong unique effect, hypothesizing that shame, unlike guilt, causes rumination, which then leads to depression. If guilt motivates constructive behaviour, it should help avoid depression (Orth, Berking, & Burkhardt, 2006). Conversely, if shame focuses attention on potential flaws in the self and involves a maladaptive feeling, it may facilitate depression (Tilghman-Osborne et al., 2008).

The Response Style Theory in Depression suggests that rumination affects the course of depressive symptom development by prolonging and intensifying symptoms (Nolen-Hoeksema, 1987). Rumination may increase the likelihood of a depressive episode (Just & Alloy, 1997). People engaging in ruminative responses to depressive states experience an amplification and prolongation of depressive states, while those who divert their attention from their depressive state may experience a reduction in depressive symptoms (Morrow & Nolen-Hoeksema, 1990). Rumination is associated with decreased cognitive control due to its exhaustive nature on executive resources.

A ruminative response style can exacerbate mild depressive symptoms, potentially leading to a depressive episode by generating additional symptoms. This underscores the detrimental impact of rumination on depression's development and severity, highlighting the need for interventions targeting ruminative patterns to prevent the escalation of mild symptoms into full-blown depressive episodes (Just & Alloy, 1997). Research demonstrates a strong link between ruminative response styles and depression, emphasizing that rumination not only increases the likelihood of developing depression but also exacerbates the severity and duration of depressive episodes. Ruminative thoughts, focusing on depressive symptoms and their potential causes and effects, can deepen the depressive state. Conversely, distraction strategies, which shift focus away from depressive symptoms, can mitigate these effects. Additionally, rumination has been shown to impair executive functions by exhausting cognitive resources, suggesting a detrimental impact on cognitive control (Just & Alloy, 1997; Morrow & Nolen-Hoeksema, 1990; Watkins & Brown, 2002).

Rumination consists of two factors: brooding and reflection (Treynor, Gonzalez, & Nolen-Hoeksema, 2003). While reflection involves intentional turning towards cognitive problem-solving attempts to mitigate depressive symptoms, brooding involves passive comparison of the current situation with an unattainable standard. Studies have shown that brooding, but not reflection, predicts the development of depressive symptoms over time,

especially in girls, indicating that not all types of rumination contribute to the maintenance or intensification of depressive symptoms (Burwell & Shirk, 2007).

A longitudinal study with 168 adolescents by Burwell and Shirk (2007) found that ruminative thinking, but not reflective thinking, predicts the development of depressive symptoms over time, particularly in girls. This suggests not all forms of rumination contribute to the persistence or intensification of depressive symptoms. Ruminative thinking is more maladaptive than reflective thinking and is associated with cognitive distortions relevant in depression (Joormann, Dkane, & Gotlib, 2006). Various mechanisms, including the maintenance of a sad mood over time and memory biases for mood-congruent events, explain how ruminative responses can exacerbate depressive states (McMurrich & Johnson, 2008; Clark & Teasdale, 1982). Additionally, ruminative thinking as a trait is a significant characteristic of vulnerability in dysphoria, associated with prolonged episodes of dysphoria (Roberts, Gilboa, & Gotlib, 1998).

Considering these findings, the present study aims to investigate the relationship between shame, guilt, and depression, and the potential moderating effect of rumination on this relationship.

Objective

The primary objective of the study is to examine the relationship between shame, guilt, and depression. Secondly, it aims to test the moderating effect of trait rumination on the relationship between shame-depression and guilt-depression. The research hypotheses are: 1) Shame and guilt are positively correlated with depressive symptoms. 2) The effect of shame and guilt on depression is moderated by ruminative thinking as a trait.

Method

Participants

The study was conducted on a sample of N=53 female psychiatric inpatients aged between 26 and 79 years, recruited from the Psychiatry Clinic of the Cluj-Napoca Municipal Hospital. The study aimed to ensure ethical considerations for the potential vulnerability of participants, emphasizing informed consent and understanding of participation impact. Demographic data collected included gender, age, marital status, education level, diagnosis, and current medication. Out of 65 recruited participants, 53 questionnaires were validated, revealing a predominant diagnosis of recurrent depressive disorder, depressive episode, and dysthymia (Table 1), with a significant portion of participants not engaged in the workforce (Table 2) and varying educational backgrounds (Table 3).

Table 1. Diagnostic Distribution of Participants

Diagnostic	N	%
Recurrent Depressive Disorder	35	66
Depressive Episode	13	24,5
Dysthymia	5	9,5
Total	53	100

Table 2. Occupational Distribution of Participants

Occupation	N	%
Employed	11	20,8
Retiree	14	26,4
Disability Pension	14	26,4
Without Occupation	14	26,4
Total	53	100

Table 3. Educational Level of Participants

Educational Level	N	%

8th Grade	7	13,2
10th Grade	8	15,1
Vocational School	6	11,3
High School	20	37,7
Post-Secondary	5	9,4
Bachelor's Degree	6	11,3
Master's Degree	1	1,9
Total	53	100

Procedure

Following the recruitment procedure, participants attended a session with the researcher at the Psychiatry Clinic's premises for hospitalized individuals. After obtaining patient consent, they filled out a demographic information sheet and responded to three self-assessment questionnaires. The researcher assisted with questionnaire completion if necessary, converting verbal information for those unable to read or write. The session lasted no more than one hour, with questionnaires administered in the same order to all participants.

Instruments

Shame, guilt, and rumination were measured as traits.

Shame and guilt were assessed using the *Test of Self-Conscious Affect* (TOSCA-3, Tangney et al., 1989), a scenario-based questionnaire evaluating affective, cognitive, and behavioural responses to self-directed emotions. It consists of 16 scenarios with a Likert scale for response likelihood. The TOSCA-3 demonstrates high test-retest reliability (shame: 0.85, guilt: 0.74) and internal consistency (shame: α= .74, guilt: α= .69) (Tangney et al., 1992; Tangney et al., 1996).

The Beck Depression Inventory-II (BDI-II; Beck, Steer, & Brown, 1996) assesses the presence and severity of depressive symptoms in both psychiatric patients and the general population. It features 21 items, each scored on a scale from 0 to 3, allowing for a total score range between 0 and 63. The BDI-II is highly reliable, with a Cronbach's alpha of .93, demonstrating high validity and diagnostic discrimination (Beck et al., 1996; Dozois, Dobson, & Ahnberg, 1998). The inventory distinguishes between depression and anxiety and differentiates among depression subtypes. Adapted for the Romanian population, its psychometric properties are well-established, with a meta-analysis over 25 years finding a mean alpha coefficient of 0.86 for psychiatric patients and 0.81 for non-psychiatric subjects, indicating strong concurrent validity with the Hamilton Rating Scale for Depression (HRSD) (Beck, Steer, & Carbin, 1988).

The Ruminative Responses Scale (RRS), part of the Response Styles Questionnaire (RSQ), assesses ruminative thinking with high reliability and validity (α = .89; Nolen-Hoeksema & Morrow, 1991). It includes 22 items on a 4-point Likert scale, distinguishing between brooding, a maladaptive focus on negative feelings, and reflective thinking, a more adaptive problem-solving approach. High ruminative response styles predict more severe future depressive symptoms (Just & Alloy, 1997), with the RRS demonstrating significant predictive validity for depression over time (Spasojević & Alloy, 2001; Treynor, Gonzalez, & Nolen-Hoeksema, 2003).

Design

The study utilized a correlational design to explore the relationships among shame, guilt, depressive symptoms, and ruminative thinking as a trait, assessing how these variables interact. Additionally, it examined the role of ruminative thinking as a moderator in the relationship between shame and depressive symptoms, as well as between guilt and depressive symptoms. This analysis aimed to determine if shame or guilt could influence the level of depressive symptoms depending on the intensity of ruminative thinking.

Analysis Method

Descriptive statistical methods were utilized to analyse demographic data, including means and frequencies. Bivariate correlation analysis was conducted using SPSS, adhering to Pearson's test assumptions of variable normality, linearity, and homoscedasticity. To perform the moderation analysis, the assumption of homoscedasticity (variance homogeneity) was verified (Hayes & Cai, 2007). The moderation analysis was conducted using the PROCESS macro for SPSS (Hayes, 2013), with rumination tested as a moderator in the relationship between the predictor variables of shame and guilt and the criterion variable of depressive symptomatology. Significant effects were reported at the traditional significance level ($p < .05$) (Field, 2009).

Results

The study participants achieved an average score of M = 27.70 with a standard deviation (SD) = 12.23 on the BDI II, with the minimum score being 4 and the maximum score 57 (Table 4).

Table 4. Means and Standard Deviations for Depression, Shame, Guilt, and Rumination

Variable	*min*	*max*	*M*	*SD*	*n*
BDI II	4	57	27,17	12,14	53
S TOSCA	21	69	46,02	12,44	53
G TOSCA	20	80	62,53	12,88	53
RRS total	31	87	61,57	13,81	53
B RRS	6	20	14,70	4,03	53
R RRS	5	19	13,13	3,26	53

Note: "BDI II" = severity of depression. "S TOSCA" = scores for shame, "G TOSCA" = scores for guilt, as assessed by the Test of Self-Conscious Affect. "B RRS" = brooding, and "R RRS" = reflection, both evaluating aspects of ruminative thinking "RRS total".

Statistical analyses included Pearson correlation coefficients, revealing a significant positive relationship between depression (BDI) and shame (S TOSCA), but not between guilt (G TOSCA) and depression (Table 5).

Table 5. Pearson Correlations between Depression, Shame, and Guilt

Variables	BDI II	S TOSCA	G TOSCA
BDI II	-	.290*	-.245
S TOSCA		-	.254
G TOSCA			-

Note: *p < .05, BDI II = depression, R Tosca = shame, V Tosca = guilt

Further analyses showed a significant positive relationship between depression (BDI) and shame (S TOSCA), but not between guilt (G TOSCA) and depression. This pattern indicates that while shame is significantly associated with depression levels, guilt does not show a significant correlation with depression in this sample (Table 6).

Table 6. Correlations between Depression, Brooding, and Reflective Rumination

Variables	BDI II	B RRS	R RRS
BDI II	-	.301*	.258
B RRS		-	.666**
R RRS			-

Note: *p < .05, **p<.01 BDI II = depression, B RRS = brooding, R RRS = reflection

The initial model tested the moderating effect of rumination on the relationship between shame and depression, resulting in an F(3,49)=14.73, *p*<.001. Shame's predictive effect on depression was not significant, B=.15, 95% CI [-.06, .36], *p*=.07. However, rumination as a moderator showed a significant effect on depression, B=.35, 95% CI [.01, .69], *p*=.04, with the interaction effect between predictor and moderator being non-significant, B=.02, 95% CI [-.01, .04], *p*=.07, effect size R2=.07. The second model explored rumination's moderating effect on the guilt-depression relationship, F(3,49)=11.77, *p*<.001, finding guilt's effect on depression also non-significant, B=-.24, 95% CI [-.52, .04], *p*=.09. However, rumination significantly affected depression, B=.49, 95% CI [.29, .69], *p*<.01, with no significant interaction effect, B=.01, 95% CI [-.01, .04], *p*=.15, effect size R2=.11. These findings indicate that while rumination significantly correlates with depression, the interactions between shame or guilt with rumination do not significantly affect depression levels.

Discussion and Conclusions

The study employed a correlational design to investigate the relationships between shame, guilt, depressive symptoms, and trait rumination, and to determine how these variables interact. Additionally, the study examined the role of rumination as a moderator in the relationship between shame and depressive symptoms, as well as between guilt and depressive symptoms. The possible moderating effect was analysed to understand whether shame or guilt could affect the level of depressive symptoms depending on the intensity of rumination.

Results indicated a significant positive relationship between depression and shame, but not between guilt and depression. The study also analysed the relationship between brooding, reflection, and depression, finding a significant positive correlation between depression and brooding, but not between depression and reflection. The moderating effect of rumination on the relationship between shame-depression and guilt-depression was examined, revealing no significant interaction between the predictor variable and moderator in either of the two moderation models. Thus, no significant statistical interaction was found between shame and rumination or guilt and rumination, suggesting a significant correlation between rumination and depression in both moderation models.

This study underscores the differential impact of shame and guilt on depression, aligning with findings by Orth et al. (2006) but contrasting with Alexander et al. (1999) in a clinical context. Specifically, our results highlight shame's significant correlation with depression, reinforcing the notion that self-directed emotions play a crucial role in depressive symptomatology. Unlike previous non-clinical studies, guilt did not significantly correlate with depression in our clinical sample, suggesting context and sample characteristics may influence these relationships (Kim, Thibodeau, & Jorgensen, 2011). The absence of a moderating effect of rumination challenges assumptions about its universal role in exacerbating the relationship between these emotions and depression, calling for further exploration into other potential moderating factors (Treynor, Gonzalez, & Nolen-Hoeksema, 2003).

The study's conclusions highlight the complex relationship between shame, guilt, and depression, suggesting that further investigation is needed to better understand these relationships in different contexts and samples. The main conclusion is that shame, but not guilt, correlates positively with depression, supporting one of the perspectives from previous studies. The study adds clinical validity and relevance to the results by focusing on a clinical sample of patients with chronic depression, highlighting the importance of shame in the context of clinical depression. The study underlines the significance of shame in relation to depression and suggests that future research should continue to explore the mechanisms underlying this relationship and develop therapeutic interventions that specifically address shame and emotional regulation in the treatment of depression.

Our findings underscore the nuanced role of shame in depression, suggesting that shame, rather than guilt, has a more profound impact on depressive symptoms within a clinical population. This distinction aligns with cognitive theories of depression, which emphasize the role of negative self-evaluations. These results have significant clinical implications, indicating that interventions targeting shame could be especially effective for those experiencing depression.

Limits and further directions

The study's limitations include a small and homogeneous sample size, restricted to a specific gender, potentially influencing the generalizability of the findings. Additionally, the use of self-report measures may be subject to reporting biases. The presence of comorbidities in the sample and the application of the study in a clinical setting could also impact the results. Future studies should control for these variables to refine our understanding of the relationship between shame, guilt, depression, and rumination.

BIBLIOGRAPHY

Alexander, B., Brewin, C. R., Vearnals, S., Wolff, G., și Leff, J. (1999). An investigation of shame and guilt in a depressed sample. *British Journal of Medical Psychology*, 72(3), 323-338.Beck et al., 1996;

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (DSM-5®). American Psychiatric Pub.Alexander, Brewin, Vearnals, Wolff & Leff, 1999

Beck, A. T., Steer, R. A., și Brown, G. K. (1996). Beck depression inventory-II. San Antonio, TX, 78204-2498.

Beck, A. T., Steer, R. A., și Carbin, M. G. (1988). Psychometric properties of the Beck Depression Inventory: Twenty-five years of evaluation. *Clinical psychology review*, 8(1), 77-100.

Burwell, R. A., și Shirk, S. R. (2007). Subtypes of rumination in adolescence: Associations between brooding, reflection, depressive symptoms, and coping. *Journal of Clinical Child and Adolescent Psychology*, 36(1), 56-65.

Clark, D. M., și Teasdale, J. D. (1982). Diurnal variation in clinical depression and accessibility of memories of positive and negative experiences. *Journal of abnormal psychology*, 91(2), 87.

Dozois, D. J., Dobson, K. S., & Ahnberg, J. L. (1998). A psychometric evaluation of the Beck Depression Inventory–II. *Psychological assessment*, 10(2), 83.

Eisenberg, N. (2000). Emotion, regulation, and moral development. *Annual review of psychology*, 51(1), 665-697.

Else-Quest, N. M., Higgins, A., Allison, C., și Morton, L. C. (2012). Gender differences in self-conscious emotional experience: a meta-analysis.

Field, A. (2009). *Discovering statistics using SPSS.* Sage publications.

Hayes, A. F., & Cai, L. (2007). Using heteroskedasticity-consistent standard error estimators in OLS regression: An introduction and software implementation. *Behavior research methods*, 39(4), 709-722.Hayes, 2013

Joormann, J., Dkane, M., & Gotlib, I. H. (2006). Adaptive and maladaptive components of rumination? Diagnostic specificity and relation to depressive biases. *Behavior therapy*, 37(3), 269-280.Just & Alloy, 1997

Kim, S., Thibodeau, R., și Jorgensen, R. S. (2011). Shame, guilt, and depressive symptoms: a meta-analytic review.

Lewis, M. (2000). Self-conscious emotions. *Emotions*, 742.

Lutwak, N., Panish, J., și Ferrari, J. (2003). Shame and guilt: Characterological vs. behavioral self-blame and their relationship to fear of intimacy. *Personality and Individual Differences*, 35(4), 909-916.

McMurrich, S. L., și Johnson, S. L. (2008). Dispositional rumination in individuals with a depression history. *Cognitive therapy and research*, 32(4), 542-553.

Morrow, J., și Nolen-Hoeksema, S. (1990). Effects of responses to depression on the remediation of depressive affect. *Journal of personality and social psychology*, 58(3), 519.

Nolen-Hoeksema, S. (1987). Sex differences in unipolar depression: evidence and theory. *Psychological bulletin*, 101(2), 259.

Nolen-Hoeksema, S., și Morrow, J. (1991). A prospective study of depression and posttraumatic stress symptoms after a natural disaster: the 1989 Loma Prieta Earthquake. *Journal of personality and social psychology*, 61(1), 115.

Orth, U., Berking, M., și Burkhardt, S. (2006). Self-conscious emotions and depression: Rumination explains why shame but not guilt is maladaptive. *Personality and social psychology bulletin*, 32(12), 1608-1619.

Roberts, J. E., Gilboa, E., și Gotlib, I. H. (1998). Ruminative response style and vulnerability to episodes of dysphoria: Gender, neuroticism, and episode duration. *Cognitive Therapy and research*, 22(4), 401-423.

Rodriguez Mosquera, P. M. (2018). Cultural concerns: How valuing social-image shapes social emotion. *European Review of Social Psychology*, 29(1), 1-37.

Spasojević, J., și Alloy, L. B. (2001). Rumination as a common mechanism relating depressive risk factors to depression. *Emotion*, 1(1), 25.

Sznycer, D. (2019). Forms and functions of the self-conscious emotions. *Trends in cognitive sciences*, 23(2), 143-157.

Tangney, J. P., Dearing, R. L., Wagner, P. E., & Gramzow, R. (1989). Test of self-conscious affect–3.

Tangney, J. P., Miller, R. S., Flicker, L., și Barlow, D. H. (1996). Are shame, guilt, and embarrassment distinct emotions?. *Journal of personality and social psychology*, 70(6), 1256.

Tangney, J. P., Stuewig, J., și Mashek, D. J. (2007). Moral emotions and moral behavior. *Annu. Rev. Psychol.*, 58, 345-372.

Tangney, J. P., Wagner, P., Fletcher, C., și Gramzow, R. (1992). Shamed into anger? The relation of shame and guilt to anger and self-reported aggression. *Journal of personality and social psychology*, 62(4), 669.

Teroni, F., și Deonna, J. A. (2008). Differentiating shame from guilt. *Consciousness and cognition*, 17(3), 725-740.

Tilghman-Osborne, C., Cole, D. A., Felton, J. W., & Ciesla, J. A. (2008). Relation of guilt, shame, behavioral and characterological self-blame to depressive symptoms in adolescents over time. *Journal of social and clinical psychology*, 27(8), 809-842.

Tracy, J. L., & Robins, R. W. (2007). Emerging insights into the nature and function of pride. *Current directions in psychological science*, 16(3), 147-150.

Tracy, J. L., Robins, R. W., & Tangney, J. P. (Eds.). (2012). The self-conscious emotions: Theory and research. *Guilford Press*.

Tracy, J. L., și Robins, R. W. (2004). " Putting the Self Into Self-Conscious Emotions: A Theoretical Model". *Psychological Inquiry*, 15(2), 103-125.

Tracy, J. L., și Robins, R. W. (2006). Appraisal antecedents of shame and guilt: Support for a theoretical model. *Personality and Social Psychology Bulletin*, 32(10), 1339-1351.

Treynor, W., Gonzalez, R., și Nolen-Hoeksema, S. (2003). Rumination reconsidered: A psychometric analysis. *Cognitive therapy and research*, 27(3), 247-259.

Watkins, E., & Brown, R. G. (2002). Rumination and executive function in depression: An experimental study. *Journal of Neurology, Neurosurgery & Psychiatry*, 72(3), 400-402.

Woien, S. L., Ernst, H. A., Patock-Peckham, J. A., și Nagoshi, C. T. (2003). Validation of the TOSCA to measure shame and guilt. *Personality and Individual Differences*, 35(2), 313-326.