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Shame and its Appraisal

Aakib Rahman Parray and Shah Mohd. Khan
Aligarh Muslim University, Aligarh

This piece of research addresses the occurrences of social emotions and their appraisal among a group of students. Using the component process model as a foundation, the present study focuses on shame's determinants and aims to investigate the differences in bodily symptoms, expressive reactions, verbal reactions, and psychological consequences in the level of appraisal. The sample comprised of 118 university students selected based on characteristics representing five universal faculties (Arts, Social Science, Commerce, Law, and Science) of two universities. Subjects were asked to recall an event related to their social or self-conscious emotions from their autobiographical memories and rate potential responses/ reactions to psychological consequences, bodily sensations, and action tendencies that they experienced. The findings support the idea that there are differences in the level of appraisal and occurrence of shame in them. As the levels of appraisal changes from low to high, the experience about shame determines (bodily symptoms, expressive reactions, verbal reactions, and psychological consequences) changes, and people experienced more symptoms and reactions according to their interpretation about the event or episode. Therefore, the appraisal about shame potentially affects student's emotional and social development.

Keywords: Shame, Appraisal, Physiological Reactions, Psychological Consequences, Social Emotions.

The debate on social emotions, particularly shame, has lasted more than centuries and appears to be a never ending process due to its complexity and vastness (Scherer & Scherer, 2005). The categorization of shame as an emotion falls under social emotions (Gilbert, 2011; M. Lewis, 1992; Tracy & Robins, 2004; Sedighimomani, 2018). Social emotions are feelings elicited by imagined or real life events, or experienced interactions with people (Leary 2000, 2004; Hareli & Parkison, 2008). Shame is more painful and a negative emotion where an individual feels low, powerless, insufficient, incompetent, inferior as well as withdrawing and worthless. Further, during shame the person's sensation is of being exposed, condemned, or scorned (Tangney, Stuewig, & Mashe, 2007; Vikan et. al. 2010; Sedighimornani, 2018). Gilbert (2002) expressed that shame is a multifaceted experience and associated with numerous components such as emotional, physiological, behavioral, cognitive, as well as social. In the emotional component of shame people experience or have sensations of self-disgust, rage, or anxiety. In addition, desire to conceal, avoiding eye contact, exhibiting submissive behavior, showing rage, or seeking retribution are certain examples of behavioral responses that are typically connected with shame. Along with this, shame is linked to stress reactions, and it boosts parasympathetic activity linked with the physiological component. Furthermore, the creation of the self is heavily influenced by "self-conscious or moral" feelings like shame and humiliation or embarrassment. Each of these emotions has a unique phenomenology, with notable variations in terms of interpersonal relatedness, adjustment, and a variety of psychopathology. Even though each of these emotions stems from moral failings or other flaws and involves a negative appraisal of one-self.

Earlier psychologists and philosophers claimed that emotions are universally triggered by appropriate situational settings followed by recognizable, emotion-specific patterns of physical changes and feeling states thereby creating a default milestone of emotion

expansion (Gardiner, Clark-Metcalf, & Beebe-Center, 1937/1980; Scherer & Wallbot; 1994). This pattern of thinking magnets new insight. Charles Darwin boosted it further by publishing his third vital work in evolutionary theory of emotions i.e., "The Expression of the Emotions in Man and Animals" (Ekman, 2009). He became a supporter of universalism and said that emotions oblige strong adaption functions and have fundamental physiological and expressive reaction patterns which directs human behavior. Therefore, universalism asserts that emotion is a fundamental human operating mechanism that is mostly constant throughout races and cultures, just as perception, cognition, and learning. Therefore, the key tenet of Darwinism is that biological based emotion mechanism is phylogenetically continuous suggesting that the emotional process is cross-culturally universal (Hess & Thibault; 2009). Over a period, the opponent of universality came into existence in the form of differentialism, wherein the assumption was totally based on psychobiological functionalism and phenomenal evidence that emotions are recognized by diverse linguistic labels with respect to biological and psychological dimensions and most work took place on moral or self-conscious emotions. Thus shame, as a moral or self-conscious emotion, does not appear to have universal facial expressions and is not perceived in an equivalent manner across cultures (Edelstein & Shaver, 2007; Sedighimomani, 2018).

Wallbott and Scherer (1995) found that people who lived in more "open" cultures (i.e., cultures with low standards in distance from power and avoiding uncertainty and high values in individuality) often felt shameless. On the other hand, shame experiences were more common in more "closed" cultures. These cultures had high values for collectivism, distance from power, and avoiding uncertainty. So, the research shows that shame is a global negative self-evaluation that is linked to feeling of helplessness or passivity when it comes to fixing the apparent mistake. Shame focuses on the whole self. Depending upon the transgression, the person may think something bad about themselves like "I'm a bad person" (Lewis, 1971). So, this experience makes the person feel small and worthless. Usually, the individual feels exposed and wants to disappear. Also, most people try to hide, pull away, and avoid looking at others during an episode involving shame by lowering their heads (Lewis, 1992). Often, shame makes the whole person feel bad about themselves. First, the hostility is directed at self, and then, as a "defensive strategy," it is turned back on the person who rejected them. Lazarus (1968) and Arnold (1960), pioneer psychologists, explain the idea of "appraisal" and try to figure out how to tell the difference between an event's good (positive) and bad (negative) emotional effects or consequences (Reisenzein; 2006). After their ground breaking work, a lot of "appraisal theories of emotion" have attempted to predict how emotions are triggered and how they are different based on a comprehensive set of appraisal measures (De Rivera, 1977; Frijda, 1986; Oatley & Johnson-Laird, 1987; Lazarus, 1991; Roseman, 1984, 1991; Smith & Ellsworth, 1985; Solomon, 1976; Weiner, 1982, 1986; Ellsworth & Scherer; 2003). All these prominent scholars see the appraisal process as subjective (Wallbott & Scherer, 1986).

Therefore, most appraisal theories are established on the notion that when an organism assesses the significance of environmental changes to its well-being, emotional reactions are elicited. Magda Arnold (1960) came up with the word "appraisal" to show that just seeing an event without any other information is unsatisfactory to make someone feel something (as in 1884, the functional psychologist, William James suggested with his famous bear example) (Robinson; 1998), but the physiological changes that are subsequently sensed with an emotion need at least a little amount of thought or interpretation (Gendron & Barrett; 2009). This way of thinking helps the observer to decide if an object or situation they see is important to them. So, feelings come from how we "evaluate" experiences, which includes how we judge, interpret, and explain them. So, people react in several diverse ways when judging things. Also, when a stimulus is considered necessary, an adaptive emotional response is orchestrated to assist the organism meeting the demands of the circumstance. This response includes changes according to the motivation (changes in action

tendencies like approaching or withdrawing), physiological changes (like heart rate and skin conductance), changes in motor expression (in the face, voice, and body), and changes in how the person feels. Low-level evaluations might be grounded on quick evaluations of a stimulus with pre-existing stimulus patterns or learned schemata. On the other hand, high-level evaluations may be based on more complex analysis of propositional information and language (Leventhal & Scherer, 1987). Implementation studies of appraisal may examine temporal features as well, such as whether the criteria can be calculated rapidly enough to make sense as an emotional trigger. It is consistent with the notion that preliminary assessment may be carried out by unconscious, low-level mechanisms that only need a few synaptic connections and a brief period of processing (Leventhal & Scherer, 1987), and studies using neuron chronometry have discovered electrophysiological indicators of initial low-level evaluations, such as novelty or pleasure, as early as 100 ms after stimulus initiation. However, indicators of higher-level evaluations, such as goal congruence, have detected 400–450 ms after the stimulus begins (Grandjean & Scherer, 2008). So, appraisal processing is a big part of how we react to our emotions. Once a person decides that a stimulus or event is important to them, the other parts of their emotional response (bodily or physiological processes, motor expression, action tendency as well as subjective feeling) start to change. Even a simple orienting response, a slowing of the heart rate and an increase in skin conductance response can start when a stimulus is first noticed as new (Scherer; 2001; Brosch; 2013). As the appraisal manner goes on and more complex standards are evaluated, feedback about changes in the different reaction parts may be incorporated into the ongoing appraisal process and later appraisals to make a more detailed evaluation. (See Figure 1).

Thus, in this piece of research our primary focus is to find out the difference in bodily symptoms, emotional reactions, verbal reactions, and psychological consequences in the flow of distinct levels of shame appraisal. We also want to study the affective experiences of shame among male and female participants of Jammu & Kashmir and Uttar-Pradesh states of India. Following objectives are proposed for study in this piece of research:

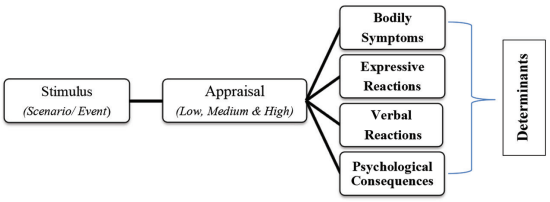


Figure 1: Stimulus, appraisal levels and emotion determinants

Objective

1. To investigate the differences in bodily symptoms, expressive reactions, verbal reactions, and psychological consequences with levels of appraisal.
2. To study the emotional determinants of shame among male and female participants of Jammu & Kashmir and Uttar-Pradesh.

Hypothesis

H_1: There will be differences in bodily symptoms, expressive reactions, verbal reactions, and psychological consequences with levels of appraisal.

H_2: There will be difference in emotional determinants of shame between the male and female participants of Jammu & Kashmir and Uttar-Pradesh.

Method

Sample

One hundred and eighteen Indian post-graduate students and Ph.D. scholars belonging to two States of India viz. Jammu and Kashmir (57) and Uttar-Pradesh (61) participated in the study. The participants were registered in different university faculties (such as Arts, Social science, Commerce, Law, Sciences, etc.) at different universities and colleges and each participant participated voluntarily in the current study. The mean age of the applicants was 25.30 years and SD=1.762. Further, the participants in both states were innate and grew in their home states and cultural communities and no overseas as well as other state migrated

participants joined the study.

Procedure

Firstly, the demographic data was collected from individual participants. Secondly, each participant was given a brief introduction about the research, variables, and other necessary instructions. Finally, each participant received an envelope in which they found two forms to fill, one with personal information or data sheet and the Emotional Experience Questionnaire by Scherer (EEQ) 1994. Both forms had written instructions for responding to the statements/ situations.

Psychometric measures

The EEQ (Emotional Experience Questionnaire) was carried out in 37 countries and validated by the international survey on emotion antecedents (Scherer & Wallbott, 1994). The instrument needs a slight change as per cultural norms. However, there was no effect on previous reliability instead the new (Cronbach α) and reliability increased from .811 to .824. The instructions given to the participant were to recall the experienced situation of shame and its level of appraisal (Low, Moderate and High) and report the reminiscence appropriate behavior and reactions that occurred during that event and mark against the statement accordingly. The questionnaire distinguished into five parts: (a) Appraisal of the emotional experience (Low, Moderate and High) (b) Situation explanation; (c) Subjective feeling state (regarding occurrence, longevity, frequency, and intensity), (d) Physiological reactions (bodily symptoms, non-verbal and expressive reactions) and (e) Psychological consequences.

Further, feedback of the participants was recorded to use in analysis and make a sound judgment about a proposed social emotion. Recoding was done by keeping a track of symptoms or reactions a respondent mentioned in distinct categories that had been made based on theoretical considerations (see below). In this way, scaling with continuous interval scales from 0 (appropriate items are not mentioned) to the most applicable items were mentioned were made. The description of physiological and expressive behavior is given below.

Physiological symptoms

The ergotropic and trophotropic systems (Anolli & Pascucci, 2005), made by Gellhorn and Loofburrow in 1963, was used. (a) Trophotropic symptoms: lump in throat, crying/sobbing, and stomach troubles; (b) Ergotropic symptoms: heart beating faster, change in breathing, perspiring/moist hands, and muscles tensing/ trembling; (c) Felt temperature: feeling warm/ pleasant, feeling cold/shivering and cheeks burning/ feeling hot (0 being given when no temperature symptom was reported).

Expressive behavior

In expressive behavior, the four variables are composite: (a) Behavior Movements: moving away from people and things (-1), or moving toward them (+1); (b) Non-verbal behavior: crying/sobbing, smiling/ laughing, other facial expression changes, yelling/ screaming, changes in gesturing and other speech variations; (c) Paralinguistic behavior: speech disturbances, speech melody change and speech tempo change; and (d) Verbal behavior for which respondents were asked to say what they were doing (Scherer & Wallbott, 1994).

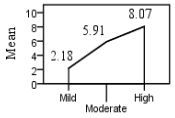
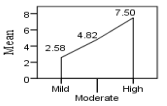
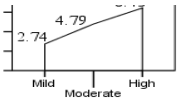
Analysis

One way Multivariate analysis of variance (MONAVA) was used to understand the levels of appraisal and bodily symptoms, expressive reactions, verbal reactions, and psychological consequences of shame as scores were on interval scale. Further, emotional determinants were compared resulting from shame among the students of Jammu & Kashmir and Uttar-Pradesh and an independent sample t- test was used.

Results

The results of one-way MONAVA show the differences in bodily symptoms, expressive reactions, verbal reactions, and psychological consequences of shame with levels of appraisal. The study relies on two hypotheses related to emotional determinants of shame and gender differences and its measure. Table 1 shows descriptive statistics of the dependent variables along with levels of appraisal of shame as an independent variable.

Table 1: Descriptive statistics for independent and dependent variables.

Determinants of Shame	Appraisal (N)	M	SD	Plots: Shame by appraisal
Psychological Consequences	Low (38) Moderate (34) High (46) Total (118)	2.18 5.91 8.07 5.55	1.111 .996 1.389 2.760	
Bodily Symptoms	Low (38) Moderate (34) High (46) Total (118)	2.58 4.82 7.50 5.14	.919 .797 1.169 2.307	
Expressive Reactions	Low (38) Moderate (34) High (46) Total (118)	2.58 4.68 6.83 4.84	1.056 1.036 1.270 2.120	
Verbal Reactions	Low (38) Moderate (34) High (46) Total (118)	2.74 4.79 6.43 4.77	1.083 .946 1.025 1.860	

Assumptions required for parametric test, the one-way MONAVA were verified out before estimating the test statistic. There was no univariate outlier as assessed by the examination of the boxplot (see figure 2). There is a violation of the assumption of normality, according to Shapiro-Wilks, the analysis of the levels of independent variable for dependent variables is at p >.05. However, when the sample size is small, MONAVA is quite resilient to minor deviations of the normalcy (Tabacknick & Fidell; 2007, p.251). If outliers have an impact on normalcy, this is an exception. Therefore, there is not a significant issue. To examine multivariate outliers, the Mahalanobis distance was also used; however, the critical value of 16.27 (maximum value = 13.95) was not increased. Thus, the assumption is practically satisfied. The scatterplot analysis shows that the linearity assumption is valid. Furthermore, the correlation coefficient was less than 0.90, indicating that multi-collinearity is not an issue, and the correlation between the dependent variables is significant (r =.76, p < .01) (Tabacknick & Fidell, 2007). Also, singularity is not a concern too. Considering the outcomes of Box's test M =19.62, F (20, 42165.599) = .930, p = .547, the hypothesis of the homogeneity of variance-covariance is tenable. Finally, the outcome of Levene's equality of error test demonstrated that the assumption of homogeneity of variance across groups is likewise tenable for the bodily symptoms F (2,115) = 3.452, p = 0.35, expressive reactions F (2,115) = 2.10, p = .126, verbal reactions F (2,115) = .617, p = .542 and psychological consequences F (2,115) = 1.476, p = .233, respectively.

One-way MANOVA was conducted to determine whether there is a difference among the levels of appraisal on the determinants of shame. The result shows that there was a significant difference between the psychological consequences, bodily symptoms, verbal reactions, and expressive reactions based on the levels of appraisal (Low, Moderate and High), Wilks' lambda = .105, F (8, 224) = 58.594, p < .001, partial η2 =.677, observed power =1.0.

*Computed using alpha = .01

Table 2 shows, there was a significant effect on the levels of appraisal (Low, Moderate and High) on psychological consequences, F (2, 115) = 252.598, p <.001, partial η2 = .815, observed power = 1.00, bodily symptoms, F (2, 115) = 257.322, p <.001, partial η2 =.817, observed power =1.00, expressive reaction, F (2, 115) =145.038, p <.001, partial η2 =.716, observed power =1.00 and verbal reactions F (2, 115)

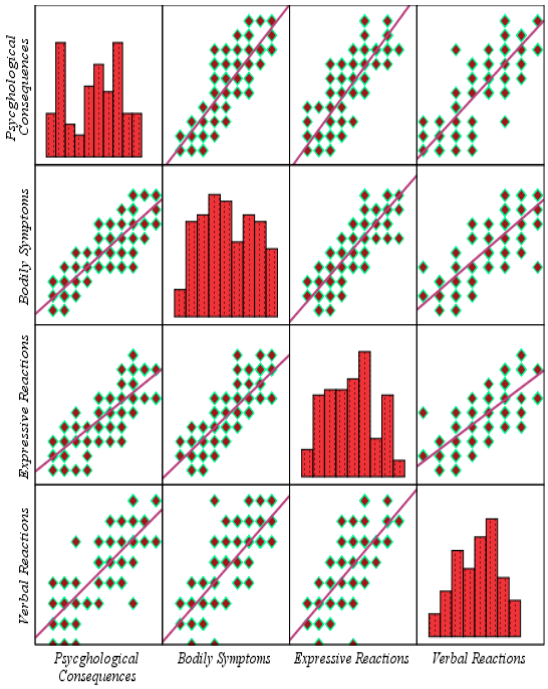


Figure 2. Normality checks with scatterplot and histogram of shame emotional determinants such as Psychological Consequences, Bodily Symptoms, Expressive Reactions and Verbal Reactions

=136.104, p <.001, partial η2 =.706, observed power =1.00. The effect size is high in case of all the four shame social emotion determinants. The differences among the levels of appraisal and bodily symptoms, expressive reaction, verbal reactions, and psychological consequences was strong, and the variance accounting for 81.7%, 71.6%, 70.6% and 81.5% respectively among the dependent variable. Hence, we support the null hypothesis and conclude that there is a difference among the levels of appraisal on psychological consequences, bodily symptoms, expressive reactions, and verbal reactions. Grounded on these results, the null hypothesis is accepted and concluded that the bodily symptoms, expressive reaction, verbal reactions, and psychological consequences are statistically different based on respective levels of appraisement of shame. The effect was large and observed power is 1.00, which corroborates that the significant difference among the levels of appraisal and determinants of shame is not by chance.

Post-hoc analysis was used to examine mean differences across three levels of appraisal and the four factors that determine shame. Table 3 showed that every post-hoc mean comparison was statistically significant ($p < .001$). Additionally, the trend of the impact was linear in each group statistic. On average, high appraisal has more psychological consequences than moderate and low. The same trend was absent in the case of bodily symptoms, expressive reactions, and verbal reactions. To study the second objective and examine corresponding hypothesis the independent sample t-test was conducted to evaluate gender differences.

The result shows that all the four determinants (Bodily symptoms, Expressive reaction, Verbal reactions, and Psychological consequences) of shame are statistically significant and all the differences are reported as significant at $p < 0.001$ level. Mean and SD of Male students on psychological consequences was 7.18 ± 2.976 and for Female students, Mean and SD are 4.78 ± 2.289, t (df =116) = 4.836, $p < .001$. Further, the Mean and SD of Male students on bodily symptoms was 6.61 ± 2.343 and for Female students, Mean and SD are 4.45 ± 1.948, t (df =116) = 5.254, $p < .001$. Further, the Mean and

Table 2. Shame's emotional determinants among various levels of appraisal: One way MANOVA

Independent variable	Dependent Variable	Type III Sum of Squares	df	Mean Square	F	p	Partial Eta Squared (η2)	Observed Power
Appraisal Levels	Psychological Consequences	725.945	2	362.972	252.598	.000	.815	1.0
	Bodily Symptoms	508.847	2	254.423	257.322	.000	.817	1.0
	Expressive Reactions	376.628	2	188.314	145.038	.000	.716	1.0
	Verbal Reactions	284.590	2	142.295	136.104	.000	.706	1.0

Table 3. Post Hoc: Multiple Comparisons by using the Bonferronie method.

Dependent Variable	Appraisal (I)	Appraisal (J)	Mean Difference (I-J)	p	Cohen's d	Interpretation
Psychological Consequences	Low	Moderate	3.73	.001	0.78	Moderate > Low
		High	5.88	.001	0.96	High > Low
	Moderate	Low	3.73	.001	0.74	Low < Moderate
		High	2.15	.001	0.42	High > Moderate
	High	Low	5.88	.001	0.96	Low < High
		Moderate	2.15	.001	0.36	Moderate < High
Bodily Symptoms	Low	Moderate	2.24	.001	0.51	Moderate > Low
		High	4.92	.001	0.84	High > Low
	Moderate	Low	2.24	.001	0.51	Low < Moderate
		High	2.68	.001	0.54	High > Moderate
	High	Low	4.92	.001	0.92	Low < High
		Moderate	2.68	.001	0.55	Moderate < High
Expressive Reactions	Low	Moderate	2.10	.001	0.45	Moderate > Low
		High	4.25	.001	0.72	High > Low
	Moderate	Low	2.10	.001	0.44	Low < Moderate
		High	2.15	.001	0.42	High > Moderate
	High	Low	4.25	.001	0.75	Low < High
		Moderate	2.15	.001	0.45	Moderate < High
Verbal Reactions	Low	Moderate	2.06	.001	0.43	Moderate > Low
		High	3.70	.001	0.63	High > Mild
	Moderate	Low	2.06	.001	0.43	Low < Moderate
		High	1.64	.001	0.26	High > Moderate
	High	Low	3.70	.001	0.62	Low < High
		Moderate	1.64	.001	0.27	Moderate < High

Table 4. Independent Sample t- Test: Social emotion determinants by gender

Dependent Variables	Male		Female		Mean Difference	df	t	p	Cohan's d
	M	SD	M	SD					
Psychological Consequences	7.18	2.976	4.78	2.289	2.409	116	4.836	.000	0.41
Bodily Symptoms	6.61	2.343	4.45	1.948	2.155	116	5.254	.000	0.44
Expressive Reactions	6.21	2.220	4.19	1.736	2.023	116	5.393	.000	0.45
Verbal Reactions	5.55	2.049	4.40	1.650	1.153	116	3.273	.001	0.29

SD of Male students on expressive reactions was 6.21 ± 2.220 and for Female students, Mean and SD are 4.19 ± 1.736, t (df =116) = 5.393, p < .001. At last, the Mean and SD of Male students on verbal reactions was 5.55 ± 2.049 and for Female students, Mean and SD are 4.40 ± 1.650, t (df =116) = 3.273, p < .001. Our second hypothesis has been supported,

that there is a statistically significant difference in emotional determinants of shame among male and female participants.

Discussion

The findings of the current study show that there are differences in the levels of appraisal and determinants of shame. As the levels of appraisal increases from (low to high), the reaction of shame (bodily symptoms, expressive reactions, verbal reactions, and psychological consequences) also increases and people experience more symptoms and reactions as per their corresponding appraisal levels. Therefore, the current study revealed that as the level of appraisal of shame event (or situation) increases, the biological symptoms, verbal reactions, expressive reactions, and psychological consequences of the person also increase, and the individuals experience more symptoms and reactions. The findings of the current study supported (by Wallbott and Scherer; 1989, Pivetti; 2016) shame as an emotion that varies on the bases of a person's verbal, non-verbal reactions, physical reactions, and psychological symptoms.

The verbal reactions of shame were highly related to silence, speech disturbances and short utterances in people who are ashamed and feel a low tone of voice. It can be inferred that when the people are low in tone, the physiological arousal or bodily reactions are less than the person whose are high tone. Associated with current study, we conclude that as a low level of appraisal, the person experiences low bodily symptoms, expressive reactions, verbal reactions, and psychological consequences. However, when the level of appraisal increases the shame emotional reactions also increase and the individual experiences more emotional reactions than low to moderate levels. The findings are also supported by Harvey et. al (2010). He noticed that various cognitive appraisals of risk and challenge were connected in diverse ways to cortisol responses. The cortisol responses were higher after the high appraisal stress scenario than they were following the low appraisal stress scenario, when most participants rated the event as dangerous. Therefore, the greater the threat appraisal, the greater the cortisol response. Lower cognitive, appraisal, stress situation leads to lower cortisol level. Related to our study; people experience more bodily symptoms, expressive reactions, verbal reactions, and psychological consequences as the level of appraisal becomes high and experience low shame emotion when the level of appraisal is low, just like a case in appraisal stress level and cortisol level. Further, in both the cultures the generality of emotions is observed; both the cultures and sets of people are feeling the same emotional reactions; however, it might be there, the experience and reaction of emotional symptoms (bodily symptoms, expressive reactions, verbal reactions, and psychological consequences) are varied based on intensity.

The present study also found that there are differences in emotional determinants (bodily symptoms, expressive reactions, verbal reactions, and psychological consequences) amongst male and female participants and the findings were supported by the Else-Quest et al. (2012). The gender difference of shame was moderate among men than women. The females feel more shame than males. Since the social and cultural expectations on them lead to poor self-evaluations when they are not satisfied (Miller-Prieve, 2016). Additionally, the fundamental and stronger influences of shame on females than on males include loyalty to authority, the value of protecting one's face, and the preservation of group hormone (Krishnan, 1997).

Theoretical Implication

The findings of the present study have important implications for both theory and practice. From a theoretical perspective, our results provide causal evidence regarding the "levels of appraisal and occurrence of social emotion" among participants. There has been a spirited debate about the magnitude of experience of social emotion and their appraisal among people of different strata of society. But this debate has proceeded without causal

evidence regarding the magnitude of occurrence of social emotions. To our understanding this study is the first that enables to examining the occurrence of social emotion and their corresponding appraisal.

Conclusion

The results of the present research confirmed that people feel greater bodily symptoms, verbal responses, expressive reactions, and psychological consequences as their level of evaluation for a specific shame occurrence. The research is supported by existing studies. This study also highlights the gender differences in shame emotion determinants with corresponding levels of appraisal. The supportive research revealed that women happen to feel shame more often than men because of the social and cultural expectations. Also, shame affects women more than men because of the fundamental and powerful influences of loyalty to authority, the notion of protecting one's face, and the preservation of group hormone.

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Aakib Rahman Parray, Aligarh Muslim University, Aligarh

Shah Mohd. Khan, Aligarh Muslim University, Aligarh