

Prediction of self-destruction based on depression symptoms, internalized self-criticism, shame and guilt, and the differences between men and women

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Abstract

Introduction: Psychological theories and literature have confirmed self-destructiveness patterns in human beings. Chronic self-destructiveness has been defined as a tendency to behaviors that increase negative consequences and decrease potential success in the future. The aim of this study was to investigate the prediction of chronic self-destructiveness based on depression symptoms, internalized self-criticism, shame and guilt, and sex differences in this area.

Method: Hundred and six under-graduate students (59 women and 47 men) of the University of Tehran responded to the questionnaires, in convenience sampling. The Chronic Self-Destructiveness Scale (CSDS), Personal Feeling Questionnaire (PFQ), Levels of Self-Criticism Scale (LSCS) and Beck Depression Inventory-II (BDI-II) were used. Data analysis was performed using Pearson correlation coefficients and standard multiple regression.

Results: Data showed that depression could predict self-destructiveness in both sex. As expected, after adding internalized self-criticism in the next step, the role of depression decreased in predicting self-destructiveness, but internalized self-destructiveness could predict self-destructiveness beyond depression, only in men. In the next step, after adding guilt and shame subscales in the equation, guilt could predict self-destructiveness, beyond other variables in women. This is while internalized self-criticism could predict self-destructiveness better than the other variables in men.

Conclusion: Our findings affirmed that self-destructiveness could be predicted by depression, internalized self-criticism and guilt. Internalized self-criticism and guilt could predict self-destructiveness, beyond other variables, in men and women respectively.

Keywords: Chronic Self-Destruction, Sex Differences, Internalized Self-Criticism, Guilt, Prediction

Introduction

Self-destructiveness behavior is a puzzling phenomenon in psychology. While it is expected that human beings act in a manner which leads them to better survival and more successes, suicidal and direct and indirect (chronic) forms of self-destructive behaviors are seen in a vast majority of human beings. Self-destruction is not a definite phenomenon, but sorts of it could be seen on a range, in a continuum of other normal behaviors; on one hand, there is a perfect self-care and on the other hand, we can see self-destructive tendencies, which at the end leads to suicide[1]. Although direct self-destructive behaviors (e.g. suicide and self-mutilation) are very evident and there is no doubt towards them, indirect self-destructive symptoms (e.g. addiction and hazardous behaviors) have not been studied sufficiently[2]. Although there is a clear distinction between direct and indirect self-destructive tendencies in the field of self-destructive

behaviors (e.g. cigarette smoking after dinner and deciding on finishing one's life), all of them have some common features. These features are efforts for regulation of affective, cognitive or social experiences, which are related to various sorts of mental disorders (e.g. depression, anxiety and externalized disorders)[3].

Patterns of self-destruction lead theoreticians to claim that human beings have inner self-destructive tendencies (e.g. Freud, 1965, cited in 4), or suggest that some human beings desire self-hurt or self-harm under the pressure of guiltiness or other emotional distresses[4] or, the mild ones, act in a way that its negative consequence is predictable, but there is no desire to it[5]. The 'sub-intentioned death' is applied to describe death, which is a consequence of the person's behavior, although there is no deliberate intent for it. However, it is obvious that patterns of self-destructive tendencies and behaviors are frequent - even in people who are supposed to belong to a normal and healthy population[4].

Kelly et al.[6] have defined self-destruction as behaviors that increase the probability of negative consequences and decrease the probability of future successful events. In other words, patterns of indirect self-destruction are a collection of pervasive and rigid behaviors which negative and long-term consequences are prevailing to its short-term and immediate advantages[5]. Kelly et al.[6] invented the 'Chronic Self-Destructiveness Scale' which is aimed at assessing the person's tendency to act in a self-destructive manner and its items include four constituents of carelessness, poor health maintenance, evidence of transgressions and lack of planfulness. Based on the analysis of the inner consistency of items, two 52-item versions of chronic self-destruction were suggested for both male and female.

Few researches have studied the gender-related differences in chronic self-destructive behaviors, although most of the researches have focused on direct self-destruction[2]. Research show that regarding gender-related differences in chronic self-destructive behaviors, men are more prone to risky behaviors such as alcohol abuse, not fastening their seatbelts, preferring risky jobs and criminal activities[2]. In another study in which the chronic self-destruction scale was used, findings showed that the scores of delinquent girls are lower than the scores of delinquent boys, and their scores were closer to non-delinquent men[7]. Another study revealed a close relationship between indirect self-destruction and psychological gender: direct relationship with the psychological dimensions of masculinity and a converse relationship with the psychological dimensions of femininity[8]. Moreover it has been revealed that women with self-destructive tendencies are more prone to negative features of masculinity (e.g. arrogance) and verbal aggression, though they are less prone to positive features of masculinity (e.g. comprehensiveness) and positive features of femininity (e.g. sensitivity)[9]. Thus, the literature review in this field indicates the higher severity and amount of self-destruction in men, while qualitative differences in self-destruction and types of effective variables have been studied insufficiently.

On the other hand, research findings on relationship between psychological variables and mental health have shown that heavy irrational guiltiness and shame lead to distress, disorganized interpersonal relationships and psychopathology[10]. Clinical and experimental researches[5] have shown that depression is intertwined with shame and guiltiness, and due to close relations between depression and self-destruction[3], it is expected that self-destruction would be related to a potential probability of shame and guilt. Self-criticism is a variable which is defined based on severe inferiority, guiltiness feeling, worthlessness and failure in fulfillment of expected standards. Internalized self-criticism is defined as negative attitudes towards oneself, because of self-comparison with internalized and personal standards. As these standards are very ideal, actualizing them is practically impossible. This is while as a personal point of view, this is a sign of weakness and incompetency. Self-critic individuals are extremely vulnerable while facing obstacles through reaching their goals, and thus, they are prone for depression[11]. Research findings show that perfectionism has a direct and positive effect on procrastination[12] and self-handicapping[13], both of which show self-destructiveness behaviors. A recent research[14] shows that self-destruction could be measured with high fitness by five constituents of self-knowledge, internalized self-criticism, externalized self-criticism, guiltiness and shame.

Based on the above introduction, the present article has aimed to evaluate the relationship of predictive variables of depression, inner self-criticism, guiltiness and shame, with chronic self-destruction, regarding the probable role of sex in this field.

Method

One hundred and six graduated students of the University of Tehran, who were studying various courses in 2014, had participated in this study. It is noteworthy that while the study concentrated on the symptoms of self-destruction and depression, self-destruction and depression in the forms of symptoms were evaluated and thus, sampling was carried out in the subclinical population. The sample consisted of 47 male and 59 female, with the mean age of 22.68 (SD=3.34) and 21.13 (SD=2.47) respectively.

The scales used in this study were as follows:

Chronic Self-Destructiveness Scale (CSDS): This scale was developed in 1985 by Kelley *et al.* [6] in order to assess the person's tendency to act in a self-destructive manner. The contents of items consists of four constituents: carelessness, poor health maintenance, evidence of transgressions, and lack of planfulness. Two 52-item subscales for each sex were designed based upon the internal consistency analysis of items. CSDS items are responded on the 5-point Likert scale, 0 (strongest disagreement) to 5 (strongest agreement). Some items are exclusive for men and some are exclusive for women, and some of them are for both genders. The results of the scale's reliability by Cronbach's alpha and test-retest have been reported as .73-.97 and .90-.98 respectively[6].

Factorial analysis of the Persian version of CSDS resulted in four factors in men-specific items (i.e. inconsideration and lack of obligation, neglect, risk taking and stupefaction) and three factors in women-specific items (i.e. neglect and risk taking, irregularity, and lack of preservation and planning). The Cronbach's alpha of men- and women-specific factors were .698-.865 and .685-.800 respectively[15].

Personal Feeling Questionnaire (PFQ): This scale, having two subscales of shame and guilt, contains 22 sorts of feelings and mental states, which are responded on a 5-point Likert scale. Test-retest reliability for shame and guilt has been reported as .93 and .85 respectively[16]. Also, the validity of the scale has been confirmed through a strong correlation with self-derogation ($r=.50$), self-instability ($r=.34$), social anxiety ($r=.37$) and external focus of control ($r=.21$)[17]. In a study on the Persian healthy subjects, Cronbach's alpha in two subscales of shame and guiltiness was reported as .82 and .62 respectively[18].

Levels of Self-Criticism Scale (LSCS): This scale, having two subscales of comparative self-criticism and internalized self-criticism, is consisted of 22 items, which are responded on a 7-points continuum. The Cronbach's alpha of comparative and internalized self-criticism have been reported as .84 and .88 respectively, and the correlations of the two subscales with Neuroticism of NEO

have been reported as .60 and .54 respectively[19]. In a recent study on an Iranian sample, the Cronbach's alpha of comparative and internalized self-criticism was reported as .87 and .55 respectively[14]. At the present study, we only used subscale of internalized self-criticism.

Beck Depression Inventory-II. This inventory, which contains of 21 items, is in accordance with the DSM-IV depression criterions[20]. Cronbach's alpha and one-week test-retest reliability of this inventory have been reported as .91 and .83, respectively in the English version[21], and as .78 and .73, respectively, in the Persian version[22].

The above mentioned scales were administered in class groups, while participants responded anonymously and their informed consent was obtained. Hence, more than 120 copies were filled out, and after the exclusion of incomplete ones, 106 cases were entered to the analysis phase. Data were analyzed through Statistical Package for the Social Science - version 21 (SPSS-21), and Pearson correlation and standard multiple regression was carried out.

Results

Means, standard deviations and correlations of variables with each other are shown in Table 1. As it can be seen, all of the correlations were positive and significant.

Table 1. Means (and Standard deviations) and Pearson correlations of variables

variable		Mean (SD)	1	2	3	4	5
women	Self-destruction (1)	1.791 (.720)	*	.352**	.519**	.493**	.416**
	Internalized self-criticism (2)	3.810 (1.236)		*	.317*	.396**	.513**
	Shame (3)	1.069 (.609)			*	.629**	.567**
	Guilt (4)	1.626 (.774)				*	.622**
	Depression (5)	.754 (.562)					*
men	Self-destruction (1)	1.441 (.584)	*	.609**	.529**	.490**	.494**
	Internalized self-criticism (2)	3.016 (1.054)		*	.525**	.470**	.427**
	Shame (3)	1.014 (.570)			*	.660**	.718**
	Guilt (4)	.374 (.751)				*	.570**
	Depression (5)	.605 (.443)					*

*P≤.05 **P≤.001

In order to evaluate the predictability of self-defeating based on depression, internalized self-criticism, shame and guiltiness, all of the variables were entered to the equation simultaneously. Moreover, in order to assess each variable's predictability, variables were added to the equation step by step. First of all, regarding the relationships among the variables, the depression predictability power-as a variable which has other variables under its inclusion- was analyzed. In the second step, internalized self-criticism, and at the end, shame and guilt, as simpler variables in comparison to self-criticism and depression, were added to the previous variables.

First of all, we analyzed multicollinearity: all three indicators showed no correlation of multicollinearity. In both genders, Variance Inflation Factor (VIP) was less than 10, tolerance amount was more than .01 and finally, condition index was less than 30. Thus, the favorite range of these amounts let us administer the regression analysis (Table 2). Based on the T-student test, we can assess the exclusive ratio of each variable in predicting dependent

variables. The results demonstrate that in both genders, depression can predict self-destruction. At the next step, after adding internalized self-criticism to the equation, the ratio of depression in the prediction of self-destruction was reduced, but only in men, internalized self-criticism could predict self-destruction more than depression. In the third step, after the entrance of shame and guiltiness to the equation, guiltiness, only in women, could predict self-destruction more than other variables. This is while still in this step in men, internalized self-criticism could predict self-destruction more than all the other variables. These findings are detectable in each step through the β and t-student test (Table 2).

As shown in Table 3, the results of the variance analysis reveal that in both genders, there was a significant relationship between linear compositions of independent variables with dependent variable (self-destruction). Alterations in significant levels in different steps are noticeable; changes in R-Square were significant in women, in the third step, after the entrance of shame and

guiltiness to the equation, and in men, in the second step, after the entrance of internalized self-criticism to the equation. As the findings show, in all three steps and in both genders, self-destruction was predictable by independent variables, but after the entrance of all of the variables to the equation, internalized self-criticism, in men, and guilt, in women, could predict self-destruction more than other variables. These results were detectable

through modifications in explanation coefficient (ΔR^2), modifications in parameter F (ΔF^2) and signification level alterations (sig.). As it can be seen in Table 3, after the entrance of guilt and shame, from the second step to the third step, the explanation coefficient was increased .137 in women, and after the entrance of internalized self-criticism, from the first step to the second step, the amount of R^2 increased .194 in men.

Table 2. Indexes of multicollinearity and regression analysis in men and women

		VIF	tolerance	Condition Index	b	Beta	t	sig	SE
women	Depression	1.000	1.000	3.041	.534	.416	3.139	.003	.170
	Depression	1.358	.736	3.592	.410	.320	2.083	.043	.197
	Internalized Self-Criticism	1.358	.736	8.138	.109	.187		.230	.090
	Depression	2.046	.489	4.556	.025	.020	.113	.911	.225
	Internalized Self-Criticism	1.376	.727	5.942	.089	.153	1.063	.294	.084
	Guilt	1.806	.554	8.046	.038	.322	1.952	.050	.195
	Shame	2.023	.494	10.713	.202	.218	1.245	.220	.163
	Depression	1.000	1.000	3.090	.650	.494	3.362	.002	.193
	Depression	1.223	.818	3.596	.377	.286	2.013	.050	.187
	Internalized Self-Criticism	1.223	.818	7.396	.270	.487	3.423	.002	.079
men	Depression	2.143	.467	4.483	.219	.167	.874	.389	.251
	Internalized Self-Criticism	1.438	.696	6.590	.235	.424	2.717	.011	.086
	Guilt	1.896	.528	8.234	.099	.128	.713	.481	.139
	Shame	2.725	.367	9.658	.105	.102	.475	.638	.220

Table 3. Results of ANOVA and changes in R^2 , according to adding variables, in each step

		F	df	Sig	R	R^2	Ad R^2	ΔR^2	ΔF^2	sig
women	Depression	9.856	1, 47	.003	.416	.173	.156	.173	9.856	.003
	Depression & internalized self-criticism	5.720	2, 47	.006	.446	.199	.164	.026	1.483	.230
	Depression, internalized self-criticism, shame & guilt	5.578	4, 44	.001	.580	.336	.276	.137	4.552	.016
men	Depression	11.306	1, 35	.002	.494	.244	.223	.224	11.306	.002
	Depression & internalized self-criticism	13.245	2, 34	.000	.662	.438	.405	.194	11.720	.002
	Depression, internalized self-criticism, shame & guilt	6.742	4, 32	.000	.676	.457	.389	.019	.572	.570

Discussion

The present study aimed at evaluating the predictability of chronic self-destruction through the following variables: guilt, shame, internalized self-criticism, and depression. Our findings revealed that along a significant correlation among all the variables, in both genders, a linear composition of independent variables which entered the equation, could predict self-destruction. A broad literature review exposed a strong relationship between self-destruction and aforementioned variables (i.e. internalized self-criticism, depression, shame and guilt). For instance, it has been shown that self-destructive tendencies are correlated to shame[5, 18], guilt[10, 18] and self-criticism[11, 19, 23]. Concerning the relationship between depression and self-defeating, a psychodynamic explanation might suggest that depression is a sort of adjustment in a psychopathologic context. In this viewpoint, depression is recognized as an aggression which has been redirected to self in a self-defeating framework[24]. Since guiltiness is an emotional manifestation of depression and also, negative feedback and permanent self-criticism are cognitive manifestations of depression[25], and according to psychodynamics viewpoint, self-defeating tendencies are evident in depressed people. Thus it is expected that there could be a significant relationship among self-destruction with

shame, guiltiness and self-criticism tendencies. A recent study, which was carried out using structural equations[14], demonstrated that self-defeating could be assessed by means of five constituents, i.e. self-knowledge, internalized self-criticism, comparative self-criticism, guilt and shame. Therefore, according to the findings of the present study and related studies, cited in the literature review, we can conclude that in both genders, self-destruction is predictable based upon various variables, e.g. depression, internalized self-criticism and guiltiness.

An assessment of gender differences in variables predicting chronic self-destruction was another aim of the present study. The results show that internalized self-criticism, in men, and guilt, in women, could predict indirect self-destruction better than the other variables. Previous studies in the field of self-destruction concentrated on direct self-destruction, and therefore, chronic (indirect) self-destruction has not been studied sufficiently. However, among studies regarding chronic self-destruction, there are a few which have focused on sexual and gender differences. A recent study[26], using a Polish version of the CSDS, which aimed at assessing gender differences in responding to the CSDS, revealed that women have higher scores in poor health maintenance, and men have higher scores in personal and

social carelessness, lack of planfulness and helplessness. In the mentioned research, severity of self-destruction didn't show any differences in male and female, and differences were displayed in different constituents of self-destruction. In studying gender differences in self-destruction, one research[2] showed feminine and masculine psychological dimension is protective and predisposing element to self-destruction, respectively. In the view of Kelly *et al.*[9], self-destruction is sex-dependent, so in scale invention, different items are specified to each sex. This difference has been clearly shown; inconsideration and lack of responsibility, neglect, risk taking and stupefaction factors obtain in men, and neglect and risk taking, irregularity, and lack of preservation and planning factors in women[15].

In the association of sex and self-destruction, the findings of almost all researches show greater amount and severity of self-destruction in male compared to female. For example, one research shows that men who consume heroin, in comparison to women, have more non-suicidal heroin overdose experiences. Also, men had been arrested more, due to driving after consuming heroin, and had experienced car accident much more compared to women[27]. It can be mentioned that, no research has been carried on sex differences in the predictive variables of self-destruction. A research[15] showed that the total score and the scores of all subscales of SDCD were correlated with internalized self-criticism in men. Researches show self-critical individuals would be vulnerable when facing an obstacle in reaching their goals and would eventually be prone to depression[11]. It can be said that sensitivity to mistakes is an important predictive variable for perfectionism in men, an important psychological structure that has a role in internalized self-criticism. This study shows that more sensitivity to mistakes in men is accompanied with more problems in behavioral and emotional regulation[28].

Exaggeration, irrational guiltiness and shame could be resulted in general distress, non-appropriate relationships and mental psychopathology[10]. In regards to sex differences in guiltiness, studies showed that women are more prone in experiencing guiltiness compared to men[29]. For example, a study has shown that shame and guiltiness could cause depression, both of which are more severe in women compared to men[30]. Another study has shown that the reactions of women to behaviors which attend to guilt are more severe than men[29].

Although in correlation and regression researches, extreme numbers of samples could reduce the validity, but performing this research with a rational amount of sample number and with a random sampling could be helpful. It is recommended that in future studies, in addition to the variables that were studied in this research, based on theoretical literature, other underlying variables must enter the equation to find basic variables in predicting self-destruction.

Conclusion

Self-destruction could be predictable with depression, internalized self-criticism and guilt. Internalized self-

criticism in men and guilt in women could predict self-destruction much better than other variables. Attending to predictive variables for self-destruction, could be helpful in better understanding self-destruction in therapeutic attempts.

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