Overcoming Guilt and Shame

THE TALKING THERAPIES UK SELF-HELP SERIES



Overcoming Guilt and Shame

A twelve-module premium programme for people whose lives are narrowed by shame, self-blame and guilt that will not settle

A self-help workbook · 12 modules · about 12 weeks

TALKING THERAPIES UK

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First edition, 2026.

This workbook accompanies the Overcoming Guilt and Shame programme on the Talking Therapies UK self-help platform. Its text is drawn from the programme and is kept current with it: whenever the programme changes, the workbook is set again.

Revision 3. This printing was set on 9 November 2026 from the programme as it stood that day.

A note on using this workbook. It offers self-help based on established psychological approaches for difficulties of mild to moderate severity. It is not a substitute for assessment or treatment by a qualified professional and is not designed for use in a crisis. The examples in it are fictional; no real person appears in them. If you are worried about your safety, or your difficulties are getting worse, the page headed “When self-help is not enough” says where to turn.

Set in Poppins and Roboto, the Talking Therapies UK typefaces.

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How to use this workbook

Shame and guilt are the emotions we feel about ourselves. Guilt says “I did something wrong”; shame says “something is wrong with me”. Both can be useful in small, accurate doses, and both can become a weather system that darkens everything: the replaying of old mistakes, the certainty of being exposed as inadequate, the hiding, the harsh inner voice, the apologising for existing. This programme is the comprehensive, in-depth edition for someone who wants to understand these emotions properly and change their relationship with them for good. Over twelve modules you will learn to tell guilt and shame apart and to recognise what each is doing in your body and your behaviour; to trace where your shame was learned and why self-criticism once felt like protection; to work through guilt that does fit (with repair, apology and self-forgiveness) and guilt that does not (with the responsibility pie, hindsight correction and the record of what you actually knew at the time); to loosen the shame-based beliefs about your worth that were laid down long ago; to practise disclosure in place of hiding; to build a compassionate inner stance that can meet shame without collapsing into it; to see how shame runs through relationships, perfectionism and anger; and to approach trauma-related shame and moral injury with care. The final module turns everything into a maintenance plan. The programme draws on cognitive behavioural therapy for shame and low self-worth (Fennell, 1997; Padesky, 1994), Compassion Focused Therapy (Gilbert, 2009; Gilbert and Procter, 2006), the research distinguishing shame from guilt (Lewis, 1971; Tangney and Dearing, 2002), Nathanson’s compass of shame (Nathanson, 1992), shame resilience theory (Brown, 2006), cognitive therapy for trauma-related guilt (Kubany and Manke, 1995) and the clinical literature on moral injury (Litz and colleagues, 2009). Every module has four teaching blocks, two guided exercises, a reflection and a summary, and the programme measures your mood, anxiety, wellbeing and day-to-day functioning at the start, the midpoint and the end so that you can see the change. This programme is for adults and is educational. It does not replace crisis support. If you are having thoughts of ending your life, or you are at risk from someone else, please contact NHS 111 (option 2 for mental health in England), Samaritans on 116 123 (free, any time), or emergency services on 999. Shame tells people that they do not deserve help; that is the shame talking, and it is wrong.

This workbook is the written form of the Overcoming Guilt and Shame programme on the Talking Therapies UK self-help platform. It follows the programme module by module: each part of the book is one module, and each chapter is one piece of the module’s teaching, set in the order the programme presents it.

Read the chapters of a part in order, then turn to the worksheets that follow them. The worksheets are the part of the work that changes things, so give them the time they ask for and come back to them as the weeks go on. You may copy or print the worksheets for your own use, as often as you need.

Most people work through one module a week, which takes the whole programme about 12 weeks. Go at the pace that suits you: a module done properly is worth more than two done quickly.

The check-in questionnaires let you see how things are changing. Complete each one when you reach it, note the date and your total, and compare it with the last.

When self-help is not enough

- If you are in danger now, or have seriously harmed yourself, call 999 or go to your nearest accident and emergency department.
- If you need help urgently but it is not an emergency, call NHS 111 or contact your GP surgery.
- Samaritans are there day and night, every day of the year: call 116 123 free from any phone.
- If you would rather not talk, text SHOUT to 85258 for free, confidential support at any hour.
- If your difficulties are getting worse as you work through this book, or you find yourself thinking about ending your life, stop and speak to your GP or a mental health professional. A workbook can be a good start, and some difficulties need more help than a book can give.

What this workbook will help you to do

- Tell guilt and shame apart by what each one says about you, how each feels in the body and what each makes you want to do
- Explain what both emotions are for and why they can become chronic, excessive or misplaced
- Recognise the disguises shame wears, from perfectionism and people-pleasing to anger and withdrawal
- Take a first measure of where guilt and shame sit in your own life so that change can be seen later
- Trace the developmental and relational routes by which shame becomes a standing feature of a person's inner life
- Recognise the cultural, religious and social sources of shame that operate beyond the family
- Describe Paul Gilbert's three emotion-regulation systems and locate shame and self-criticism within them
- Begin a personal shame history that identifies the messages you absorbed and the people who delivered them
- Describe the sequence of a shame episode from trigger to aftermath, and distinguish shame from embarrassment and humiliation
- Identify your own habitual responses on Nathanson's compass of shame and the costs of each

PART 1

Understanding guilt and shame

Two emotions that are often confused, what each one is for, and how they come to run a life

CHAPTER 1

Welcome to the programme

Welcome. You have chosen to look directly at two of the most uncomfortable emotions a person can have, and the fact that you have opened this first module says something about you that shame would rather you did not notice: you are willing to face things. That willingness is the only prerequisite for what follows.

This is the premium edition of the programme: twelve modules, each with four substantial teaching sections, two guided exercises, a short reflection and a summary. It is designed to be worked through at roughly one module a week, though you have twenty-six weeks of access and there is no penalty for going slower. Some modules will feel like reading; others will ask you to do things between sessions, because shame does not change by being understood alone. It changes when the understanding is acted on.

A word about how shame tends to behave while someone studies it. It will tell you that your version is worse than other people's, that the examples do not apply to you, that you should already know this, that doing a self-help programme is itself slightly embarrassing. Expect those thoughts. They are the subject matter arriving early. Note them, and carry on.

Before the teaching begins you will complete three short questionnaires. They are the same measures used across NHS talking therapies and they give a starting point against which you can see your progress at the midpoint and the end. Answer them as you are today, not as you think you ought to be.

A NOTE

Keep a notebook, paper or digital, alongside this programme. Several exercises build on earlier ones, and the record of how your thinking changes is itself one of the most persuasive pieces of evidence you will collect.

CHAPTER 2

Two emotions that get mistaken for each other

Most people use the words guilt and shame as though they meant roughly the same thing: a bad feeling about having done, or been, something wrong. The research on self-conscious emotions over the last fifty years has established that they are different, that the difference matters, and that one of them is far more damaging to a person's life than the other (Lewis, 1971; Tangney and Dearing, 2002).

Guilt is about what you did

Guilt is the emotion that follows the judgement "I did something wrong." Its focus is a behaviour: an action, an omission, a word spoken or left unspoken. Because its focus is a behaviour, guilt points towards something that can be done about it. The person who feels guilty typically wants to confess, apologise, repair, make amends or at least make sure the thing does not happen again. Guilt is uncomfortable, but the discomfort has a direction. It carries energy towards the other person and towards repair.

In Tangney and Dearing's research programme, people who were prone to guilt (rather than shame) tended to be more empathic, more likely to take responsibility, less likely to become aggressive when criticised, and no more likely than anyone else to become depressed or anxious. Guilt, in appropriate doses and attached to things you actually did, is one of the mechanisms by which a conscience works.

Shame is about who you are

Shame follows a different judgement: "I am wrong." Not "I did a bad thing" but "I am a bad, defective, inadequate, unlovable or disgusting person, and this episode proves it." The focus has moved from the behaviour to the whole self. Nothing can be repaired, because the problem is not an action but an identity. The impulse that goes with shame is not towards the other person but away: to hide, to shrink, to disappear, to avoid being seen. Helen Block Lewis, whose work in 1971 first made the distinction clinically useful, described shame as the experience of the self being watched and found wanting, with the whole self as the object of the watching.

Shame has a characteristic physical signature. The face heats and reddens, the eyes drop, the head lowers, the shoulders round and the body seems to want to become smaller. People describe a sinking in the chest or stomach, a sense of time slowing, a scramble of the mind that makes it hard to think or speak. Afterwards comes the replaying: the episode is run and re-run with the self cast as the exposed and ridiculous figure at its centre.

Where guilt-proneness was associated with good outcomes in the research, shame-proneness was associated with depression, anxiety, eating problems, substance misuse, low self-esteem and, unexpectedly for many people, with anger and aggression (Tangney and Dearing, 2002; Kim, Thibodeau and Jorgensen, 2011). A meta-analysis of more than a hundred studies found shame to be considerably more strongly related to depressive symptoms than guilt, and found that guilt lost its association with depression almost entirely once the shame that so often travels with it

was taken into account.

Why the distinction is not academic

Consider a concrete episode. You forget a close friend's birthday. The guilt version runs something like this: "I forgot her birthday. That was careless and she will have noticed. I will call her, apologise properly and arrange to take her out." The emotion is unpleasant, it is proportionate, it results in a phone call, and it is over within a day or two.

The shame version runs differently: "I forgot her birthday. What kind of friend does that? I am so self-absorbed. She has probably always known I am a poor friend and this confirms it. I cannot face calling her. I will leave it a few days." A week later the call has not been made, the friend is now hurt by the silence rather than by the forgotten date, and the original lapse has grown a second one. The shame has produced exactly the outcome it feared.

Marcus snapped at his son over homework and the boy went to his room in tears. Afterwards Marcus sat in the kitchen. The guilt in him said: "I lost my temper and frightened him. I need to go up, say sorry, and tell him the shouting was mine and not his fault." The shame in him said: "I am turning into my father. I am a bad parent and he will remember this when he is grown. I am not fit to be trusted with a child." The guilt would have had him upstairs within ten minutes. The shame kept him in the kitchen for an hour, and when he did go up he was so wretched that his son ended up comforting him, which was not what the boy needed.

This programme asks you to learn the difference in your own experience, not only in theory. Much of what people call guilt turns out, on inspection, to be shame wearing guilt's vocabulary. And much of what people experience as a permanent fact about their character turns out to be a learned emotional response that can be unlearned.

Guilt that has lost its anchor

There is a third category you will meet in Module 5. Guilt that fits is guilt about something you did, in proportion to the harm, that leads to repair. Guilt that does not fit is guilt about things you did not do, could not have known, could not have prevented, or had every right to do: the survivor's guilt of the person who lived, the guilt of the carer who finally takes an evening off, the guilt of the person who said no. This misplaced guilt behaves much more like shame than like real guilt. It does not resolve with repair, because there is nothing to repair; it simply circles. Learning to audit guilt, to ask whether it is attached to an actual wrong, is one of the central skills of this programme.