



Assessment of shame and guilt in a psychiatric sample: a comparison of two measures

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Abstract

The relationship between measures of shame, guilt, and psychopathology was examined in a heterogeneous inpatient sample ($n=82$) using the Test of Self-Conscious Affect (TOSCA) and the Personal Feelings Questionnaire-2 (PFQ-2). It was predicted that both shame scales would correlate positively with measures of psychopathology. This hypothesis was supported in bivariate analyses, however, when partialled for each respective guilt scale, only the TOSCA maintained significant associations with measures of psychopathology. It was predicted that only the PFQ-2 guilt scale would correlate positively with measures of psychopathology, and this hypothesis was supported in both bivariate analyses and partial correlations, controlling for shame scores. These findings support previous work, suggesting that the TOSCA and PFQ-2 guilt scales assess different constructs of guilt. Methodological issues of shame and guilt assessment with psychiatric patients also are discussed. © 2002 Elsevier Science Ltd. All rights reserved.

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The emotions shame and guilt have figured prominently in psychological theories and have been implicated in numerous psychopathological conditions (e.g. Buss, 1980; Frank, 1991; Freud, 1955; Lewis, 1971; Tangney, 1993). However, systematic clinical assessment of shame and guilt was lacking until the development of self-report instruments. Historically, shame and guilt were conceptualized as essentially synonymous (Tangney, 1995a; 1995b; Tangney, Burggraf, & Wagner, 1995), and early assessment instruments generally measured shame and guilt as one construct (e.g. Buss–Durkee Guilt Scale, Buss, & Durkee, 1957; Mosher Forced-Choice Guilt

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Inventory, Moshier, 1966). More recently, however, phenomenological studies (e.g. Lindsay-Hartz, 1984; Tangney, Miller, Flicker, & Barlow, 1996a; Wicker, Payne, & Morgan, 1983) have clarified unique characteristics of shame and guilt.

Specifically, it has been found that shame is associated with a global punitive judgment of the self, which results in an intense emotional response and a desire to withdraw and hide. Guilt, on the other hand, results from negative evaluations of a specific behavior, and is associated with a less intense affective response and motivation toward reparative action. Shame subsequently has been described by some authors as a less adaptive emotion than guilt (Tangney et al., 1995). Therefore, clear distinction of these constructs within self-report instruments is meaningful in a clinical context.

Two of the most popular and extensively researched instruments that attempt to measure the unique characteristics of shame and guilt are the Test of Self-Conscious Affect (TOSCA; Tangney, Wagner, & Gramzow, 1989) and the Personal Feelings Questionnaire-2 (PFQ-2; Harder & Zalma, 1990). The TOSCA is a scenario-based measure while the PFQ-2 is an adjective checklist. The relative merits and limitations of these differing approaches to psychological assessment of shame and guilt have been debated in the literature (e.g. Andrews, 1998; Harder, 1995; Harder, Cutler, & Rockart, 1992; Ferguson & Crowley, 1997; Tangney, 1996), with particular emphasis on the issue of construct validity and the relationship between shame, guilt, and measures of psychopathology.

When administered to college undergraduates, both the TOSCA and PFQ-2 shame scales demonstrate expected positive correlations with measures of depression, anxiety, self-blame, and somatic complaints (Gilbert & Miles, 2000; Harder et al., 1992; Tangney, Wagner, & Gramzow, 1992b). In addition, the guilt scale of the PFQ-2 correlates positively with similar measures of psychopathology (Frank, 1991; Gilbert & Miles, 2000; Harder et al., 1992). However, while initial analysis of the TOSCA also suggested a relationship between guilt and measures of psychopathology, these associations disappeared once the contribution of shame was controlled (Sanftner, Barlow, Marschall, & Tangney, 1995; Tangney et al., 1992b). Similarly, shame but not guilt, as measured by the TOSCA, is associated with destructive anger responses and limited capacity for interpersonal empathy (Tangney, 1991; 1995b; Tangney, Wagner, Fletcher, & Gramzow, 1992a; Tangney, Wagner, Barlow, Marschall, & Gramzow, 1996b).

Investigating the associations between measures of shame and guilt with measures of psychopathology clearly is important in terms of establishing clinical utility. It therefore is surprising that these relationships have been researched largely with nonclinical populations. Some recent attempts to examine these relationships with clinical outpatients have shown results similar to those found with undergraduates. For example, patients diagnosed with obsessive-compulsive disorder (OCD) and trichotillomania score higher than control participants on TOSCA shame, but the clinical groups do not differ from control participants on TOSCA guilt (Averill, Stanley, Tangney, & Breckenridge, 1995). In addition, shame, as assessed by the TOSCA, correlates more strongly with measures of psychopathology than does guilt for OCD patients and control volunteers (Averill et al., 1995). Patients receiving treatment for substance abuse also score significantly higher on shame and significantly lower on guilt as assessed by the TOSCA in comparison with scores from a control group (Meehan et al., 1996; O'Connor, Berry, Inaba, Weiss, & Morrison, 1994).

Tangney and colleagues have argued that findings suggesting that the TOSCA shame and guilt scales demonstrate unique relationships with measures of psychopathology are consistent with

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