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An exploration of shame measures—I: The Other As Shamer scale

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Summary—There is growing interest in the association of shame with various personality traits and psychopathology. This study modified a self-report measure to focus upon beliefs about how others evaluate the self (the "Other As Shamer" scale) and explore its correlations with other measures of shame. An initial analysis of the scale indicates satisfactory reliability and a three factor structure, with one factor called 'inferiority' accounting for the largest proportion of the variance. Results support the view that shame involves both self-evaluations and beliefs about how the self is judged by others.

INTRODUCTION

There is growing interest in the role of shame in the development and maintenance of psychopathology (Kaufman, 1989; Mollon, 1984; Morrison, 1984). Various personality traits, such as neuroticism (Johnson, Danko, Huang, Park, Johnson & Nagoshi, 1987) and specific psychopathologies, such as depression (Smith, 1972; Izard, 1972; Cook, 1991, 1993; Hoblitzelle, 1987; Gilbert, Pehl & Allan, 1994; Tangney, Wagner & Gramzow, 1992a) have been correlated with shame. Shame accounted for a substantial percentage of the variance in depression in a student population even after controlling for attributional style (Tangney *et al.*, 1992a). Shame proneness may also increase the risk of suicide, and was a factor which differentiated suicidal and non-suicidal individuals (Shreve, 1987). Shame has also been associated with a number of phenomena such as; anger arousal, suspiciousness, inferiority, helplessness, and self-consciousness (Lewis, 1986, Gilbert *et al.*, 1994; Tangney, Wagner, Fletcher & Gramzow, 1992b).

The measurement and definition of shame are central issues in interpreting such results. Currently, shame proneness is measured in two different ways. Some scales present a range of scenarios (such as spilling a drink in public) and then measure a persons judgment of their anticipated distress in these situations. Both Johnson *et al.* (1987) and Tangney *et al.* (1992a) use this methodology. These studies appear to tap primarily into *state* shame. Alternatively, Cook's (1993) *Internalized Shame Scale* asks respondents to rate the frequency with which they experience particular thoughts or feelings (e.g. I feel intensely inadequate and full of self-doubt). This scale appears to tap into *trait* shame, and is focused on global self-evaluations.

One of the most influential theorist's who described the phenomenology of shame, and differentiated shame from guilt, was Helen Block Lewis (1971, 1986, 1987). She argued that shame involves a sense of scrutiny and negative evaluation by a more powerful other(s). This leads to feelings of inferiority, helplessness, anger and self-consciousness. Lewis (1986) argued that shame refers to a collection of "affective-cognitive states in which embarrassment, mortification, humiliation, feeling ridiculed, chagrin, disgrace and shyness are among the variants" (p. 329). Implicit to Lewis's theory is the idea that shame involves appraisals of both self and other(s); that one sees others as looking down on one, or negatively evaluating the self.

An evolutionary model of shame (Gilbert, 1992; Gilbert *et al.*, 1994), also views shame as related to power and status conflicts, that is, shame is concerned with dominance and subordination (superior–inferior). Thus, shame as a response to a real or imagined audience, (who negatively evaluate the self) is central to both the evolutionary theory and Lewis' theory.

At present no study has explicitly explored the idea of shame being related to beliefs about negative evaluation by others. However, there is some evidence that shame is related to fear of negative evaluation (Gilbert *et al.*, 1994). The currently available shame scales focus solely upon one's internal experience of self, or responses to potentially shaming events. This gap in the literature appears to be important if one holds the view that shame arises in the context of real or imagined social interactions involving evaluations of the self.

Various theories of shame (Lewis, 1987, Gilbert, 1992) suggest that self-evaluation and evaluation of the self by others are linked. Hence, it was hypothesized that individuals who score highly on scales which measure negative beliefs about the self will also score highly on scales which measure negative beliefs of how others see the self (e.g. a high correlation between items such as "I see myself as inadequate" and "others see me as inadequate").

It was also hypothesized that shame experiences (e.g. feeling inferior, helplessness, etc.), arising from particular situations (Gilbert *et al.*, 1994) would be associated with the perception that *others* hold negative beliefs about the self.

AIMS

The aims of the present study are:

1. To modify a trait shame scale so that it focuses upon beliefs about how others evaluate the self (The Other As Shamer Scale).
2. To explore the correlations between this modified scale and existing shame scales which focus on either state shame or trait shame.

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3. To explore how both (modified and unmodified) trait shame scales relate to the experiences of shame in specific situations (state shame).

METHODOLOGY

Subjects

This study involved 156 *S*s, drawn from the student populations of two universities (Leicester and Derby). The sample population consisted of 118 females and 38 males. The mean age of the sample was 24.7 yr with a standard deviation of 5.6 yr. There was an obvious gender bias in this sample, however the pattern of results for female and male *S*s alone was similar in all respects to the results presented below.

Materials

1. Dimensions of Conscience Questionnaire (DCQ). The Dimensions of Conscience Questionnaire is a 28 item questionnaire designed to measure experiences of shame and guilt in specific situations. This scale is based on a factor analysis of a larger item pool (Johnson & Noel, 1970). *S*s are asked to rate how badly they would feel in a variety of imaginary situations (e.g. "Getting so bored listening to someone else talk that you tell them to shut up"). Rating is on a seven point scale, according to how bad one would feel in such situations. A total shame score is obtained by summing the scores on all questions. This scale offers high internal consistency [Cronbach α range 0.77–0.85 in cross-cultural studies (Johnson *et al.*, 1987)].

This study only used the 13 item shame scale provided by the DCQ. The other items were dropped because these related to guilt.

2. The Adapted Dimensions of Conscience Questionnaire (ADCQ). The DCQ was adapted by Gilbert *et al.* (1994) to include those items which Lewis (1971) argues discriminate shame from guilt (e.g. helplessness, anger at others, anger at self, inferiority, and self consciousness). Presentation of items on this scale follows the same format as the DCQ, but following each item (e.g. imagine your home is very messy and you get an unexpected visitor, the *S* is asked to rate the degree to which they would feel helpless, angry at others, angry with self, inferior, and self conscious (see Gilbert *et al.*, 1994). The internal reliability of this scale is high (Cronbach α range 0.86–0.91 across items). These factors also correlate significantly with other shame scales, including the DCQ.

Scores on each of the five subsections of the ADCQ are obtained in a similar manner. For example a total 'helplessness' score is obtained by summing responses obtained from the helplessness sub-scale for all 13 questions. The same procedure is followed to obtain 'inferiority', 'anger at self', 'anger at others' and 'self-consciousness' scores. The Cronbach α coefficients in this study were high (0.96–0.86) and the test-retest correlations on a subset of students ($N = 50$) at 5 weeks was good ($r = 0.85$–0.94).

3. The Internalized Shame Scale (ISS). This scale is derived from the theoretical construct of 'Internalized Shame' suggested by Kaufman (1989). Cook (1993) developed the ISS as a 30 item self-report questionnaire. Twenty-four of the items form the shame scale. The remainder constitute a self-esteem measure. Items explore (negative) global evaluations of the self. Respondents are asked to rate on a five point scale how often they experience particular thoughts or feelings; such as "I feel intensely inadequate and full of self doubt." (Cook, 1993).

The ISS was constructed using a large clinical ($n = 370$) and student ($n = 645$) population. It has high internal consistency. The Cronbach α coefficient for the shame scale is 0.96 and for self-esteem scale is 0.95. For non-clinical *S*s the test–retest correlation at 7 weeks was 0.84 for shame items (Cook, 1993). In this study the Cronbach α coefficient was 0.94, and test–retest reliability on a subset of students ($N = 50$) at 5 weeks was 0.94. Only the 24 shame items from the ISS are reported in this study.

4. The Other As Shamer Scale (OAS). This scale was a modification of the ISS to explore expectations of how others see or judge the self. Thus, the focus is on "others see me as". Items were chosen from the ISS. For example, whereas the ISS asks the question "I feel like I'm never quite good enough", the OAS asks "I feel other people see me as not good enough." Six items from the ISS were excluded because they did not lend themselves to this reversal of self–other evaluation. Thus the OAS was an 18 item scale.

The OAS was devised for this study as a measure of global judgments about how the self is evaluated by others. The OAS asks *S*s to rate on a five point scale (never, seldom, sometimes, frequently, almost always) the frequency with which they make certain evaluations, such as "I feel other people see me as not good enough." A total OAS score is calculated by summing item scores, in a similar way to the ISS.

Procedure

A pilot study involving seven *S*s was undertaken prior to the main data collection to provide an approximate completion time and to explore whether *S*s understood the instructions given. *S*s reported no difficulties in understanding the instructions. The results of the pilot did not indicate any changes were necessary for the main data collection. Data gathered in the pilot study matched that of the main data collection and were included in the final analysis. *S*s were asked to complete the questionnaires alone and refrain from discussing them with their classmates, to avoid influencing responses on re-test.

RESULTS

All analyses were carried out using the SPSS/PC + package, version 4.

Basic statistics

Means and standard deviations of the DCQ and ADCQ were similar to those found by Gilbert *et al.* (1994). Means and standard deviations of the ISS were similar to Cook (1993). These are presented in Table 1.

Table 1. Means and standard deviations of variables

	N	Mean	SD
AGE	156	24.7	6.0
DAT	154	46.4	15.8
DBT	156	29.9	15.6
DCT	156	29.9	12.9
DDT	156	40.4	15.7
DET	155	35.0	16.5
DFT	155	55.6	16.7
ISS	155	32.1	16.2
OAS	152	20.0	10.1

DAT, Dimensions of Conscience Questionnaire (DCQ); DBT, adapted DCQ: helplessness; DCT, ADCQ: anger at others; DDT, ADCQ: anger at self; DET, ADCQ: inferiority; DFT, ADCQ: self-consciousness; ISS, internalized Shame Scale; OAS, Other As Shamer Scale.

Factor structure

The structure of the Other As Shamer Scale (OAS) was explored as follows. All inter-item correlations were positive and significant at the 0.05 level. One *S* with a very high score was dropped from subsequent analysis. The distribution of scores for six of the items were skewed and so were appropriately transformed prior to the principal components analysis. All OAS items were included in subsequent analyses.

A principal components analysis with varimax rotation was carried out with a cut of 0.4 for the inclusion of a variable in the interpretation of a factor. This analysis produced a solution with three factors having eigenvalues greater than one. These three factors accounted for 60.4% of the variance in the factor space (see Table 2).

This solution was interpretable as follows. Factor 1 consisted of items which appeared to be related to being seen as 'inferior' (items 1, 2, 4, 5, 6, 7 and 8). Factor 2 brought together those items relating to what might be called 'emptiness' (items 15, 16, 17, 18). Factor 3 consisted of items which asked "how others behave when they see me make mistakes" (items 3, 9, 11, 12, 13, 14). Item 3 also loaded above the cut off on factor 1. Item 10 failed to load above the criterion on any factor and is not included in Table 2. The item "People see me as striving for perfection but being unable to reach my own standards" (item 10) performed well with respect to the overall scale α coefficient and was retained in calculating the total OAS score. However, this item is not included in the subfactor scores as it did not load above the cut off on any factor.

Scale inter-correlations

Pearson product moment correlations are presented in Table 3. A significant correlation was found between the ISS and the OAS ($r = 0.81$). The DCQ score correlated with the OAS ($r = 0.34$) and the ISS ($r = 0.38$). Thus, although there is an association between global self–other judgments of shame these have moderate associations with shame in particular situations. The other ADCQ measures of shame (such as feeling helpless, and feeling inferior) are again only moderately associated with the global measures of shame (ISS and OAS), (between $r = 0.34$ and $r = 0.48$). Thus it would seem that trait and state measures are imperfectly related indicating that the way shame is measured is important.

Table 2. Factor loadings for the Other As Shamer Scale

Item		Factor 1	Factor 2	Factor 3
5	Other people see me as not measuring up to them	0.85		
2	I think that other people look down on me	0.79		
1	I feel other people see me as not good enough	0.77		
6	Other people see me as small and insignificant	0.76		
4	I feel insecure about others opinion of me	0.72		
8	People see me as unimportant compared to others	0.69		
7	Other people see me as defective as a person	0.59		
17	Others think there is something missing in me		0.79	
16	Others see me as empty and unfulfilled		0.78	
18	Other people think I have lost control over my body and feelings		0.76	
15	Others see me as fragile		0.61	
12	Others are critical or punishing when I make a mistake			0.79
14	Other people always remember my mistakes			0.71
13	People distance themselves from me when I make mistakes			0.63
9	Other people look for my faults			0.62
3	Other people put me down a lot	0.49		0.56
11	I think others are able to see my defects			0.49
	Eigenvalue	7.92	1.28	1.66
	Variance (%)	44.0	7.2	9.2

Table 3. Correlations between the OAS, ISS, DCQ and ADCQ

	OAS	ISS	DAT	DBT	DCT	DDT	DET	DFT
OAS	1.00	0.81***	0.34***	0.40***	0.38***	0.41***	0.46***	0.37***
ISS		1.00	0.38***	0.47***	0.38***	0.44***	0.48***	0.41***
DAT			1.00	0.74***	0.61***	0.85***	0.80***	0.81***

***$P < 0.001$.

OAS, Other As Shamer Scale; ISS, Internalized Shame Scale; DAT, Dimensions of conscience Questionnaire (DCQ); DBT, ADCQ: helplessness; DCT, ADCQ: anger at others; DDT, ADCQ: anger at self; DET, ADCQ: inferiority; DFT, ADCQ: self-consciousness.

Table 4 presents the correlations between the three factors of the OAS with the other trait (ISS) and state shame scales (DCQ, ADCQ). The ISS correlates strongly with all three factors of the OAS. The pattern of correlations indicate that the inferiority factor is particularly associated with measures of state shame. Feeling inferior in particular situations correlated with the 'inferiority' factor of the OAS at 0.49. This again suggests that the overlap is only moderate. Interestingly, the factor 'emptiness' did not correlate significantly with the general state measure of shame (DCQ) nor with self consciousness.

Table 4. Correlations between the OAS (and the subfactors of inferiority, emptiness, and mistake) and the ISS, DCQ and ADCQ

	OAS	Inferior	Empty	Mistake
OAS		0.91***	0.83***	0.87***
ISS	0.81***	0.75***	0.69***	0.65***
DAT	0.34***	0.38***	0.15 n.s.	0.29***
DBT	0.40***	0.40***	0.31***	0.30***
DCT	0.38***	0.35***	0.29***	0.34***
DDT	0.41***	0.39***	0.26**	0.37***
DET	0.46***	0.49***	0.31***	0.35***
DFT	0.37***	0.39***	0.16 n.s.	0.36***

**$P < 0.01$; ***$P < 0.001$; n.s. = non-significant.

OAS, Other As Shamer Scale; ISS, Internalized Shame Scale; DAT, Dimensions of Conscience Questionnaire (DCQ); DBT, ADCQ: helplessness; DCT, ADCQ: anger at others; DDT, ADCQ: anger at self; DET, ADCQ: inferiority; DFT, ADCQ: self-consciousness.

DISCUSSION

This study modified a self-report questionnaire, the ISS, to tap beliefs about negative evaluation by others (the OAS) and explore its correlations with global self-evaluations trait (ISS) and state (DCQ and ADCQ) measures of shame. The results of this study support the view that shame involves self-evaluations ("I am ...") and beliefs about how others see the self ("They see me as ...). This has been a major theoretical concept of shame (e.g. Lewis, 1981) not previously investigated. Although the two trait measures of shame (the ISS and the OAS,) are highly correlated, these correlate with state shame experiences (ADCQ) to a more moderate extent. It may be that some individuals are very sensitive to experiencing shame in certain situations but would not rate themselves as inferior or empty in a trait sense. One can think of the person who is easily embarrassed or prone to anger in potentially shaming situations but who would not report feeling inferior to others. Indeed it is a clinical observation that aggressive males can be very sensitive to being put down but do not see themselves as inferior. In fact, defense of their status and social image is very much the issue.

The factor solution of the OAS suggests that being seen as 'inferior' may be different from being seen as 'empty'. Certainly in some theories of psychopathology issues of inferiority are believed to be more strongly associated with narcissism whereas emptiness is seen as a more borderline phenomenon. Further research is needed to explore this distinction. As predicted by evolutionary theory, that suggests shame is related to subordinate–dominant and inferior–superior judgments (Gilbert, 1992), the factor 'inferiority' accounted for the largest proportion of the variance. Thus shame does seem to coalesce around the factor of inferiority. In so far as trait shame relates to inferiority then it may be associated with the inhibition of various social behaviours, such as positive self-assertion, explorative behaviour, social risk taking and so forth (Gilbert and Allan, in press). For example, Brewin and Furnham (1986) found that depressives often fail to reveal their experiences to others due to a fear of scorn and so may fail to gain consensus validation for those experiences. This may lead to a sense of isolation and difference from others and increase shame sensitivity.

It remains unclear whether a more specific focus on the constructs of inferiority (rather than the more multi-factorial measures of shame) would clarify the essential core experience of shame. For example, shame has often been seen to be associated with self-blame (Tangney *et al.*, 1992a). However, the evolutionary model of shame predicts that self-blaming might be a defensive response to avoid attacks from others who are seen as more powerful (Gilbert, 1992). Further work is needed to explore these associated difficulties in relation to shame and inferiority. This study shows clearly that how one sees others as judging the self is highly related to self judgments; in other words, self and other's judgments of self are highly correlated. It also shows that while there is a relationship between state and trait shame they are also different.