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ABSTRACT

This study has two purposes: (1) to test the Personal Feelings Questionnaire--3 (PFQ3), a lengthened, psychometrically improved version of the PFQ2 guilt-proneness measure, for construct validity; and (2) to evaluate hypotheses regarding the relationships between shame- and guilt-proneness and nine types of psychopathological symptoms among college undergraduates. Fifty-nine undergraduates (32 women and 27 men) from an introductory psychology class completed randomly arranged packets of questionnaires. Results for the PFQ3 scale showed a pattern of correlations uncomfortably similar to that expected for a valid shame-proneness scale (even though guilt relationships to depression and self-derogation were lower in magnitude, as predicted.) This equivocal support for PFQ3 guilt validity continues the difficulties previously experienced in creating a guilt-proneness measure that researchers can confidently use. For symptomatology analyses regarding the relative prominence of shame and guilt in various symptom types, outcomes support the hypothesis that somaticization, hostility-guilt, general anxiety, and paranoid ideation showed stronger relationships with guilt than with shame, while phobic anxiety showed a stronger relationship with shame. Findings did not support the oft-observed, stronger connection between shame and depression, though results did support expected associations of shame with interpersonal sensitivity and psychoticism, and guilt with obsessive-compulsiveness. (RJM)

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Affect Relationships to Psychopathology and  
Issues of Shame and Guilt Assessment

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Affect Relationships to Psychopathology and Issues of Shame and  
Guilt Assessment

This study had two purposes. The first was to test a lengthened, psychometrically improved version of the Personal Feelings Questionnaire--2 (PFQ2) guilt-proneness measure (Harder & Zalma, 1990; Harder, Cutler, & Rockart, 1992) for construct validity. While the PFQ2 guilt subscale has shown validity superior to other extant measures, it has not demonstrated completely consistent evidence for validity in previous investigations (Harder & Lewis, 1987; Harder & Zalma, 1990; Harder, et al., 1992). Therefore, it was hoped that the new PFQ3 would improve the assessment situation for guilt-proneness.

The second purpose of this study was to evaluate hypotheses regarding the relationships between shame and guilt proneness and nine types of psychopathological symptoms among college undergraduates.

Using the methodological strategy of my previous research in this area (Harder & Lewis, 1987; Harder & Zalma, 1990; Harder, et al., 1992), ten other personality trait constructs theoretically related to the notion of guilt-proneness were correlated with the new PFQ3 scale. These validity constructs were depression, self-derogation, social anxiety, shyness, public self-consciousness, private self-consciousness, narcissism, social desirability, external locus of control, and internal locus of control. These

last two constructs were measured separately, rather than in the customary way--as opposite poles of a single dimension, in order to increase score variance and allow for clearer separate correlations with the two types of control orientation.

#### Method

Fifty-nine undergraduates (32 women and 27 men) from a private co-educational liberal arts university introductory psychology class were the subjects. They anonymously completed randomly arranged packets of questionnaires, including the shame subscale of the Adapted Shame and Guilt Scale (or ASGS; Hoblitzelle, 1982; Harder & Zalma, 1990)--the best of the previously validated shame scales (Harder, et al., 1992; Harder & Zalma, 1990), the lengthened PFQ measure of guilt, and the other ten personality scales.

The third version of the PFQ3 included six new guilt items, and one modified with clearer language focused on unpleasant feelings consequent to (supposedly) injuring someone else. These items were: "wanting intensely to make something up to someone," "feeling sorry for something I did," "feeling I did something bad," "feeling someone would be hurt if they knew what I did," "regret about how I treated someone," "feeling it's my fault when someone else gets upset," and "feeling bad about not doing something I should have done."

The personality instruments were the following: the Beck (1967) Depression Inventory, the Kaplan (1975; Kaplan & Pokorny, 1969) Self-Derogation Scale, the Narcissistic Personality

Inventory (short form; Raskin & Hall, 1979, 1981), the Zimbardo (1977; Harder & Lewis, 1987) Stanford Shyness Inventory, three Fenigstein, Scheier, and Buss (1975; Carver & Glass, 1976) scales-- the Social Anxiety Scale, the Private Self-Consciousness Scale, and the Public Self-Consciousness Scale, the Marlowe-Crowne (Crowne & Marlowe, 1960, 1964) Social Desirability Scale, and the Rotter (1966) Locus of Control Scale. The items from this last measure were presented in a changed format. Each response alternative was rated on a seven-point Likert scale ranging from "never or almost never true" to "always or almost always true."

#### Results

Before construct validity of the PFQ3 guilt scale was evaluated, its distinctness from the PFQ2 guilt instrument was examined by correlating the two measures. The Pearson  $r$  was .92 for 20 subjects drawn at random from the sample. Given such an extremely high degree of similarity, hopes for improved validity of the PFQ3 compared to the PFQ2 were minimal.

Table 1 presents the correlations of the PFQ3 guilt scale with the construct validity variables, alongside the predicted relationships for a valid guilt-proneness scale. These predictions were initially made (e.g., Harder et al., 1992) in contrast to validity predictions for an acceptable shame scale (e.g., Harder et al., 1992). A shame measure of this sort was generally expected to show positive associations with all the personality scales where no relationship was expected for guilt-proneness. Shame was also

expected to correlate more strongly with depression and self-derogation, though guilt was predicted to relate positively to these two constructs as well. Other important discriminant construct variables for guilt were private self-consciousness and internal locus of control. As in one other recent investigation utilizing the PFQ2 (Harder et al., 1992), the current results for the PFQ3 scale showed a pattern of correlations uncomfortably similar to that expected for a valid shame-proneness scale (even though guilt relationships to depression and self-derogation were lower in magnitude, as predicted).

Following recommendations made by Tangney, Wagner, & Gramzow (in press) and Harder (in press) that shame and guilt scores be partialled for each other prior to investigating hypotheses about the constructs, in order to avoid the extensive characteristic variance overlap of shame and guilt measures, validity correlations for the PFQ3 guilt scale were recalculated after partialling. These results are also presented in Table 1. Overall, the pattern of correlations was completely in accord with the predictions for depression, self-derogation, and expected non-significant associations, but the anticipated near-significant or significant relationships to private self-consciousness and internal locus of control did not appear. This equivocal support for PFQ3 Guilt validity continues the difficulties previously experienced in creating a guilt-proneness measure that researchers can use with complete confidence. However, once we have partialled for overlap

with shame-proneness, it is hard to understand what the dimension represented by the guilt scale items could be other guilt-proneness. This presumption is supported both by a factor analysis of the full PFQ2 into shame- and guilt-item factors (Harder & Zalma, 1990) and by the relationships with symptomatology observed previously (Harder, et al., 1992) and those reported below (this study).

The same strategy of partialling guilt for shame and shame for guilt was adopted for the symptomatology analyses that followed the construct validity examination of the PFQ3. Hypotheses identical to those previously investigated by Harder, et al. (1992) were tested regarding the relative prominence of shame and guilt in various symptom types. As in that previous study symptomatology was assessed with the Symptom Checklist-90--Revised (Derogatis, 1983). A summary of the predictions follows. Overall indices of psychopathology severity were expected to relate with similar strength to shame- and guilt-proneness, even though some theorists (e.g., Kaufman, 1989) have predicted a much stronger relationship for shame. Shame and guilt were predicted to be equally important for phobic and paranoid symptoms. Shame was expected to show somewhat stronger relationships than guilt with depression, somatic complaints, interpersonal sensitivity, hostility-anger, psychoticism, and possibly manifest anxiety problems. These differences in association magnitude were expected to be quite small for somatic complaints, hostility, and anxiety. Guilt was

expected to be more highly associated only with obsessive-compulsive symptoms. Thus, if any difference emerged between the two affect dispositions and overall pathology (assessed via a global severity index and the total number of symptoms reported), it was expected to be slightly stronger for shame-proneness.

Examination of the unpartialled correlations (Table 2) of shame and guilt with the symptom measures showed that all relationships were significant, all but one at the  $p < .01$  level or better (the lowest  $r$  was .31). Similar to the results of the previous study, partialling produced findings (Table 2) that suggest that both emotional dispositions are approximately equally related to all major symptom clusters, but some evidence also appeared for differential patterns of relative importance to different symptoms. In both studies somaticization, hostility-guilt, general anxiety, and paranoid ideation showed stronger relationships with guilt than with shame; while phobic anxiety showed a stronger relationship with shame.

Interestingly, the current results did not support the oft-observed stronger connection between shame and depression, though they did support expected associations of shame with interpersonal sensitivity and psychoticism and guilt with obsessive-compulsiveness. These last four findings were reversals of the differences seen in the previous study (Harder, et al. 1992), and the magnitudes of the differences were extremely small, making them unreliable. Hence, many more replications need to be completed



before we can be confident of any differential relationships between symptom types and shame and guilt.

However, we probably can safely conclude, as we did before, that "the current theoretical emphasis upon the role of shame in psychopathology has...been supported by recent data, but the simultaneous importance of guilt should not be neglected" (Harder, et al., 1992).

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Table 1

Predicted Relationships for a Valid Guilt Scale, and Construct  
Validity Correlations for PFQ3 Guilt, Unpartialled, and Partialled  
for ASGS Shame (N = 59)

Construct Validity Variable	Predicted Guilt Scale Valid Relationship	PFQ3 Guilt	PFQ3 Guilt (partialled for ASGS Shame)
Beck Depression	+	.57***	.43***
Self-Derogation	+	.48***	.30*
Social Anxiety	o	.29*	-.04
Shyness	o	.17	.15
Public Self-Consciousness	o/-	.34**	.19
Private Self-Consciousness	+/o	.17	.17
Narcissism	o	.08	.13
Social Desirability	o	-.37**	-.24#
External Locus of Control	-/o	.24#	.14
Internal Locus of Control	+/o	-.04	.04
ASGS Shame	++	.51***	--

+ = positive significant correlation

++ = high positive significant correlation

- = negative significant correlation

o = no significance predicted

\*p < .05

\*\*p < .01

\*\*\*p < .001

#p < .10

Table 2

First-Order Partial Correlations of ASGS Shame and PFQ Guilt (Partialled for Each Other) with SCL-90-R Symptom Variables from Two Studies (N = 71 for First Two Columns; N = 59 for Last Two)

SCL-90-R Variable	ASGS	PFQ2	ASGS	PFQ3
	Shame <sup>1</sup>	Guilt <sup>1</sup>	Shame	Guilt
Global Severity(GSI)	.26*	.28*	.35**	.35**
Positive Symptoms (PST)	.24*	.30**	.31*	.35**
Depression	.24*	.17	.29*	.35**
Somaticization	.14	.30**	.16	.23 <sup>‡</sup>
Obsessive-Compulsive	.38**	.15	.28*	.35**
Interpersonal				
Sensitivity	.29*	.31**	.52***	.32**
Anxiety	.16	.21 <sup>‡</sup>	.37**	.41**
Hostility-Anger	-.12	.28*	.21 <sup>‡</sup>	.29*
Psychoticism	.20 <sup>‡</sup>	.26*	.34**	.28*
Phobic Anxiety	.24*	.12	.24 <sup>‡</sup>	.19
Paranoid Ideation	.11	.16	.24 <sup>‡</sup>	.35**

\* p < .05      \*\* p < .01      \*\*\* p < .001      <sup>‡</sup> p < .10

<sup>1</sup>From Harder, Cutler, & Rockart (1992).