Using the Anger Response Inventory to Evaluate the Effect of Shame and Guilt on Interpersonal Communication Skills

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ABSTRACT

Promoting the development of positive interpersonal communication skills has been identified as one of the National Health Education Standards. The propensity to feel shame has been linked to ineffective conflict resolution and is a key component in the development of certain destructive behavioral patterns. This study sought to determine the differences between shame proneness and guilt proneness on measures of constructive and maladaptive responses to anger among a population of students at two large universities. The results of this study indicated that shame proneness was positively correlated with anger arousal, whereas there was no correlation between guilt proneness and anger arousal. Additionally, shame prone individuals were more likely to select maladaptive, nonconstructive interpersonal responses to anger-eliciting scenarios, whereas guilt prone individuals were more likely to choose adaptive, constructive responses. Although shame proneness has been identified as a factor in several destructive behavioral patterns, the core issue is the effect of shame on a person's ability to effectively communicate in interpersonal relationships. A discussion of shame and related skill development could be incorporated into existing interpersonal communication teaching strategies.

Helping individuals to develop positive interpersonal communication skills is a crucial component of health education, as exemplified in National Health Education Standard Five (Joint Committee on Health Education Standards, 1995). As detailed in Standard Five, interpersonal communication skills are measured by the following indicators: development of skills for effective communication; demonstration of positive expressions of needs, wants, and feelings; demonstration of respect for self and others; analysis of causes of interpersonal conflicts and development of solutions that do not involve harm to self or others; and acquisition of skills to avoid potentially harmful situations through the use of refusal, negotiation, and collaborative skills.

In interpersonal conflicts, shame has been linked to the breakdown of communication and problem-solving skills (Balcom, 1991). The affect of shame has been identified as a key element in a considerable number of mental health issues, including depression (Cook, 1993; Tangney, 1993), substance abuse (Cook, 1993; Potter-Efron, 1989), eating disorders (Cook, 1993; Sanftner, Barlow, Marschall, & Tangney, 1995), and posttraumatic stress disorder (Cook, 1993; Leskela, Dieperink, & Thuras, 2002). *Guilt* is often used interchangeably with *shame*, but they are, in fact, distinct affects. Helen Block Lewis (1971) was an early pioneer in establishing the difference between shame and guilt. She believed intervention efforts should focus on the perception of individuals in relation to their behavior, rather than on the

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actual behavior.

Shame involves a negative evaluation of the self on a global basis, including an overwhelming awareness of how the defective self may appear to others. This is often experienced as a failure to live up to an ideal (Kilborne, 1995). Wurmser (1981) contended shame could be viewed as a conflict between self-expectancy ("ideal self") and self-perception ("real self"). In contrast, guilt originates from a specific behavior, with the global self remaining intact. Cornell (1994) described a fundamental aspect of shame as a blurring of the self with behavior of the self ("I am what I do"). The two affects could be distinguished by where the emphasis is placed in the following statement: shame ("How could *I* have done that?") and guilt ("How could I have done *that*?") (Goldberg, 1991).

If the person experiencing shame does not acknowledge it as such, rage may well be the resultant factor (Nathanson, 1992). Nathanson purported that a person who is triggered by shame may respond in one of four defensive patterns, termed the "compass of shame": withdrawal, attack self, avoidance, or attack other. Withdrawal may range from behaviors meant to hide oneself to the extreme of constant isolation and depression. Attack-self behaviors may include put-downs to self in the presence of others or may be an entirely internal communication. Avoidance behaviors involve an attempt to block the experience of shame. These behaviors could range from focusing only on those aspects that result in pride to the abuse of alcohol or other drugs. The attack other pattern provides an avenue by which a person denigrates another in order to elevate his or her status. These behaviors could range from verbal humiliation to physical abuse.

Certain studies, spearheaded by June Price Tangney, have documented the relationship of shame and guilt to either constructive adaptive or destructive maladaptive skills (Tangney, 1990; Tangney, Wagner, Fletcher, & Gramzow, 1992). In a study of narrative accounts regarding shame and guilt experiences, college students reported more feelings of anger related to their shame experiences (Tangney, Miller, Flicker, & Barlow, 1996). Another study of college students attempted to differentiate the relationship of shame and guilt to constructive versus destructive responses to conflict scenarios (Tangney, Wagner, Hill-Barlow, Marschall, & Gramzow, 1996). The results of this study indicated potential differences in responses to conflict situations, based on measures of shame proneness versus guilt proneness.

The purpose of this study was to determine if shame proneness was significantly related to destructive responses to anger among a population of college students. Conversely, we sought to determine if guilt proneness was positively related to constructive responses to anger. Based on the results of this study, health education strategies could be implemented to help individuals determine their own propensity to feel shame in given situations and, thus, develop positive interpersonal communication skills that would increase the likelihood of constructive responses to anger.

METHODS

Participants

A convenience sample of 239 undergraduate college students from a large South Central university and a large Midwestern state university took part in this study. The survey packet included a cover letter that provided instructions and a statement of confidentiality and informed consent. Because students received course credit for participation, the instructions included a statement that participation was voluntary and offered other options for credit, should the student decide not to complete the surveys. A demographic questionnaire was also included in the survey packet.

Instruments

Test of Self-Conscious Affect (TOSCA). TOSCA is a scenario-based survey designed to measure proneness to shame, proneness to guilt, externalization of blame, detachment-unconcern, pride in self (alpha pride), and pride in behavior (beta pride) (Tangney, Wagner, & Gramzow, 1989). TOSCA is comprised of 15 brief scenarios that an individual might encounter on a day-to-day basis and are followed by several associated responses. The responses are set on a Likert-type scale (1 to 5), but are not forced-choice. Thus, the participants are asked to rate on the 5-point scale their probable response to each of the statements. Consequently, participants could select responses associated with both shame proneness and guilt proneness. The scenarios and responses were developed through extensive collection of narrative accounts from hundreds of adults. These "participant generated" scenarios and responses are a definite strength of this measure. For the purposes of this study, only the Shame and Guilt measures from the TOSCA were utilized.

Internal consistency (Cronbach's alpha) estimates of reliability for the TOSCA Shame and Guilt scales among college students were .74 and .69, respectively (Tangney, Wagner, et al., 1996). Convergent and discriminant validity of TOSCA has been described by numerous studies that support the differential relationship of the adult Shame and Guilt scales with certain psychopathological constructs (Gramzow & Tangney, 1992; Tangney, Burggraf, & Wagner, 1995; Tangney, Wagner, & Gramzow, 1992); constructs related to interpersonal functioning (Tangney, 1993, 1995; Tangney, Wagner, Fletcher, et al., 1992); and constructs related to family functioning (Tangney, Wagner, Fletcher, et al., 1992).

Anger Response Inventory (ARI). The ARI is a scenario-based survey designed to measure responses to 23 anger-eliciting situations (Tangney, Wagner, Marschall, & Gramzow, 1991). Once the participants have read the scenario, they are asked to rate (on a 5-point Likert-type scale) (1) how angry they would be in such a situation (Anger Arousal); (2) their intentions—what they would feel like doing in that situation (Constructive, Malicious, Fractious); (3) their likely behavioral and cognitive responses (aggressive and nonaggressive

behaviors, escapist-diffusing methods, and cognitive reappraisals); and (4) their assessment of long-term consequences of their response (for self, target, and relationship). Although the behavioral and cognitive responses are categorized into maladaptive and adaptive responses, the participants are not aware of the categorizations of the statements. The maladaptive responses are categorized into Direct Aggression (Physical, Verbal, and Symbolic) scales, Indirect Aggression (Harm and Malediction) scales, Displaced Aggression (Physical, Verbal, and To Object) scales, and Aggression Toward Self (Self Aggression and Anger Held In) scales. The Symbolic Direct Aggression scale measures the propensity for nonverbal behaviors that communicate anger without direct contact, such as slamming a door in front of the person. The Indirect Aggression scale of Harm measures the propensity to harm something of importance to the targeted person, and Malediction measures the propensity to talk maliciously about the targeted person to others. The Displaced Aggression scales measure the propensity for aggression displaced onto others or something other than the target of the anger. An example of Displaced Verbal Aggression would be a person who feels anger toward her boss, but instead of directing the anger at the boss, yells at her spouse when she gets home. The last two scales from this section—Self Aggression and Anger Held In—focus on self-oriented responses to anger. The adaptive behaviors scales measure the propensity to rationally discuss the issue directly with the target (Discuss with Target) and the propensity to take direct corrective action to solve the problem (Corrective Action). It is not as clear whether escapist-diffusing responses are adaptive or maladaptive. These scales include (1) Diffusion—taking part in activities to diffuse the anger, such as watching TV, taking a walk, and so forth; (2) Minimization—minimizing the importance of the anger-eliciting situation; (3) Removal—removing self from the situation; and (4) Doing Nothing. Cognitive reappraisals include reassessing the Target's Role and the Self's Role in the anger-eliciting situation.

Internal consistency (Cronbach's alpha) estimates of reliability for the ARI subscales were high, in general. Some of the subscales (Anger Arousal, Intentions, and Consequences) had items for all 23 scenarios. Thus, these subscales had the highest internal consistency. Mean internal consistency estimates (Cronbach's alpha) were .78 for college students. A mean test–retest reliability over a 3–6 week period among college students was .72. Validity of the ARI was strengthened by consistent correlations with (1) global measures of hostility, aggression, and anger-management strategies; and (2) self- and family member reports of behaviors in certain anger eliciting situations (Tangney, Wagner, et al., 1996).

RESULTS

Demographic Characteristics of Respondents

All 239 undergraduate students present when the questionnaire was distributed took part in the survey. The mean age of participants was 23.75 years of age (range=19 to 50) and 62.1% were female. The racial/ethnic composition of participants was 79% White, 8.2% Black, 4.9% Hispanic, 3.3% Asian, and 4.5% other ethnicity.

Relationship of Shame and Guilt to Anger Arousal and Intentions

Results from this study indicate that shame proneness was significantly correlated ($p<.01$) with Anger Arousal, whereas there was no correlation between guilt proneness and Anger Arousal. The coefficients are partial correlations in which shame was partialed out from guilt and vice versa. As for variables measuring intentions once angered, there was a significant positive correlation ($p<.001$) between shame proneness and both malevolent intentions (e.g., felt like getting back at the target of the anger) and fractious intentions (e.g., felt like "letting off steam"). Conversely, there was a significant negative correlation ($p<.01$) between guilt proneness and malevolent intentions. Guilt proneness was positively correlated ($p<.001$) with constructive intentions (e.g., felt like fixing the situation), whereas shame proneness was negatively correlated ($p<.01$) with constructive intentions (Table 1).

Relationship of Shame and Guilt to Aggressive and Maladaptive Responses to Anger

The following set of variables assessed what the participants perceived they would think or do in response to certain anger-eliciting scenarios. Results indicated a significant positive relationship between shame proneness and specific maladaptive responses to anger, whereas guilt proneness was negatively correlated with these nonconstructive responses to anger. The direct variables of Physical, Verbal, and Symbolic behaviors focus on aggression aimed at the target of the behavior. Specifically, shame proneness was positively correlated with the

Table 1. Relationship of Shame Proneness and Guilt Proneness to Anger Arousal

	College Students (*N*=239)	
Anger-related scales	Shame	Guilt
Anger Arousal	.17**	.05
Intentions		
Constructive	-.16**	.42***
Malevolent	30***	-.14**
Fractious	.23***	.02

Note: These are part correlations in which shame was factored out from guilt and vice versa.
**$p<.01$; ***$p<.001$.

Table 2. Relationship of Shame Proneness and Guilt Proneness to Maladaptive Responses to Anger

College Students (*N*=239)

Anger Related Scales	Shame	Guilt
Direct		
Physical aggression	.18*	-.37***
Verbal aggression	.08	-.23***
Symbolic aggression	.19**	-.21**
Indirect Harm	.28***	-.20***
Malediction	16**	-.14**
Displaced		
Physical aggression	.25***	-.38***
Verbal aggression	.35***	-.29***
To object	.22***	-.27***
Self Aggression	.41***	.10
Anger Held In	.38***	-.09

Note: These are part correlations in which shame was factored out from guilt and vice versa.
*p<.05; **p<.01; ***p<.001.

maladaptive measures of Physical (p<.05) and Symbolic (p<.01) aggression, whereas guilt proneness was negatively correlated with all direct measures of aggression: Physical (p<.001), Verbal (p<.001), and Symbolic (p<.01) (Table 2).

There was a significant positive correlation between shame proneness and Indirect Harm (p<.001) and Malediction (p<.01). Conversely, guilt proneness had a significant negative correlation with Indirect Harm (p<.001) and Malediction (p<.01). All three measures of Displaced Aggression (Physical, Verbal, and To Object) had significant positive correlations with shame proneness (p<.001) and significant negative correlations with guilt proneness (p<.001). Although there was no correlation between guilt proneness and the last two scales of maladaptive responses to anger, there were significant positive correlations between shame proneness and Self Aggression (p<.001) and Anger Held In (p<.001).

Relationship of Shame and Guilt to Adaptive Behaviors to Anger, Escapist-Diffusing Responses to Anger, and Cognitive Reappraisals of Anger-Eliciting Situations

Results from the Adapted Behaviors section indicated a significant negative correlation between shame proneness and the Discuss with Target (p<.001) measure and the Corrective Action (p<.01) measure. Conversely, guilt proneness had a significant positive correlation with the Discuss with Target (p<.001) scale and the Corrective Action (p<.001) scale. The Escapist-Diffusing scales revealed significant positive correlations with guilt proneness: Diffusion (p<.001); Removal (p<.001); Minimization (p<.01); and Doing Nothing (p<.01). There was no correlation between shame proneness and the Escapist-Diffusing measures. Both Cognitive Reappraisal scales revealed correlations with shame proneness and guilt proneness. The scale measuring cognitive reappraisal of the Target's Role in the anger-eliciting situation had a significant positive correlation with guilt proneness (p<.001) and a significant negative correlation with shame proneness (p<.001). The scale measuring cognitive reappraisal of the Self's Role in the anger-eliciting situation revealed a positive correlation with guilt proneness (p<.001) and shame proneness (p<.01) (Table 3).

DISCUSSION AND CONCLUSIONS

Although the words often are used interchangeably, the affects of shame and guilt are quite distinctive in their definitions and outward manifestations. The two affects are distinguished by a focus on the specific behavior (guilt) versus a focus on the self as somehow defective (shame). This blurring of the self with the behavior can often lead to maladaptive communication and problem-solving skills. In the midst of conflict the global focus on the self rather than on the behavior may result in a lack of internal and external resolution. Positive interpersonal communication skill development has been identified as an essential component of the National Health Education Standards (Standard Five). The relevant indicators of Standard Five are included with this discussion to highlight the applicability to health education practice. This study sought to determine the relationship between shame proneness and responses to anger-eliciting scenarios, as well as the relationship between guilt proneness and those same responses. Results from this study strengthened the distinction between the effects of shame and guilt by comparing both on adaptive and maladaptive responses to anger. Overall, guilt proneness was strongly related to adaptive, constructive responses to anger, whereas shame proneness was strongly related to maladaptive, destructive responses to anger. Specifically, shame-prone participants were more likely to be aroused to anger in comparison to guilt-prone participants. When prompted for intentions once faced with the anger-eliciting scenario, shame-prone participants had a greater propensity to choose malevolent (e.g., felt like getting back at the person) or fractious (e.g., felt like "letting off steam") responses. Guilt-prone participants were more likely to choose constructive (e.g., felt like fixing the situation) responses. These findings are consistent with the focus of the blame, with guilt focusing on the behavior and shame focusing on the self as defective. Resolution is more readily accomplished when the behavior is the focal point. Strategies targeted to the findings from this

Table 3. Relationship of Shame Proneness and Guilt Proneness to Adaptive Behaviors, Escapist-Diffusing Responses, and Cognitive Reappraisals

	College Students (*N*=239)	
Anger Related Scales	Shame	Guilt
Adaptive Behaviors		
Discuss with target	-.28***	.43***
Corrective action	-.20**	.48***
Escapist-Diffusing Responses		
Diffusion	-.07	.29***
Minimization	-.06	.18**
Removal	.07	.21***
Doing nothing	-.08	.14**
Cognitive Reappraisals		
Target's role	-.22***	.52***
Self's role	.20**	.33***

Note: These are part correlations in which shame was factored out from guilt and vice versa.
**p< .01; ***p< .001.

section would fit within Standard Five indicators of respecting others, developing solutions that do not involve harm to others, and avoiding harmful situations.

Nathanson's (1992) "compass of shame" defined four defensive patterns in response to shame: withdrawal, attack self, avoidance, and attack other. The maladaptive responses to the anger-eliciting scenarios in the ARI can be placed within these four defensive patterns. In reference to withdrawal and attack-self responses, shame-prone participants had a greater propensity to hold their anger in (e.g., ruminating, internal rage) and direct their aggression at themselves. Although these inward manifestations of anger may be viewed by others as constructive, they are actually maladaptive and harmful reactions. They often lead to no resolution and only enhance feelings of worthlessness and personal failure. Health education strategies targeted at internally directed aggression would fit within the Standard Five indicators of positively expressing needs, wants, and feelings; respecting self; and developing solutions that do not involve harm to self.

In response to anger-eliciting scenarios, shame-prone participants were also more likely to use avoidance behaviors of indirect harm (e.g., breaking something owned by the target), malediction (e.g., talking negatively about the target to others), and measures of displaced aggression. Displaced aggression would include physical and verbal aggression toward anyone or anything other than the target of the anger. Attack-other responses would fall within the direct aggression measures (physical, verbal, and symbolic). Of these measures, shame-prone participants were more likely to use symbolic aggression (e.g., slamming a door in front of the target). Although there was a moderate relationship between shame proneness and the propensity to use direct physical aggression toward the target, shame-prone participants were much more likely to choose indirect and displaced responses to their anger. On measures of adaptive behaviors to anger-eliciting scenarios, shame-prone participants were significantly less likely to discuss their feelings with the target and take corrective action. These findings support the lack of communication and problem-solving skills associated with shame proneness.

In contrast, guilt-prone participants were more likely to have constructive intentions and were less likely to have malevolent intentions in response to an anger-eliciting situation. Additionally, they were less likely to use maladaptive behaviors in response to anger-eliciting scenarios. There was an inverse relationship between guilt proneness and direct measures of aggression (physical, verbal, and symbolic), indirect harm, malediction, and displaced measures of aggression (physical, verbal, and to object). Guilt-prone participants were much more likely to utilize adaptive behaviors and cognitive reappraisal to resolve conflicts resulting in anger, all of which are positive indicators of National Health Education Standard Five.

Results from this study also indicated significant relationships between guilt proneness and the propensity to use escapist-diffusing responses to anger, such as diffusion (e.g., taking a walk), minimizing the event, removing self from the situation, and doing nothing. Depending on the scenario, these behaviors could be viewed as either adaptive or maladaptive. A positive outcome to the escapist-diffusing behaviors is an increased opportunity to take time to cognitively reappraise the event. This is evidenced by the results of this study, which indicate a greater likelihood for guilt-prone participants to cognitively reappraise the target's role and their own role in the anger-eliciting scenario. Although related to all the Standard Five indicators, this section's findings strongly support the last indicator of avoiding harmful situations through the use of refusal, negotiation, and collaborative skills. The results of this study point to several implications for future research. Future studies should assess gender and racial/ethnic differences and the effects of shame and guilt proneness on responses to anger. Additionally, the relationship between shame and guilt proneness should be analyzed in relation to certain maladaptive behaviors such as alcohol abuse. Assessing a person's propensity for shame proneness or guilt proneness in certain scenarios offers a starting point from which constructive problem-solving skills can be developed. As the results of this and other studies indicate, shame can act as a trigger for maladaptive behavior patterns. Within the

realm of health education, unhealthy behaviors are often addressed without an emphasis on the internal motivating factor. Health educators can provide the tools necessary to help individuals determine their own propensity to feel shame when faced with anger-eliciting scenarios and, thus, develop constructive interpersonal communication skills (Wiginton, 1999).

Finally, the limitations of this study should be noted. First, the sample was one of convenience, limiting the external validity of the study. Second, because the students received course credit for participation in the survey, it is possible that some of the students may have responded in a socially desirable manner, thus creating a possible threat to internal validity of the study.

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