The role of self-conscious emotions (shame proneness and guilt proneness) and attributive styles in predicting general psychiatric symptoms

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ABSTRACT

The aim of the present study is to investigate the relationship between self-conscious emotions (shame proneness and guilt proneness) with attributive styles and general psychiatric symptoms. The method of the study is correlational descriptive and participants were 165 subjects (90 male subjects and 75 female) among BA students at University of Allam-e Tabatabaei randomly selected by multistage cluster sampling. We used the test of self-conscious emotion (TOSCA), attributive styles questionnaire (ASQ) and Brief Symptom Inventory (BSI) for collecting information. Data were analyzed by using one-sample T test, Pearson correlation and multiple regression method. Results showed that the female subjects were more prone to feel shame and guilt and they used general and stable attributive styles in unpleasant situations. Shame proneness was positively related to depressive attributive styles. Guilt proneness was merely related to general-specific attributive styles. General-specific attributive styles, shame-proneness and internal-external attributive styles were the significant predictors of general symptoms. This variable accounted 20% of the total variance of general symptoms. Conclusion: shame-proneness, general and internal attributive styles can predict general symptoms.

Introduction

Trying to predict a range of psychological pathology is a field covering a wide range of neuroscience to psychology of personality. One of the most important factors in explaining the symptoms of general of individuals' differences are considered in personality variables. In spite of the issue that most of psychological theories in the field of personality are organized for justifying emotional problems but the emotions related to self or self-conscious emotions, whether negative emotions such as shame and guilt or positive emotions such as pride, have been less paid attention to (Lewis quoted from Tangeney and Dearing , 2002). Shame is considered as effective emotion on all types of mental pathology. Recent empirical findings about these emotions showed a substantial impact on personality development, mental and physical health, social behavior such as empathy and vulnerability toward wide range of psychological disorders such as depression, disruption of post-traumatic stress disruption (PTSD), social anxiety, substance abuse, aggression and signs of disorders (Tangeney , Burggraf , Fletcher and Wagner , 1995 , Leskela , Dieperink and Thuras , 2002; Allen, Gilbert and Goss , 1994; Pineles and Street, Koenen , 2006 ; Campbell and Elison, 2005; Ang and Khoo , 2010 ; Fergusa , Valentiner, McGrath, Jencius , 2010 ; Gee. and Troop , 2003 ; Gupta , Rosenthal , Mancini , Sheayens , Lynch , 2007). Shame and guilt, unlike primary emotions such as happiness of grief which are more momenta and are considered as reaction toward environmental situations, are continued during time and due to this reason can be considered as shame proneness and guilt proneness and can be studied in the form of individual differences.

Shame and guilt, despite having common characteristics such as belonging to a moral, conscious and self-referential and with negative emotions have prominent differences in the focus of evaluation (on itself or behavior), turmoil rate, phenomenological experience, function of self, impact on self, characteristics and motivations (Tangeney and Dearing , 2002).

It seems that there exists a relation between this distinction and attributive styles dimensions (internal – external, general-specific, stable and unstable). Surveying descriptive reports has shown that there is a relationship between shame proneness and depressive attributive styles (internal, stable and general) and guilt proneness with internal, unstable and specific attributive styles and it has been reported that the power of shame proneness in predicting psychological, depressive and physical symptoms is more than depressive attributive styles while has not been reported by relation between guilt talent with depressive symptoms (Tangeney and Dearing , 1992; Pineles and Street , 2006). Another study investigated the potential role of shame and attributive styles on the creation of PTSD has also shown that shame proneness directly predicts PTSD but internal and external attributions have not the power of direct predictability and the relationship between them is affected by intermediate effect of shame proneness (Uji , Shikai, Shono and Kitamura, 2007). However, Alexander, Brewin, Vearnals, Wolff and Leff (1999) have reported a significant relationship on the potential relationship between guilt and depressive attributive styles, but it was due to the shared variance of both variables with shame proneness. However, they also concluded that shame proneness is related to the stable dimension of attributive

styles. Regarding to the mixed results, many studies have suggested the need for further investigation in this field.

Research findings have also showed that in most cases there is a differential relationship between shame proneness and guilt proneness with a range of psycho-pathological symptoms. So, in most cases, shame proneness has a direct relationship with experiences of psycho-pathological symptoms but has inversed relation with guilt proneness. People who are prone to shame, mostly accused self and others, they are more prone to aggression and hostility reactions and are generally unable for sympathy (Tangeney, Fletcher, Granzoo and Wagner, 1992; Jakupcak, Tull and Roemer, 2005) and on the contrary, people who are prone to guilt have more power for empathy, responsibility, anger control and tendency toward moral behaviors (Wright, Gudjonsson & Young, 2008). Accordingly, the present study investigated the potential role of shame and guilt proneness and attributive styles in predicting the potential severity of general psychiatric symptoms in a non-clinical sample.

Method

Population and Sample

The study sample included students at Allam-e-Tabatabaei University. The samples were randomly selected through multi-stage cluster sampling method. Among the faculties, the faculty of Law and Political Sciences, faculty of Social Sciences and ECO College of Insurance were selected. The overall sample consisted of 165 patients (90 male, 75 female).

Research tools

Test of self-conscious affect (TOSCA)

This tool is a questionnaire of 16 questions that raises questions as the visual scenario. For example, the respondent is asked to image a situation in which has crushed a small animal when driving then he is asked to describe his feelings and reactions reflecting the feelings of shame, guilt, pride toward self and behavior. For the first time, Tangeney, Gramazo and Wagner (1989) designed this questionnaire based on interviews done with different population and Cronbach's alpha was reported for the subscales associated with shame and guilt 0/69 and 0/74, respectively and further reported the test - retest validity for shame 0/85 and guilt 0/74. Anousheh in (2008) has translated the test. In two internal research conducted in Iran on this test, Cronbach's alpha coefficient for shame is 0/79 and guilt equals to 0/63 (Atrifard, Exe'ei and Azadfallah, 1385) and for total score 0/85 has been reported (Mohammad Shahriari, 1388).

Attributive Styles Questionnaire (ASQ)

A self-report questionnaire has 12 hypothetical situations which examines respond test in three dimensions including causality (internal - external), stability (stable - unstable) and generality (general-specific) (Seligman et al, 1979). Translation and edition of the test Shahr Babaki (1369) has established and adopted 10 positions (five positive and five negative situations). Scoring is based on Likert's five-options and is calculated separately for success and failure situations. Seligman, Abramson, Semmel and Von Baeyer (1979), in examining the validity of this test have reported Cronbach's alpha coefficient for internal negative consequences 0/44, the negative stable consequence 0/64, positive stable consequence 0/54 and overall negative consequence 0/58. Shahr babaki (1369) has reported coefficient alpha for the Iranian sample to test overall negative consequence 0/73, positive consequence 0/74, negative stable 0/43, positive stable 0/56 and the overall negative 0/73. Asner-Seif and Schreiber (2004), in studying factor analysis on this questionnaire about the immigrants to the U.S.A have reported that ASQ is structurally composed of three components; control

source, stability and generality. In this study, Cronbach's alpha coefficient was calculated for control source, 0/54 , stability 0/69 and generality 0/73 and the total scores 0/68, respectively.

Brief Symptoms Inventory

This inventory is used to measure psychiatric symptoms. Brief Symptoms Inventory consists of 53 items which based on Likert's scale is graded from 0 = disagree to 5 = totally agree (Derogaitis, 2000). This tool was built due to the problem of implementing the SCL-90. The main dimensions assessing in the BSI include physicality, compulsive obsess, interpersonal sensitivity, depression, anxiety, hostility, stress, paranoid ideation and mental discrete. In assessing validity of the test through the internal consistency method, Cronbach's alpha coefficients has been reported as very well for all nine modes of the BSI (scores range from 0/71 to 85 for mental discrete and 0/85 for depression). Calculating the test in non -clinical testing through method of test-posttest has been reported appropriate and high. Mohammad Khani, Dobson, Amiri, Hosayni (2007) examined the psychometric properties of the instrument in a sample of patients recovered from depression. The results indicated that the validity is high for all items range from 0/71 to 0/96. Factor analysis indicated that the implemented model has a consistent high level about the internal model. In this study, the BSI raw scores were used as indicators of general symptoms. In this study, the raw scores of the respondents were used in 9 subscales as index measuring the severity of general psychiatric symptoms.

Findings

The information about 165 participants, 90 (54%) were male and 75 patients (45%) were female was analyzed by using T-test for independent groups, Pearson correlation and multivariate regression was carried out through stepwise method. Descriptive indexes of the scores are shown in Table 1.

To evaluate the effect of gender on the shame proneness, guilt proneness, internal-external attributive styles, stable-unstable attributive styles, general-specific attributions and general psychiatric symptom severity, T test for independent groups was used. The results showed that female subjects are more prone to shame and guilt proneness and attributive styles of female subjects in uncomfortable positions are more stable and general (p<0/05). The difference between male and female subjects in internal- external attributions and general psychiatric symptoms was not significant.

Pearson correlation analysis showed that there is a relationship between shame proneness with general psychiatric symptoms at the level of 0/01 and guilt proneness with general psychiatric symptoms at the level of 0/05. It was also identified that shame proneness have relationship with internal- external attributive styles, stable- unstable attributive styles and general-specific attributions at the level of 0/01 and guilt proneness have relationship with internal- external attributive styles and general-specific attributions at the level of 0/01. Correlation coefficients are shown in Table 2.

To predict general psychiatric symptoms, multivariate regression based on stepwise method was used. General psychiatric symptoms were used as criterion and other variables as predictors. The results gave us the modeling of general-specific attributions, shame proneness and internal-external attributions as predictors of psychiatric symptoms. According to the results, as attributive styles at unpleasant situations become more general and more internal and as shame proneness is increased, the experience of the general symptoms will increase. The summary of the model results is shown in Table 3.

Table 1; the parameter of central tendency in the study's variables

Standard deviation	Mean		Variable
8/10	23/93	Male	Shame proneness
8/16	27/77	Female	
7/48	32/67	Male	Guilt proneness
6/18	35/48	Female	
4/04	16/86	Male	Internal-external attributions
2/95	16/01	Female	
2/71	10/63	Male	Stable-unstable attributions
2/69	11/71	Female	
3/01	14/26	Male	General-specific attributions
3/34	15/47	Female	
32/44	56/47	Male	General psychiatric symptoms
34/76	65/12	Female	

Table 2; Correlation coefficients of the research's variables

general psychiatric symptoms	general-specific attributions	stable- unstable attributive styles	internal- external attributive styles	Guilt proneness	Shame proneness	Variable
					1	Shame proneness
				1	0/63	Guilt proneness
			1	[**]0/32	[**]0/28	internal- external attributive styles
		1	0/038	0/016	[**]0/21	stable- unstable attributive styles
	1	0/22	0/17	[**]0/21	[**]0/25	general-specific attributions
1	0/30	0/13	-0/09	[*]0/17	[**]0/30	general psychiatric symptoms

$P<0/01$[**] $^0P<0/05$[*]

Table 3; multivariate regression based on stepwise method

Sig level	t	SEB	β	b	R^2	R	Variables
0/001	3/64	0/77	0/26	2/81	0/93	0/30	general-specific attributions
0/001	3/94	0/30	0/29	1/20	0/14	0/38	shame proneness
0/003	-2/97	0/69	-0/22	-2/06	0/19	0/43	internal-external attributions

Table 4; variance test analysis of the predictor model

Sig level	F	Square mean	Degree of freedom	Total squares		Model
0/001	16/725	17326/959	1	17326/959	Regression	1
		1035/967	163	168862/641	remained	
			164	186/600	Total	
0/001	14/057	13766/950	2	27533/901	Regression	2
		979/356	162	158655/699	remained	
			164	186189/600	Total	
0/001	12/764	11924/474	3	35773/422	Regression	3
		934/262	161	150416/178	remained	
			164	186189/600	Total	

Based on the results, the share of general-specific attributions is 10 %, shame proneness 5 %, and internal-external attributions 5%. The standardized Regression coefficients (Beta) for general-specific attributions, shame proneness and internal-external attributions was obtained 0/26, 0/29 and -0/22, respectively.

Discussion and conclusion

The results indicated that among the attributive styles, internal - external attributive styles and general-specific attributive styles and among the self -conscious emotion, shame proneness, general psychiatric symptoms have predictive ability. The people in uncomfortable positions attribute the outcomes generally (remaining effects of a failure in other areas of life) and internally (know their characteristics as cause of failures) and people more prepared for the experience of shame will experience additional symptoms and are more psychologically disturbed. The main objective of this study was to identify the role of self-conscious emotions of shame and guilt proneness in predicting general psychiatric symptoms. The findings support somewhat the hypothesis, but general-specific attributive have a larger share in predicting general psychiatry symptoms. The finding of this research is consistent with researches which have reported shame proneness in contrast to guilt proneness as a powerful predictor of general symptoms and creating psychological disruptions such as depression disruption, post-traumatic stress disruption (Tangeney and Dearing; 2002, Wagner and Gramez, 1992, Andrews, 1998; Pineles and Street 2006, Fergusa, Valentiner, McGrath Jencius, 2010). General symptoms can be experienced through the model of vulnerability- stress. The attributive styles can be described as general and internal as cognitive vulnerability factors and shame proneness as a factor of emotional vulnerability.

Although in psychoanalytic theories and people belief, guilt proneness is supposed to be factor for mental health problems but the findings do not support the view. Although guilt proneness has negative emotional effect but because it focuses on special behavior in in the situation, it is not related to the general psychiatric symptoms. In contrast, in shame proneness the focus is on the whole of self and tendency to hide defected imagination. People who are prone to shame think that they are incompetent, inferior and unworthy in the minds of other people (external shame) and their assessments is focusing on the negative aspects such as worthlessness and inadequacy and experience the state as self- critical (internal shame). On the other hand, these people experience more negative emotions such as anger, anxiety and hatred and behavioral intention will be focused on avoiding and inhibition. These processes making up the components of shame experience (Gilbert and Milles, 2002) explain the relationship of shame proneness with experiencing more general psychiatric symptoms.

Empirical support for the role of attributive styles in predicting psychopathology and psychological well-being has a long history (Abramson, Seligman and Teasdale, 1987; Cheng and Furnham, 2003; Asturman, Mongrain and Kohn, 2006). In the present study, the general attributions showed the highest correlation with general symptoms. In researches, the main cause of this relation of depressive attributive styles (internal, stable and general) with general symptoms especially depressive symptoms is considered as cause of creating depression. Not only in the present study, the dependent variable did not merely focus on depressive symptoms but also it was a combination of severity of the nine criteria. However, general-specific attributive styles explained about 10% variance of the dependent variable and this relationship states that even though other unknown factors especially biological factors effect on the

experience of the general symptoms but psychological maladaptive factors (general attributive styles in this study) are probably effective in creating hopelessness in forming and accelerating the experience of the general symptoms.

Another finding of this study showed that there is a significant difference between shame and guilt proneness and stable - unstable and general-specific attributive styles among the male and female subjects. The average scores on the variables listed in the female subjects was more than the male subjects. This finding is consistent with the findings of Arndt and Goldenberge (2010) and Azadfallah and Exe'ei (1385). It seems that various factors such as the socialization history explain these differences.

Based on this study, we found that shame proneness have relationship with internal-external, stable - unstable and general-specific attributive styles and guilt proneness have relationship with internal-external and general-specific attributive styles. These findings are consistent with the findings of Tangeney and Dearing (2002) and Pineles and Street (2006). People who are prone to shame attributed the cause of negative events to themselves and believe that the cause of their failures to be sustained in the long term and on all areas of life and will be effective. People who are prone to guilt proneness attributed the cause of negative events to themselves but think they will not remain stable in the future due to their failures and will have not impact on other areas of their lives.

Among the implications of this research, highlighting the role of self-conscious emotions in shaping internal, stable and general attributive styles and its role in explaining the symptoms of general psychiatric could be mentioned. Emotions are not intrinsically harmful but it is secondary emotional reactions such shame that can cause mental disorderliness. The findings provide theoretically the experiential support of the models which are presented to distinguish shame and guilt and their relationship with attributive styles and general psychiatric symptoms. Practically, the findings highlight the role of shame emotion in experiencing general psychiatric symptoms. Many symptoms, whether in their internal form such as depression or external such as aggression, are responses for the experience of shaming.

Not manipulating independent variables and creating experimental conditions, restrictions on the choice of sample size, lack of control of intervening variables are the limitations of this study. It is recommended to examine the role of emotions of shame and guilt in clinical samples in further researches.

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