



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 inter-

changeably 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

