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Brief Report

Explicit and implicit shame aversion predict symptoms of avoidant and borderline personality disorders

Carmel J. Currie, Benjamin A. Katz, Iftah Yovel *

The Hebrew University of Jerusalem, Israel

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ABSTRACT

Research on the connections between shame and personality disorders (PDs) has focused predominantly on *shame proneness*. We examined the relationships of *shame aversion*, or experiencing shame as painful and unbearable, with avoidant and borderline personality disorders. Participants completed self-report measures assessing avoidant and borderline PDs, shame aversion, shame proneness and general experiential avoidance, as well as the recently developed questionnaire-based implicit association test that assessed shame aversion. Self-reported and implicit shame aversion correlated with both PDs, and hierarchical regression models showed that shame aversion incrementally predicted these PDs over and above shame proneness and general experiential avoidance. These findings suggest that individuals who perceive shame as particularly aversive tend to resort to maladaptive behavioral patterns that may impair personality functioning.

1. Introduction

Shame is a difficult emotion to contain, and it has been suggested that adopting maladaptive shame regulation strategies is central in the development of certain personality disorders (PDs; Schoenleber & Berenbaum, 2010). For example, based on current diagnostic criteria (APA, 2013), the pervasive pattern of social inhibition, which is the essential behavioural feature of avoidant personality disorder (APD), results primarily from hypersensitivity to negative evaluation and rejection. Hostile acts and self-harming behavior under emotional distress are other strategies that may be used to cope with the experience of shame by individuals suffering from borderline personality disorder (BPD), as maladaptive means of regulating shame and replacing it with aggression towards the self (Schoenleber, Berenbaum, & Motl, 2014).

Studies that examined the associations between shame and a variety of psychiatric pathologies have focused on *shame proneness*, which is the tendency to experience shame readily and often across different situations (Tangney et al., 1992). However, Schoenleber and Berenbaum (2010, 2012) showed that shame proneness does not fully explain the complicated influences of shame on psychological functioning, and suggested that *shame aversion*, or experiencing shame as particularly painful and unbearable, specifically plays a key role in the relationship between shame proneness and certain types of psychopathology.

In this study, we examined the relationships between shame and PD-related traits, assessed based on the multidimensional trait system that has been proposed in the DSM-5 (APA, 2013; Krueger, Derringer, Markon, Watson, & Skodol, 2012). Specifically, we attempted to distinguish the unique role of shame aversion from two closely-related constructs, shame proneness and general experiential avoidance (EA; Hayes, Wilson, Gifford, Follette, & Strosahl, 1996). EA is the broader unwillingness to remain in contact with distressing negative experiences, which has been linked to a wide range of psychopathologies.

Although people have insight into their motives for behaving in particular ways, introspection and self-knowledge are known to be partial and inaccurate (Wilson, 2009), and self-report assessment may be biased for a variety of reasons (Nunnally & Bernstein, 1994). Therefore, we also measured shame aversion implicitly, in addition to the standard self-report explicit assessment. To do that, we used the questionnaire-based implicit association test (qIAT; Yovel & Friedman, 2013). The qIAT, which uniquely enables an indirect measurement of psychological constructs tapped by standard self-report questionnaires, provides an implicit assessment that is based on the original items of such instruments. Using explicit and implicit measures of shame aversion, we expected this construct to be related to traits of avoidant and borderline PDs above and beyond shame proneness and general experiential avoidance.

* Corresponding author at: Department of Psychology, The Hebrew University of Jerusalem, Mount Scopus, Jerusalem 91905, Israel.
E-mail address: iftah.yovel@mail.huji.ac.il (I. Yovel).

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2. Method

2.1. Participants

Based on an a priori power analysis, we needed a sample of at least 134 participants to detect Pearson correlation coefficients that represent a medium effect size (e.g., between parallel implicit and explicit measures; see Hofmann, Gawronski, Gschwendner, Le, & Schmitt, 2005) with alpha levels set at 0.05 and a power of 0.80. The initial sample included 198 consenting English-Speaking American residents (114 females) between the ages 18 and 75 years ($M = 38.28$, $SD = 12.58$), most (62%) with an academic degree, who were recruited via Amazon's Mechanical Turk platform and received $1.5 for their participation. Twenty participants (10.1%) were excluded from the analyses due to excessive speed (more than 10% of the trials < 300 ms) or high error rate (20% or more) in the qIAT (cf. Greenwald, Nosek, & Banaji, 2003). Final analyses were based on the remaining 178 participants (109 females).

2.2. Personality measures

2.2.1. Explicit measures

Shame-Aversive Reactions Questionnaire (ShARQ; Schoenleber & Berenbaum, 2010). The ShARQ is a measure of shame aversion that includes 14 items (seven reversed; alpha = 0.91 in the current study).

Test of Self-conscious Affect-3 (TOSCA-3; Tangney, Dearing, Wagner, & Gramzow, 2000). The TOSCA-3, which includes 16 brief scenarios, measures proneness to shame and guilt. After each scenario, participants are provided with two statements, one reflects a shame response and the other reflects a guilt response, and are asked to rate the degree to which they would experience each response on a 1–5 scale. In the present study, internal consistency was good for both the shame (alpha = 0.85) and the guilt (alpha = 0.81) subscales.

Brief Experiential Avoidance Questionnaire (BEAQ; Gámez et al., 2013). The BEAQ is a 15-item scale (one reversed item) that measures broad unwillingness to experience negative emotions (alpha = 0.90 in the present study).

Personality Inventory for DSM-5 (PID-5)-Adult (Krueger et al., 2012). The PID-5, which operationalizes the currently proposed model for PDs in DSM-5, originally has 220 items assessing 25 primary traits and five higher order factors reflective of personality pathology. In the current study, 91 items were used to assess APD and BPD (American Psychiatric Association, 2013). Scoring for each PD was calculated using the items comprising the trait scales associated with it: Anhedonia, Anxiousness, Intimacy Avoidance and Withdrawal for APD (33 items, alpha = 0.95); Anxiousness, Depressivity, Emotional Lability, Hostility, Impulsivity, Risk Taking and Separation Insecurity for BPD (67 items, alpha = 0.95). Cronbach's alphas for the trait scales ranged between 0.86 (for Hostility) and 0.96 (for Depressivity).

2.2.2. Implicit measure

The questionnaire-based implicit association test (qIAT; Yovel & Friedman, 2013) is a brief classification task that allows implicit measurement of self-report questionnaires. Here, this task implicitly assessed shame aversion, employing the items of the ShARQ. On each trial a sentence was presented, and participants needed to classify it as quickly as possible, using two designated respond keys. In Block 1 (40 trials), the personality categories were introduced, labeled *Shame-Sensitive Person* versus *Self-Accepting Person*, each including seven non-reversed or reversed ShARQ items, respectively. In Block 2 (20 trials), the self-related logical categories were introduced, labeled *true* (e.g., "*I'm participating in an experiment in psychology*") versus *false* (e.g., "*I'm outside playing ball*"), each including five items. In Block 3 (20 trials) and 4 (40 trials), participants matched these categories interchangeably (e.g., *Shame-Sensitive Person* with *true* versus *Self-Accepting Person* and *false*). In Block 5 (40 trials) they practiced the reversed classification of the personality categories, and in Blocks 6 and 7 (second double categorization) they again classified the sentences based on both categories, this time using the reversed trait classification (e.g., *Self-Accepting Person* and *true* versus *Shame-Sensitive Person* and *false*). The order of the double-categorization blocks was randomized across participants, as was the order of the items within each block. Reaction times were recorded using Macromedia Flash 10.0 Professional software (2005). For each participant we calculated a *D* score (i.e., the standardized difference between the mean scores in blocks 3 and 4 vs. 6 and 7; Greenwald et al., 2003), and higher *D* scores represented higher levels of shame aversion.

2.3. Procedure

After completing a consent form, participants completed the self-report questionnaires: ShARQ, TOSCA-3, BEAQ and the PID-5, using Qualtrics software (Qualtrics, Provo, UT). Participants were then redirected to complete the qIAT on a different website built specifically for the present study. Since a carryover effect was likely from the implicit measure (in which the same items were presented several times) to the self-report measure of shame aversion, the self-report scales were administrated first (cf. Yovel & Friedman, 2013). The self-report ShARQ was administered second in all cases, to allow the completion of two other questionnaires before the completion of the ShARQ-based qIAT task. The order of the administration of the other questionnaires was randomized across participants.

3. Results

The total scores for the two PDs in the present non-clinical sample ranged between 1.03–3.76 for APD (M = 1.95, SD = 0.59) and between 1.10–3.17 for BPD (M = 1.80, SD = 0.42), and they correlated strongly with each other, $r = 0.66$ (p's < 0.001 for all r's, unless otherwise specified).[1]

We first examined the psychometric properties of the implicit qIAT measure of shame aversion. Internal consistency of the qIAT was tested by computing the Pearson correlation between the *D* score based on the practice blocks (Block 3 and Block 6) and the *D* score based on the critical blocks (Block 4 and Block 7; see Greenwald et al., 2003), which was $r = 0.51$. Supporting the convergent validity of the implicit assessment of shame aversion, the qIAT *D* score correlated with the parallel self-reported ShARQ ($r = 0.28$). The qIAT score also correlated with APD, $r = 0.21$, $p = 0.005$, and with BPD, $r = 0.20$, $p = 0.007$, thus showing that implicit shame aversion is related to both these PD's.

We next examined the correlations of APD and BPD with the explicit measures. The total APD score correlated with the explicit measures of shame aversion (ShARQ), $r = 0.55$, shame proneness (TOSCA Shame), $r = 0.48$, general experiential avoidance (BEAQ), $r = 0.59$, but not with guilt proneness (TOSCA Guilt) $r = -0.09$, $p = 0.20$. The total BPD score correlated with the explicit measures of shame aversion, $r = 0.54$, shame proneness, $r = 0.32$, general experiential avoidance, $r = 0.53$, and it correlated negatively with guilt proneness, $r = -0.26$.

[1] The total scores of these PD's share a single PID trait scale (Anxiousness). The correlation between them excluding this scale was $r = 0.43$.