



Dimensionality and measurement invariance of the Other as Shamer Scale across diverse adolescent samples



Paula Vagos^{a,*}, Diana Ribeiro da Silva^a, Nélío Brazão^a, Daniel Rijo^a, Paul Gilbert^b

^a Research Unit of the Cognitive-Behavioral Research and Intervention Center, Faculty of Psychology and Education Sciences, University of Coimbra, Portugal

^b University of Derby, United Kingdom

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ABSTRACT

The current work investigates the psychometric properties of the complete and short versions of the Other as Shamer Scale, using three adolescent samples presenting diverse degrees of behavioral problems' severity. This instrument measures external shame, which has been proposed as an important precursor and correlate of psychosocial functioning, but has only been tested with community samples. Results show the acceptability of a three-factor solution for the complete version of the measure (i.e., inferior, emptiness, and how others react when they see me make mistakes). The short unifactorial measure was also an acceptable fit for the data. Both measurement models were partially invariant across girls and boys, who presented similar levels of shame. They were also partially invariant across boys presenting diverse degrees of behavioral problems' severity, with community participants presenting the lowest levels of shame. Evidence was gathered in favor of the internal consistency and validity in relation to other relevant variables of both versions of the instrument. This study adds to the evidence of the Other as Shamer Scale being an appropriate evaluation tool, with diverse samples of adolescents, and providing the user with diverse assessment options to be chosen in accordance with varied research or therapeutic purposes.

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1. Introduction

Shame has been established as an important emotion, conditioning the way the individual sees and behaves towards the self and others, and also impacting on psychopathological functioning (Gilbert, 2009; Harper, 2011; Tangney & Tracy, 2012). The Evolutionary and Biopsychosocial Model of Shame (Gilbert, 2009, 2010) states that, since birth, all humans share the need to create positive feelings (e.g., be wanted, cared, and valued) about themselves in the mind of others. The way the person experiences interpersonal relationships early in life (especially within family, but also with peers and significant others), as either caring/accepting or neglectful/abusive, has a crucial impact on how the individual experiences himself in the mind of others (Gilbert, 2009, 2010). If the person felt cared, valued, and wanted, he/she becomes able to create feelings of safeness and warmth in daily experiences. On the other hand, if the individual felt devalued, neglected, and/or abused, he/she tends to become vulnerable to external shame (Gilbert, 2009, 2010), embracing the perception that others hold negative beliefs and thoughts about the self.

External shame arises in real and/or imagined social interactions (Goss, Allan, & Gilbert, 1994), impacting both the idiosyncratic experience of shame and shame proneness (Gilbert, 2009, 2010; Gold, Sullivan, & Lewis, 2011; Harper, 2011; Pinto-Gouveia & Matos, 2011). Though shame, as a temporary emotional experience, is an adaptive and important self-conscious emotion in socialization and self-identity processes (Harper, 2011), shame proneness is mostly maladaptive. Shame proneness can become overwhelming, since it involves a negative evaluation of the global self, creating feelings of being inferior, unwanted, undesirable, inadequate, devaluated, defective, and worthless (Gilbert, 2009, 2010; Lewis, 1992; Tangney, Stuewig, & Mashek, 2007; Tangney & Tracy, 2012).

Gilbert (2009, 2010) also argues that the individual may handle external shame in two major ways: by internalizing or by externalizing the experience of shame. The internalization of the shame experiences leads to unconscious internal attributions, submissive behavior, self-criticism, feelings of inferiority, and internalizing psychopathology (Gilbert, 2009, 2010; Harper, 2011; Pinto-Gouveia & Matos, 2011; Tangney & Tracy, 2012). Alternatively, the externalization of shame experiences usually leads to external attributions, anger, revenge, dominant/aggressive behavior, and externalizing symptomatology (Gilbert, 2009, 2010; Gold, Sullivan, & Lewis, 2011; Ribeiro da Silva, Rijo, & Salekin, 2015). These ways of dealing with the experience of shame will be reflected in the social environment of the individual and, generally, in turn strengthen external shame. For instance, if individuals

* Corresponding author at: Centro de Investigação do Núcleo de Estudos e Intervenção Cognitivo-Comportamental (CINEICC) da Faculdade de Psicologia e de Ciências da Educação da Universidade de Coimbra, Rua do Colégio Novo, 3001-802 Coimbra, Portugal.
E-mail address: paulavagos@fpce.uc.pt (P. Vagos).

handle external shame by internalization processes, namely by a submissive behavior, it is possible that others will act dominantly towards them, reinforcing the shame experience. Otherwise, if individuals deal with external shame by externalization processes, namely by aggression, it is conceivable that others will act or retaliate in such a way that will reinforce external attributions and anger. In a way or another, the individual is trapped in a vicious cycle that reinforces external shame and, consequently, increases the use of maladaptive strategies for managing shame (Gilbert, 2009, 2010).

There are several measures to assess shame and other self-conscious emotions (see Harper, 2011 for a review). However, to our knowledge, only the Others as Shamer Scale (OAS; Goss, Gilbert, & Allan, 1994) was developed as a trait measure to assess external shame according to the evolutionary and biopsychosocial perspective (Gilbert, 2009, 2010). The OAS was developed as a shorter and modified version of another trait measure of shame, the Internalized Shame Scale (ISS; Cook, 1987), according to the notion that a person's perception of what others feel about the self is highly related to what he/she feels about himself/herself (Lewis, 1992). The OAS assesses three distinct dimensions of external shame, including the constructs of feeling inferior, feeling shameful by others' reaction to personal mistakes, and feeling empty (Goss et al., 1994).

The OAS was originally designed to assess external shame in British adult samples and has proven to be a psychometrically valid three-factor measure to be used within this population (Goss et al., 1994). Despite this, the OAS is usually used as a single factor measure that assesses the global concept of external shame. A unifactorial short version of the OAS (the Other as Shamer Scale-2; OAS2) was also developed and validated for Portuguese adults, and was found to be strongly associated with the original longer measure, being recognized as an economic, valid and reliable instrument to assess external shame (Matos, Pinto-Gouveia, Gilbert, Duarte, & Figueiredo, 2015).

As expected, the OAS has proven to be strongly associated with internal shame and moderately associated with other shame measures (Goss et al., 1994). External shame assessed through the OAS has demonstrated to be associated with traumatic shame experiences in early life and with psychopathological symptomatology, including depressive, anxious, and stress related symptoms (Cunha, Matos, Faria, & Zagalo, 2012; Gilbert & Irons, 2009; Cunha, Xavier, Cherpe, & Pinto-Gouveia, 2015; Matos et al., 2015), eating psychopathology and body image dissatisfaction (Ferreira, Pinto-Gouveia, & Duarte, 2013). It was also found to be associated with self-criticism (Alves, Castilho, & Pinto-Gouveia, 2010), experiential avoidance (Pinto-Gouveia, Gregório, Dinis, & Xavier, 2012), and anger (Matos et al., 2015). These data corroborate the important role that external shame plays in several mental health problems (Gilbert, 2009, 2010). This may be particularly true for adolescents who crave for social acceptance and are, thus, more vulnerable to socially shameful experiences (Gilbert & Irons, 2009; Szentágotai-Tátar et al., 2015). Such shameful experiences and shame feelings can play a key role in youth psychosocial maladjustment and mental health outcomes (Cunha et al., 2012; Gilbert & Irons, 2009). In fact, researchers and clinicians are becoming more interested in studying these processes in youth, which has also led to investigating the OAS as an accurate measure of shame within adolescent samples. Hence, both the complete and short versions of the OAS were adapted and have proven to be valid instruments to assess external shame in community samples of Portuguese youth (Cunha et al., 2015; Figueira, 2010; Figueira & Salvador, 2012). Regarding the Other as Shamer Scale – Adolescent version (OAS-A; Figueira, 2010; Figueira & Salvador, 2012), similarly to what was found for adults, a three-factor solution proved to be an adequate measurement model for this age group. Like the adult version, the Other as Shamer Scale Brief version for Adolescents (OASB-A) showed a one-factor solution for both boys and girls, with girls reporting more external shame than boys (Cunha et al., 2015).

It seems relevant to test for gender differences regarding shame, since there are valid theoretical and empirical studies presenting

different statements concerning this issue. On one hand, some studies found gender differences in the development of shame, being shame valued and promoted earlier in girls than in boys (Mills, Arbeau, Lall, & De Jaeger, 2010). Empirical evidence also suggests that adult females report higher levels of shame proneness than adult males (Benetti-McQuoid & Bursik, 2005), and that adolescent females report more shame proneness (Roos, Hodges, & Salmivalli, 2014) and external shame (Cunha et al., 2015) when compared to adolescent males. On the other hand, a recent large meta-analysis reported no gender differences in shame experiences (Else-Quest, Higgins, Allison, & Morton, 2012), indicating that blanket stereotypes about women's greater emotionality are probably erroneous.

Before the Other as Shamer Scale for adolescents (OAS-A) and the Other as Shamer Scale Brief version for Adolescents (OASB-A) can be fully used in future studies, there must be evidence that these measures are truthfully assessing the construct of external shame across diverse adolescent samples. Specifically, the OAS-A and the OASB-A have not been applied and validated within youth with disruptive behavior. The validation of both measures within externalizing samples of adolescents seems paramount for three reasons: (1) harsh rearing scenarios, including shaming ones, are recognized as important risk factors for the development of disruptive behaviors (Abram et al., 2004; American Psychiatric Association, 2013; Briggs et al., 2013; Dierkhising et al., 2013; Willis, Best, & Aalsma, 2013; Kerig & Becker, 2010; Ribeiro da Silva et al., 2015); (2) youth with disruptive behaviors tend to bypass the experience of negative emotions (including shame; Lewis, 1992) by dissociation (Bennett, Modrowski, Kerig, & Chaplo, 2015), avoidance/disowning (Ribeiro da Silva et al., 2015), or emotional numbing (Kerig & Becker, 2010; Kerig, Bennett, Thompson, & Becker, 2012); and (3) shame is associated with a higher risk of recidivism in antisocial youth via the externalization of blame (Tangney, Stuewig, & Martinez, 2015) and attacking others (Nathanson, 1992; Ribeiro da Silva et al., 2015). Therefore, this work includes two studies, one focusing on the OAS-A and the other centered on the OASB-A. Both intended to assess the psychometric proprieties of the instrument across samples of Portuguese youth with different degrees of severity of behavioral problems. Measurement invariance across gender and across groups with diverse degrees of severity of behavioral problems was also tested, along with between gender and between group comparisons. The construct validity of OAS-A and OASB-A in relation to external variables was also explored.

2. Material and methods

2.1. Participants and procedures

Participants in this study included 1712 Portuguese adolescents, aged between 12 and 21 years old (cf. Table 1). Within this sample, boys and girls had similar mean ages (for boys $M = 16.21$, $SD = 1.52$, for girls $M = 16.24$, $SD = 1.47$; $t(1709) = -.34$, $p = .74$) and were evenly distributed by socioeconomic status (SES; $\chi^2(2) = 5.20$, $p = .07$).

From the complete sample, 1291 adolescents were recruited in public national schools (i.e., community sample), after the study was approved by the national ethics committee and/or the executive boards of the schools. Within the community sample, boys and girls had similar mean ages (for boys $M = 16.13$, $SD = 1.53$, for girls $M = 16.24$, $SD = 1.46$; $t(1289) = -1.33$, $p = .19$) and were evenly distributed by socioeconomic status ($\chi^2(2) = 2.03$, $p = .36$). In addition to the Other as Shamer Scale, a subsample of 408 adolescents filled in The Forms of Self-Criticizing/Attacking & Self-Reassuring Scale (subsample 1; 42.2% male, mean age = 16.82, $SD = 1.08$; 42.6% descendent of a medium SES). Of this subsample, 141 participants additionally filled in the Acceptance and Action Questionnaire (Subsample 1.1) and another 63 also filled in the Depression Anxiety Stress Scale (Subsample 1.2).

Participants in this study also included 204 youth from foster care who were referred for disruptive behaviors (i.e., referred sample); referred

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