

PRELIMINARY VALIDATION IN SPANISH OF THE TEST OF SELF-CONSCIOUS AFFECT (TOSCA)

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Resumen

Sentirse a disgusto con uno mismo es una de las emociones negativa que es
básica en la vergüenza. Diversas investigaciones han encontrado correlaciones

significativas entre el sentimiento de vergüenza y la presencia de psicopatologías

como depresión y trastornos de la alimentación.

El presente estudio se centra en adaptar al castellano y validar de forma preliminar el cuestionario Test del Afecto Auto-consciente (siendo sus siglas inglesas TOSCA, Test Of Self-Conscious Affect). El TOSCA consta de 15 preguntas en forma de escenarios con 5 categorías de respuesta.

La versión traducida del TOSCA fue aplicada a una muestra de 172 personas, de las cuales 93 eran estudiantes universitarios y 79 pacientes atendiendo consulta psiquiátrica. Se realizaron análisis de validez concurrente y discriminante. Además se calculó la consistencia interna mediante el Alpha de Cronbach para cada una de las subescalas. Los resultados preliminares fueron satisfactorios y alentadores.

Palabras clave

Vergüenza. Desvergüenza. Psicopatología. Validación. Fiabilidad.

Abstract

Feeling disgust towards oneself is a negative emotion, which is a core feeling in the shame experience. Various studies have found significant correlations between feelings of shame and psychopathologies, as depression or eating disorders.

The present study aims to translate and perform the cultural adaptation of the Test of Self-Conscious Affect (TOSCA). The TOSCA consists of 15 questions in scenario form with 5 response categories.

The translated version of the TOSCA was applied to a sample of 172 individuals, from which 93 were university students and 79 were patients attending psychiatric counseling. Analyses of concurrent and discriminant validity were performed. Besides, the internal consistency using the Cronbach Alpha coefficient was calculated for each of the subscales. The preliminar results were satisfactory and encouraging.

Keywords

Shame. Shamelessness. Psychopathology. Validity. Reliability.

INTRODUCTION AND AIMS OF THE STUDY:

The TOSCA is one of the instruments currently recognized as the most promising measures of guilt-and/or shame-proneness in the literature (Tangney, 1996). It was developed by Tangney, Wagner and Gramzow in 1989 at the George Mason University (Virginia, EEUU). It is a scenario-based measure of guilt-and shame proneness, in which participants rate on a series of 5 point likert scales their likelihood of responding to 15 situations in ways that have been pre-coded to reflect guilt, shame, externalization of blame, detachment/unconcern, pride in self and pride in behavior. It may be applied to any type of population and of any age. After a thorough search in the literature using scientific databases as OVID and MEDLINE and the internet search engine 'Google' we did not find any instrument in Spanish language that measured these domains. Therefore, we decided to proceed with its validation to Spanish.

METHOD

Participants:

For the present study and bearing in mind future research interests we decided to apply the TOSCA to a sample of university students, patients attending psychiatric treatment and a sample of recently graduated art school subjects, whom we will name the 'artists' subgroup. In order to complete the questionnaire patients had to give their voluntary consent to participate in the investigation.

Translation process:

Firstly two bilingual spanish-english speakers translated separately the questionnaire from English to Spanish. After their translations were accomplished, they met and compared both translations, and made the needed adjustments until obtaining an agreed version.

Validity Examination:

In order to examine the construct validity of the questionnaire, the research team developed some previous hypothesis according to the theory of shame and guilt. Firstly, as has been evidenced by the literature shame proneness is associated with a variety of indices of psychopathology (Ferguson and Crowley, 1997). Specifically depressive subjects show high scores in shame-proneness. Therefore, for our study, patients diagnosed with depression should score higher in the shame proneness domain than the rest of the diagnostic groups. Also, psychotic patients, since they lack of a deep self-consciousness, should score the lowest in shame proneness. On the other hand, guilt proneness, as measured by the TOSCA, is seen as an adaptive emotion. Therefore, in our study, control subjects and artists should score higher in guilt proneness than psychiatric patients. Regarding the concurrent validity, we used the Sensitivity to Punishment and Sensitivity to Reward Questionnaire (SPSRQ) (Torrubia, Ávila, Moltó y Caseras, 2001) as criterion measure. In their study, the authors of the SPSRQ point out that sensitivity to punishment (SP) is positively related to neuroticism. Therefore we hypothesized that SP would relate positively to shame-proneness. Discriminant validity was evaluated examining the correlations of Shame proneness with Sensibility to Reward. We did not expect any a priori correlation between these constructs.

Reliability examination:

Cronbach alpha analyses were performed for each of the 6 subscales of the TOSCA. Past studies had obtained Cronbach alpha of 0.75 for the guilt scale and 0.82 for the shame scale.

Statistical procedures

To examine differences among groups ANOVA analyses will be performed setting the p value at <0.05 . Descriptive analysis will consists mainly in means and standard deviations. To analyze the reliability, the Cronbach Alpha coefficient will be used. The SPSS 11.0 statistical program was used to perform all the analyses.

RESULTS

Participants

A total of 194 persons were recruited. Specifically, 93 (47.9%) were university students, 79 (40.7%) were psychiatric patients and 22 (11.3%) were artists.

The distribution of diagnostics among the patients were as follows: 20 (25.3%) had a depressive disorder, 12 (15.2%) had a bipolar disorder, 15 (19%) had an anxiety disorder, 15 (19%) had a psychotic disorder and 17 (21.5%) had a personality disorder mainly borderline or antisocial.

Validity Examination

Construct Validity

We will present the results obtained following the hypothesis developed to assess the construct validity of the instrument. Firstly, shame scores showed a difference statistically significant in the means among the diagnostics' groups. As shown in Table 1 depressive subjects showed statistically significantly higher scores in shame than the rest of the diagnostics. Also, psychotic patients scored lower than the other diagnostics in the shame proneness domain. Table 2 shows the different means and standard deviations obtained in the TOSCA among patients (which were divided according to the level of severity of their condition into severe or mild disorder), controls (students) and artists. As hypothesized control subjects and artists scored higher in guilt proneness than psychiatric patients, although mean differences were not statistically significant.

Concurrent validity

Pearson correlations between shame proneness and the sensibility to punishment scale resulted statistically significant, being $r = 0.37$ ($p < 0.001$).

Discriminant validity

Pearson correlation between shame proneness domain and sensibility to reward did not show statistical significance, being $r = 0.07$.

Reliability study

Table 1 also gathers information about the Cronbach alpha obtained in each domain. They ranged from 0.41 in the Beta Pride domain to 0.71 in the Shame domain.

DISCUSSION

The present study aimed to examine preliminarily the psychometric properties of the TOSCA in a Spanish population. This translation and cultural adaptation was carried out bearing in mind a future study about shame proneness of main concern for us. Therefore, our main focus was to examine and validate the domain of shame proneness to use it in a future research. The analysis performed consisted in examining the construct validity through the confirmation of previous hypothesis. These hypothesis were created based in the theory and scientific evidence about the constructs of the TOSCA. In our study, the relation between depression and shame proneness was statistically significant, as has been evidenced in past studies (Tangney, 1989; Tangney et al., 1995). Concurrent validity was also supported by a statistically significant correlation between the shame proneness domain and the sensibility to punishment domain of the SRSPQ. Discriminant validity was based since the shame domain did not correlate with the sensibility to reward domain of the SRSPQ. Reliability was considered low for some subscales as alpha and beta pride, and moderate to good for the remaining domains. Therefore, these results seem encouraging to continuing research into the validation of the TOSCA into Spanish, and providing some basis to use the

TOSCA in the future in a Spanish sample.

Table 1. Means, standard deviations, comparison of means (ANOVA) among the different diagnostic groups of patients and Cronbach Alpha for each domain.

	<i>Cronbach Alpha</i>		<i>N</i>	<i>Media</i>	<i>Desviación típica</i>
TOSCA SHAME *	0.71	tno. Depresivo ^a	20	46.3500	11.15100
Score range: 15-75		tno bipolar ^b	12	36.7500 ^a	8.80212
		tno ansiedad ^c	15	41.0667 ^a	8.18942
		Psicosis ^d	15	36.3333	6.10230
		tno borderline y antisocial (consumo de drogas) ^e	17	39.5882	9.89355
		Total	79	40.5316	9.72287
DETACHMENT	0.63	tno. depresivo	20	43.1000	7.31905
Score range: 10-50		tno bipolar	12	39.4167	5.23030
		tno ansiedad	15	38.3333	5.98411
		psicosis	15	38.4000	7.27815
		tno borderline y antisocial (consumo de drogas)	17	40.0588	5.81454
		Total	79	40.0886	6.58123
GUILT	0.69	tno. depresivo	20	60.3500	6.13253
Score range: 15-75		tno bipolar	12	56.9167	7.25457
		tno ansiedad	15	55.6000	8.61726
		psicosis	15	56.2667	8.86781
		tno borderline y antisocial (consumo de drogas)	17	56.0000	6.48074
		Total	79	57.2152	7.49473
EXTERNALIZATION OF BLAME	0.61	tno. depresivo	20	41.5500	7.89053
Score range: 15-75		tno bipolar	12	35.7500	5.25919

ALPHA PRIDE Score range: 5-25	0.44	tno ansiedad	15	36.9333	8.50602
		psicosis	15	35.3333	7.01699
		tno borderline y antisocial (consumo de drogas)	17	36.0000	8.52936
		Total	79	37.4177	7.87011
		tno. depresivo	20	17.2500	4.19116
		tno bipolar	12	15.5000	3.96576
		tno ansiedad	15	18.6000	3.86929
BETA PRIDE Score range: 5-25	0.41	psicosis	15	17.3333	4.46681
		tno borderline y antisocial (consumo de drogas)	17	16.8824	5.06066
		Total	79	17.1772	4.34346
		tno. depresivo	20	18.0500	3.94001
		tno bipolar	12	17.0000	4.36931
		tno ansiedad	15	19.8000	3.46822
		psicosis	15	18.1333	2.99682
		tno borderline y antisocial (consumo de drogas)	17	18.7647	3.99264
		Total	79	18.3924	3.77718

* ANOVA showed significant differences in means between groups, at $p < 0.05$.

Table 2. Means, Standard deviations (SD) and means comparisons between groups (ANOVA) in the domains of the TOSCA.

		N	Mean	SD
TOSCA				
SHAME *	Mild severity patients ^a (0,1,2)	22	40.3636	7.20149
	Score range: 15-75			
	Control ^b	93	43.4409 _d	8.74949
	Artists ^c	21	39.3810	7.15874
	High severity patients ^d (4,5,6)	35	38.5714 _b	9.87655
	Total	171	41.5497	8.82721
DETACHED	Mild severity patients ^a (0,1,2)	22	41.2273	5.03258
	Score range: 10-50			
	Control ^b	93	39.4086	5.57408
	Artists ^c	22	41.6818	7.60568
	High severity patients ^d (4,5,6)	35	38.9429	6.94492
	Total	172	39.8372	6.12131
GUILT	Mild severity patients ^a (0,1,2)	22	55.6818	5.92321
	Score range: 15-75			
	Control ^b	93	57.0108	6.84533
	Artists ^c	22	57.4545	9.01178
	High severity patients ^d (4,5,6)	35	56.6857	8.50180
	Total	172	56.8314	7.35567
EXTERNALIZATION	Mild severity patients ^a (0,1,2)	22	37.8182	6.04457
	Score range: 15-75			
	Control ^b	93	36.4516	6.58146
	Artists ^c	21	38.5238	7.70467
	High severity patients ^d (4,5,6)	35	36.9143	8.63771
	Total	171	36.9766	7.09926
ALPHA PRIDE	Mild severity patients ^a (0,1,2)	22	17.3182	3.34360
	Score range: 5-25			
	Control ^b	93	17.7097	3.36084
	Artists ^c	21	17.8571	2.43487
	High severity patients ^d (4,5,6)	35	16.6857	4.75748
	Total	171	17.4678	3.59131
BETA PRIDE	Mild severity patients ^a (0,1,2)	22	19.3636	3.53951
	Score range: 5-25			
	Control ^b	93	18.7097	3.06658
	Artists ^c	22	17.0000	3.02372

High severity patients ^d (4,5,6)	35	18.0000	3.88057
Total	172	18.4302	3.34224

* ANOVA showed significant differences in means between groups, at $p < 0.05$.

(0,1,2) = Clinicians rated the severity of the patient in the Clinical Global Index as 0, 1 or 2.

(4,5,6) = Clinicians rated the severity of the patient in the Clinical Global Index as 4, 5 or 6.

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