

## INVESTIGATING THE COMPASS OF SHAME: THE DEVELOPMENT OF THE COMPASS OF SHAME SCALE

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The way in which one copes with, or defends against, shame has important implications. The Compass of Shame Scale (CoSS) was developed to assess use of the four shame-coping styles described by Nathanson (1992): Attack Self, Withdrawal, Attack Other, and Avoidance. Reliability and criterion validity were explored ( $N = 322$ ). Subscale reliabilities ranged from .74 to .91. Confirmatory factor analysis supported a model with four primary factors. A differentiated pattern of correlations was obtained between CoSS scales and general internalized shame, self-esteem, anger, coping, and psychological symptoms. Results provided empirical support for Nathanson's Compass of Shame model and the validity of the CoSS.

*Keywords:* shame, coping, psychopathology, assessment, validity

An important aspect of the experience of shame is the way in which one copes with, or defends against, it. Shame is a painful, self-focused affect (Parker, 1998), which has been linked to many problematic psychological states including:

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aggression, depression, somaticization, anxiety, obsessive-compulsive disorder, interpersonal sensitivity, personality disorders, substance abuse, posttraumatic stress disorder, and low self-esteem (e.g., Harder, 1995; Lewis, 1971, 1987; Nathanson, 1992, 1994; Tangney & Dearing, 2002). Recent reviews of the shame and guilt literature encourage investigations of the context under which these emotions are adaptive versus maladaptive (Bybee & Quiles, 1998; Ferguson & Stegge, 1998; Tangney & Dearing, 2002). While many assessments of the trait of shame proneness have been developed (e.g., Cook, 2001; Harder & Zalma, 1990; Tangney, Wagner, & Gramzow, 1989), the Compass of Shame Scale, described here, is the first instrument specifically designed to assess shame-coping styles.

Nathanson (1992) proposed a model for shame-management scripts or coping styles, the Compass of Shame. This model describes four families of scripts, represented by the poles of the compass and labeled *Attack Self*, *Withdrawal*, *Attack Other*, and *Avoidance*. Each set of shame-focused scripts is associated with different motivations, affects, cognitions, behaviors. Clinicians adopting Tomkins's affect theory (1962 - 1991) have used Nathanson's model as a guide in psychotherapeutic practice (e.g., Nathanson, 1994, 2003). The present study investigates the reliability and validity of an instrument, the Compass of Shame Scale (CoSS), to measure Nathanson's (1992) Compass of Shame model.

### THE COMPASS OF SHAME

The experience of shame is central to Nathanson's (1992) Compass of Shame model; coping scripts are triggered in reaction to a shaming event. Nathanson, following Tomkins, uses a very broad definition of shame, that is, *shame is the negative affect felt in response to any impediment to the ongoing experience of interest or joy* (Tomkins, 1963). Nathanson presents his Compass of Shame model within the framework of Tomkins's script theory (1991). *Scripts*, much like schemas, are recursively defined and nested; they are "*sets of ordering rules for the interpretation, evaluation, prediction, production, or control of scenes*" (Tomkins, 1991, p. 84). A constructive script for shame management is to attend to its source and evaluate whether or not one cares to address it; few people consistently achieve this ideal. The four poles of the Compass of Shame characterize the many scripts by which shame is reduced, ignored, or magnified, without addressing its source (Nathanson, 1992).

At the Withdrawal pole, the person acknowledges the experience as negative, accepts shame's message as valid, and tries to withdraw or hide from the situation. For example, a shamed student might decide not to participate in class discussions or in the extreme case may even drop out of school. The phenomenological experience is negative; emotions include shame, sadness, fear, and anxiety. Cognitions include awareness of one's discomfort with others, and possibly awareness of shameful actions, faults, or characteristics. Nevertheless, negative

feelings and cognitions may not be identified explicitly as shame. The motivation is to limit shameful exposure via the action tendency of withdrawing.

At the Attack Self pole, the person acknowledges the experience as negative, accepts shame's message as valid, and turns anger inward. For example, a shamed student might feel self-directed rage for being "stupid." The phenomenological experience is negative; emotions include self-directed anger, contempt, or disgust, which magnify the impact of shame. Cognitions include awareness of one's shameful actions, faults, or characteristics. As in Withdrawal, negative feelings and cognitions may be acknowledged, but may not be identified explicitly as shame. The motivation is to take control of shame with the ultimate goal being to win acceptance by others. The action tendency is to criticize the self, prevent reoccurrence of the shameful situation through change, conform, show deference to others, or engage in self-deprecating remarks.

Withdrawal and Attack Self share two important aspects, recognition of the negative experience and conscious acceptance (internalization) of shame's message; the self is found lacking. However, it is important to note that while individuals may acknowledge the negative experience (e.g., "I feel bad") and accept shame's message (e.g., "I'm worthless," "I hate myself"), they may not explicitly identify the experience or feeling as shame per se. An important difference between the two poles can be seen in their motivations; individuals using Attack Self scripts often endure shame in order to maintain relationships with others; while those using Withdrawal scripts pull away from others in order to reduce their discomfort and shame experiences.

At the Avoidance pole, the person typically does not acknowledge the negative experience of self, typically does not accept shame's message as valid (denial), and attempts are made to distract the self and others from the painful feeling. For example, a shamed student might joke about a failing grade or disavow interest in the class. The phenomenological experience becomes neutral or positive; shame may be disavowed, or overridden with joy or excitement via distractions (e.g., sex). Cognitions include little awareness of shame or one's shameful actions, faults, or characteristics. The motivation is to minimize the conscious experience of shame or show oneself as being above shame. Of all the poles, Avoidance scripts are most likely to operate outside of consciousness.

Finally, at the Attack Other pole, the person may – or may not – acknowledge the negative experience of self, typically does not accept shame's message, and attempts are made to make someone else feel worse. For example, a shamed student might turn the tables by teasing someone else or externalize the shame by blaming the teacher. The phenomenological experience is negative; anger is directed outward, perhaps toward the source of the shaming event. The cognitive experience is an awareness of someone else's actions or faults and may, or may not, involve awareness of shame. The motivation is to bolster one's own self-

image and externalize the shame. The action tendency is to verbally or physically attack someone or something else in order to make someone else feel inferior. Attack Other and Avoidance share the minimization and limited awareness of shame.

Thus, the poles of the compass can be ordered according to the degree to which they involve consciousness and internalization of shame: Withdrawal and Attack Self are equal, both being greater than Attack Other, which is in turn greater than Avoidance. This observation underlies many hypotheses involving differential relationships between these shame-coping styles and other variables of interest, including the frequent lack of discrimination between Withdrawal and Attack Self.

The poles of the compass model may be viewed from either a state or trait perspective, similar to the way in which anger may be viewed as either a state or a trait. As a state, a given shame-coping script may be active briefly, for seconds at a time, or active over a longer period. Multiple scripts may be employed in coping with a single shaming event, consistent with the literature on coping (Horowitz, 1979; Lazarus, 1999; Nathanson, 1992). As a trait, which poles of the compass are employed, frequencies of use, and possibly order of use, are characteristic of an individual over time (Elison, Pulos, & Lennon, 2006). Because multiple scripts may be employed in response to a single situation, and because preference of use may be stable, the poles of the compass are not necessarily independent. For example, acceptance of shame is shared by Attack Self and Withdrawal; minimization is shared by Attack Other and Avoidance; anger is shared by Attack Self and Attack Other. Thus, an individual may tend to employ scripts from specific pairs of poles together; their application may be successive or simultaneous.

### THE DEVELOPMENT OF THE COMPASS OF SHAME SCALE

The Compass of Shame Scale (CoSS) was developed to assess an individual's use of the four styles of shame reactions described by Nathanson's (1992) Compass of Shame model. Development began with a blueprint, or table of specifications, for test item development. Material for the blueprint came from *Shame and Pride* (Nathanson, 1992).

The format of the CoSS is a series of items the stems of which describe potentially shame-inducing situations or variations of shame emotions (e.g., guilt, embarrassment, rejection) followed by four responses, representing reactions characteristic of each of the poles. Nathanson's eight categories of shame-inducing situations described in *Shame and Pride* (1992, p. 317), were used for the item stems. *Shame and Pride* contains a chapter describing each pole of the compass; these were consulted for responses. Due to concern over the ability to assess shame responses via self-report, the responses do not require

acknowledgement of shame per se. For example, rather than inquiring about shame directly, responses describe related feelings and behaviors such as getting angry at others, being self-critical, or making jokes. Individuals are instructed to rate every item using a forced-choice frequency rating, ranging from 0 (*never*) to 4 (*almost always*).

The structure of four responses for each stem, all of which are rated independently, was chosen for four reasons. First, the use of multiple responses reflects the literature on coping, in that multiple coping mechanisms (scripts or schemas) may be employed in reaction to a single situation (Horowitz, 1979; Lazarus, 1999; Nathanson, 1992). Second, participants rate every response, rather than order them, because an ipsative scale was not desired. In other words, participants can – and do – rate all four responses with the same frequency if they desire. Third, having four responses for every stem allows ratings to be summed for each stem in order to compare ratings among the stem scenarios. This type of comparison by scenario is of interest between groups as well as within individuals. The latter is of particular interest in therapy where the CoSS can be used to illuminate which scenarios are particularly painful for an individual (e.g., Cook, 2001). Fourth, grouping responses by stem rather than repeating each stem four times reduces the length and repetitiveness of the CoSS. The entire instrument (Version 3) appears in the Appendix with items annotated to indicate their respective scales.

For the pilot (Version 1), 72 items were written from the blueprint. Four members of the Tomkins Institute reviewed the items for content validity; eight items were rewritten. Thirty-four undergraduate and graduate students completed the CoSS and provided written feedback on the format, stem situations, and responses. Data from the pilot demonstrated alpha reliabilities across the scales of .82 to .88. Feedback indicated the 72-item version was long and repetitive for many participants. In addition, they felt a number of responses were unlikely or confusing. These items tended to have highly skewed distributions or low item-total correlations or both. The items to remove were identified and the CoSS was trimmed to 48 items for Version 2. Version 2 had acceptable reliability and factor structure, but three of the items did not load as predicted (Elison et al., 2006). These items were rewritten and the CoSS Version 3 was developed.

The current study examines the reliability and validity of the CoSS. Specific issues include: 1) the reliability of the scales, 2) whether the internal structure of the CoSS is consistent with the theoretical model, and 3) convergent and discriminant validity of the scales as they relate to theoretically predicted criterion variables. As with any validity study, positive findings also serve as empirical support for the theoretical model on which the instrument is based.

## METHOD

### PARTICIPANTS AND PROCEDURE

The revised pool of 48 items (CoSS Version 3) and criterion measures were administered to a sample of 322 students (83% undergraduate, 17% graduate;  $M = 24.3$  years old,  $SD = 8.4$ ; 68% women, 32% men; 92% European-American). Although all participants completed the CoSS, subgroups completed the criterion measures (Internalized Shame Scale,  $n = 50$ ; Attack Other Scale,  $n = 47$ ; Ways of Coping Questionnaire,  $n = 47$ ; Symptom Check List,  $n = 150$ ). Twenty-seven participants were retested three weeks later to assess stability of the scores over time.

### CRITERION MEASURES

**The Internalized Shame Scale** (ISS; Cook, 2001) was used to explore convergent and discriminant validity in relation to shame and self-esteem. The ISS contains a 24-item shame scale and a 6-item self-esteem scale, referred to here as the ISS-Shame and the ISS-SE, respectively. The coefficient alpha for the ISS shame scale was .95 and alpha for the ISS self-esteem scale was .90.

**The SCL-90-R** (Symptom Check List; Derogatis, 1983) is a 90-item self-report symptom inventory designed to assess patterns of psychological symptoms. The SCL-90 contains nine symptom scales, and three summary scales. Three symptom (Depression, Interpersonal Sensitivity, and Hostility-Anger) and two total (General Severity Index (GSI) and Positive Symptom Distress Index (PSDI)) scales were employed in the current study. The GSI is an index of overall psychological distress while the PSDI is a measure of symptom intensity in that it is corrected for the number of symptoms. The coefficient alphas for the SCL-90-R scales used in the current study were: GSI, .98; PSDI, .98; Depression, .91; Interpersonal Sensitivity, .83; Hostility-Anger, .79.

**The Attack Other Scale** (AOS; Cook, 1996) is a measure of other-directed anger as a trait. Its nine items present statements about an individual's anger, especially in response to interpersonal situations. In the current study the coefficient alpha for the AOS was .83.

**Ways of Coping Questionnaire** The Ways of Coping Questionnaire (WCQ; Folkman & Lazarus, 1988) was used to explore convergent and discriminant validity in relation to emotion-focused and problem-focused coping styles. The WCQ is a 66-item instrument with subscales designed to assess an individual's use of eight different coping processes. These coping processes can be organized into two higher order categories, problem-focused coping and emotion-focused coping (Folkman, Lazarus, Dunkel-Schetter, DeLongis, & Gruen, 1986).

The CoSS is intended to measure the use of affect management scripts (Tomkins, 1991); that is to say, the CoSS is a measure of emotion-focused

coping, not problem-focused coping. These emotion-focused scales were used to assess the convergent validity of the CoSS, while the problem-focused scales were used to assess the divergent validity of the CoSS, that is, some CoSS scales should correlate with other scales measuring emotion-focused coping and should not generally correlate with scales measuring problem-focused coping.

Newer research suggests that Confrontive coping may be more emotion focused and Positive Reappraisal may be more problem focused (Wei, Lennon, & Pulos, 2005). Accordingly, Confrontive Coping, which includes hostility and anger, should correlate with Attack Other, and Positive Reappraisal may not correlate with any of the CoSS scales.

## RESULTS

### CONFIRMATORY ANALYSIS OF COSS STRUCTURE

A confirmatory factor analysis was conducted to examine whether the data fit the a priori model of the CoSS. Specifically, the model predicted that each item would be related only to the scale it was hypothesized to represent. Such a model is a simultaneous test of the unidimensionality of the four CoSS scales. The analysis was conducted with LISREL 8.54, and the Goodness of Fit was evaluated with the two most widely accepted and employed indices of fit – the Comparative Fit Index (CFI) and the Root Mean Square Error of Approximation (RMSEA) (McDonald & Ho, 2002).

The CoSS model demonstrated acceptable fit to the data as the CFI was .94 (CFI greater than .90 is considered acceptable). The RMSEA was .055 with a 90% confidence interval between 0.052 and 0.059. An RMSEA with the upper limit of the confidence interval below .10 is considered an acceptable fit.

Moderate correlations were found among the latent variables; Withdrawal with Attack Other .63 ( $p < .001$ ), with Attack Self .82 ( $p < .001$ ), with Avoidance .23 ( $p < .001$ ), Attack Other with Attack Self .53 ( $p < .001$ ), with Avoidance .44 ( $p < .001$ ); Attack Self with Avoidance .11 ( $p < .05$ ).

### ITEM INDEPENDENCE

Although the CoSS is not an ipsative measure the format could have led subjects to respond as if it were. If the subjects responded to the CoSS as an ipsative measure then we would expect (Hicks, 1970): 1) the 4 responses within each of the 12 stems to be negatively correlated with each other, 2) the 4 scales to be negatively correlated with each other, and 3) the mean correlation of all scales with any variable to approach zero. This was not the case. First, the average correlations within each of the twelve stems were always positive, ranging from .025 to .249, with a median of .178. The variances ranged from .001 to .069, with a median of .042. Second, the mean correlation among the scales was .39.

Third, the mean correlation between the scales and other variables is not zero, as can be seen in Table 1.

**TABLE 1**  
ORDERING OF CoSS SCALES BY PREDICTED MAGNITUDE OF CORRELATIONS VERSUS OBSERVED CORRELATIONS

Validity Construct	WD	AS	AO	AV
Shame (ISS)	1 <sub>a</sub> .71***	1 <sub>a</sub> .72***	3 <sub>b</sub> .31*	4 <sub>b</sub> .16
Self-Esteem (ISS)	-1 <sub>a</sub> -.55***	-1 <sub>a,b</sub> -.37**	-3 <sub>b,c</sub> -.21	0 <sub>c</sub> .10
Global Severity Index (SCL-90-R)	2 <sub>b</sub> .40***	1 <sub>a</sub> .52***	3 <sub>b</sub> .34***	0 <sub>c</sub> .14
Positive Symptom Distress Index (SCL-90-R)	2 <sub>b</sub> .33***	1 <sub>a</sub> .54***	3 <sub>b</sub> .22**	0 <sub>c</sub> .05
Depression (SCL-90-R)	2 <sub>b</sub> .44***	1 <sub>a</sub> .57***	3 <sub>c</sub> .29***	0 <sub>d</sub> .11
Interpersonal Sensitivity (SCL-90-R)	1 <sub>a</sub> .52***	1 <sub>a</sub> .54***	3 <sub>b</sub> .38***	4 <sub>c</sub> .14
Hostility-Anger (SCL-90-R)	0 <sub>b</sub> .15	2 <sub>a</sub> .30***	1 <sub>a</sub> .32***	0 <sub>b</sub> .13
Anger (AOS)	0 <sub>b</sub> .21	2 <sub>b</sub> .25*	1 <sub>a</sub> .63***	0 <sub>b</sub> .11
Distancing (WCQ)	-2 <sub>b</sub> -.20	-2 <sub>b</sub> -.31*	-2 <sub>b</sub> -.30*	1 <sub>a</sub> .28*
Escape-Avoidance (WCQ)	1 <sub>a</sub> .38**	0 <sub>a,b</sub> .39**	1 <sub>a,b</sub> .31*	0 <sub>b</sub> .04
Accepting Responsibility (WCQ)	0 <sub>a,b</sub> .24*	1 <sub>a</sub> .26*	0 <sub>a,b</sub> .08	0 <sub>b</sub> -.10
Confrontive Coping (WCQ)	0 <sub>a</sub> .10	0 <sub>a</sub> .07	1 <sub>a</sub> .28*	0 <sub>a</sub> .20
Self-Controlling (WCQ)	0 .18	0 .14	0 .01	0 .19
Seeking Social Support (WCQ)	0 .16	0 .18	0 .08	0 -.11
Planful Problem Solving (WCQ)	0 -.03	0 .00	0 -.05	0 .09
Positive Reappraisal (WCQ)	0 .06	0 .09	0 .00	0 .03

*Note:* 1 indicates largest predicted magnitude. 0 indicates no correlation predicted. Row predictions with different subscripts indicate the observed correlations differ significantly at  $p < .05$  (Meng et al., 1992). WD – Withdrawal; AS – Attack Self; AO – Attack Other; AV – Avoidance. ISS – Internalized Shame Scale;  $n = 50$ . SCL-90-R – Symptom Checklist;  $n = 150$ . AOS – Attack Other Scale;  $n = 47$ . WCQ – Ways of Coping Questionnaire;  $n = 47$ .

\* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$ . All one-tailed.



### RELIABILITY

Internal consistency was examined for the four a priori scales. Cronbach's alphas were acceptable (Withdrawal, .89; Attack Other, .85; Attack Self, .91; Avoidance, .74). Three-week test-retest reliabilities for 27 participants were: Withdrawal, .75; Attack Other, .85; Attack Self, .81; Avoidance, .75.

### MEAN DIFFERENCES

The four scales differed in their frequency of use (Attack Self,  $M = 24.20$ ,  $SD = 9.60$ ; Withdrawal,  $M = 21.89$ ,  $SD = 9.28$ ; Avoidance,  $M = 22.59$ ,  $SD = 6.25$ ; Attack Other,  $M = 14.93$ ,  $SD = 7.37$ ). Attack Self was the most commonly endorsed and Attack Other was endorsed the least.

### CONVERGENT VALIDITY WITH CRITERION MEASURES

To investigate convergent validity Pearson correlations were computed among scores from the individual CoSS scales and scores from the instruments described previously. These correlations and related hypotheses are displayed in Table 1. Tests for the significance of differences between correlated correlation coefficients were computed (Meng, Rosenthal, & Rubin, 1992); these results are also displayed in Table 1.

**Shame (Internalized Shame Scale – ISS)** Given the “internalized” (trait) nature of the ISS, strong correlations with the Withdrawal ( $r = .71$ ) and Attack Self ( $r = .72$ ) scales were expected and obtained; both correlations were significantly greater than the ISS correlations with the Attack Other ( $r = .31$ ) and Avoidance ( $r = .16$ ) scales. Only the Avoidance correlation was nonsignificant.

**Self-esteem (Internalized Shame Scale – ISS-SE)** Due to the consciousness and internalization of shame shared by the Withdrawal and Attack Self scales, moderately strong negative correlations with the ISS Self-Esteem scale were predicted and obtained (Table 1;  $r = -.55$  and  $-.37$ , respectively). However, the Attack Other correlation was nonsignificant. The magnitudes of these correlations with self-esteem for all four CoSS scales were similar to the CoSS correlations reported by Yelsma, Brown and Elison in their study (2002) of self-esteem. As expected, greater consciousness and internalization of shame were, in general, reflected in lower self-esteem. The significant differences between correlations suggest externalization via Attack Other, and minimization via Avoidance, may act to protect self-esteem in comparison to Withdrawal and Attack Self.

**Psychological Symptoms (Symptom Check List – SCL-90-R)** In general, Compass of Shame styles were predicted to relate to psychological symptoms according to the degree to which they involve consciousness and internalization of shame, with the caveat that Attack Self was expected to have the strongest relationship due to the intrapunitive nature of these scripts. These were the hypotheses proposed for the GSI, the PSDI, and Depression. The hypotheses

were supported for all three measures; however the correlations with the GSI and PSDI were not significantly higher for Withdrawal than for Attack Other.

The Interpersonal Sensitivity scale was hypothesized to follow the general hypothesis with the exception that Withdrawal and Attack Self were not expected to differ. The results supported these hypotheses; however, the Avoidance correlation was nonsignificant. It was hypothesized that Hostility would primarily be related to Attack Other and – to a lesser degree – to Attack Self, but related to neither Avoidance nor Withdrawal. Again, the results supported these hypotheses; however the correlation with Attack Other was not significantly higher than for Attack Self. In summary, Compass of Shame styles demonstrated a differentiated pattern of correlations with psychological symptoms.

**Anger (Attack Other Scale – AOS)** Due to the anger inherent in the CoSS Attack Other Subscale and, to a lesser extent the Attack Self scale, they were predicted to correlate with measures of trait anger. Withdrawal and Avoidance were predicted to be unrelated to trait anger. The correlations with the AOS supported these hypotheses; however the correlation with Attack Self was not significantly higher than the correlations with Withdrawal and Avoidance.

**Coping (Ways of Coping Questionnaire)** Of the eight Ways of Coping scales (Folkman & Lazarus, 1988), four scales (Distancing, Escape-Avoidance, Accepting Responsibility, Confrontive Coping) were expected to be significantly correlated with some CoSS scales. These scales are largely emotion-focused in ways similar to specific CoSS scales.

The Distancing scale of the Ways of Coping Questionnaire “describes cognitive efforts to detach oneself and to minimize the significance of the situation” (Folkman & Lazarus, 1988, p.11), thus representing emotional distancing. Distancing is a feature of the Compass of Shame Avoidance style and in contrast to the emotional nature of the Attack Self, Withdrawal, and Attack Other styles. The CoSS correlations with the Distancing scale supported these hypotheses; however, the Withdrawal correlation, while negative, was nonsignificant.

The items in the Escape-Avoidance scale of the Ways of Coping Questionnaire acknowledge a problem and associated distress. They describe attempts to escape from the problem such as “avoided being with people in general” or “took it out on other people,” behaviors exhibited by those who employ the Compass of Shame Withdrawal and Attack Other styles. Although the Ways of Coping Questionnaire and the CoSS both contain scales labeled “Avoidance,” their meanings are very different. CoSS Avoidance represents emotional detachment or disavowal; in contrast, the Ways of Coping Questionnaire Escape-Avoidance items acknowledge the emotionality of the situation and the resulting need to withdraw. Therefore, no correlation between the two “Avoidance” scales was expected. The observed correlations supported these hypotheses, with the exception of the unexpected relationship between Escape-Avoidance and Attack

Self, which did not differ significantly from the correlations with Withdrawal and Attack Other. The correlation with Attack Self may have been due to the acknowledgement of negative emotion shared by both scales.

Accepting Responsibility contains themes of internalization, self-criticism, and deference, which resulted in significant correlations with Attack Self and Withdrawal. Confrontive Coping includes hostility and anger, which, as predicted, resulted in a significant correlation with Attack Other. The remaining scales describe predominately problem-focused behaviors. Therefore, relationships between these four scales and CoSS scales were not predicted. None of these scales demonstrated significant correlations with the CoSS scales.

### **MALE/FEMALE DIFFERENCES**

Male/Female differences were seen in three of the four scales. Men exhibited more avoidance than did women ( $t = 1.98, d = .24$ ) and women exhibited more Attack Self ( $t = 5.04, d = .61$ ) and more Withdrawal ( $t = 5.07, d = .61$ ). While women also exhibited more Attack Other the results were neither statistically significant nor large ( $t = 1.53, d = .19$ ).

## **CONCLUSION**

Its psychometric properties indicate that the CoSS is a promising instrument for the assessment of shame-coping styles. It has the expected internal structure. The four scales have acceptable to high internal consistency. The scales demonstrate the expected pattern of correlations with criterion variables. Withdrawal and Attack Self share characteristic features of acceptance and internalization of shame. Illustrating the intrapunitive nature of Attack Self scripts, the Attack Self scale demonstrates the strongest relationships with psychological symptoms in terms of the Global Severity Index, the Positive Symptom Distress Index, and Depression. Attack Other scripts serve to externalize or redirect shame. The Attack Other scale is differentiated by greater hostility and anger and has been associated with psychopathy (Campbell & Elison, 2005). Avoidance scripts serve to disavow or minimize shame. Fewer psychological symptoms and the use of Distancing as a coping strategy characterize Avoidance. The internal structure and the numerous validity measures support the Compass of Shame as a theoretical model and support the CoSS as a tool which accurately assesses this model.

### **CORRELATIONS AMONG FACTORS**

With one exception the correlations among factors appear to reflect the features shared by specific pairs of poles: acceptance shared by Attack Self and Withdrawal, minimization shared by Attack Other and Avoidance, and anger

shared by Attack Self and Attack Other. As expected, Attack Self and Withdrawal have the highest correlation among any pair of factors. These poles share the conscious and internalized nature of the shame experience; shame is accepted as valid and there is a willingness to acknowledge feeling bad (Nathanson, 1992). In contrast, the Attack Other and Avoidance poles share the minimization of shame, which accounts for their moderate correlation. A moderate correlation is seen between both Attack poles. They share the anger characteristic and one might expect the target of the anger to vacillate between self and others (Nathanson, 1992). As expected, the pairs Attack Self and Avoidance and Withdrawal and Avoidance exhibit low correlations.

The one exception is the unexpectedly high correlation found between Attack Other and Withdrawal. This correlation may represent passive-aggressive behavior, passive behaviors of the Withdrawal pole and aggressive behaviors of the Attack Other pole. Evidence for a connection between a desire to withdraw and anger was found by Wicker, Payne, and Morgan (1983) and Tangney, Miller, and Flicker (1992). Empirical support for this interpretation comes from Cook's (1996) work with his Internalized Shame Scale and his Attack Other Scale (see Measures section). Cook's results include correlations between the MCMI-II Passive Aggressive scale and the ISS of .65, and with the AOS of .64, both significant at  $p < .001$ .

The CoSS scales are not orthogonal; nor were they meant to be. The correlations among the factors suggest that individuals frequently employ more than one script, but it does not mean the scales are redundant. Folkman and Lazarus (1988) note that an important question in coping research is the temporal unfolding of coping processes. CoSS scales may be correlated with each other and with similar magnitudes to other variables because one CoSS style often follows another. In addition, Folkman and Lazarus note that situational factors, such as the type of stressor and whether the situation is changeable, affect choice of coping styles. Because the CoSS focuses specifically on coping with shame, situational factors are less variable in comparison to the Ways of Coping Questionnaire where a wide variety of stressors are involved. Thus, CoSS scales may show less discrimination than measures of coping with stressors in general. Nonetheless, even in the case of the most highly correlated scales, Attack Self and Withdrawal, over 16% of the participants differ on the two scales by more than one standard deviation. Studies of their temporal relationships or with criterion variables assessing the differences suggested by Nathanson (e.g., conformity, shyness) may better reveal discrimination between Withdrawal and Attack Self.

**Convergent Validity** Significant correlations between CoSS scales and criterion measures are evident in almost all cases where they were predicted (28 of 32). As predicted, the intrapunitive nature of Attack Self scripts acts to magnify

the destructive aspects (e.g., depression, symptom distress index) of shame; Withdrawal and Attack Self scripts are characterized by internalization (e.g., internalized shame, lowered self-esteem); Attack Other scripts involve externalization (e.g., hostility, anger); Avoidance acts through emotional minimization (e.g., distancing).

***Discriminant Validity*** When validating a scale composed of multiple subscales, such as the CoSS, discriminant validity encompasses two separate issues. The first issue is discrimination in general; in other words, are CoSS scales uncorrelated with measures for which no relationship is expected? The second issue is discrimination among CoSS scales; in other words, do the magnitudes of the correlations between CoSS scales and a given criterion measure differ? In terms of general discrimination, CoSS scales are not significantly correlated with measures of problem-focused coping, with one anticipated exception (i.e., Attack Other – Confrontive Coping). Nor are they significantly correlated with Seeking Social Support, an emotion-focused style unlike any CoSS scale. Thus, in our limited test, the results support general discriminant validity.

In terms of discrimination among CoSS scales, the magnitudes of the correlations usually differ across scales as predicted (54 of 56 hypotheses); in many cases these differences are significant (40 of 56). This differentiated pattern is important because Compass of Shame styles are believed to mediate the relationships between the experience of shame and other variables, with different relationships predicted for each of the four styles (Nathanson, 1992). However, a number of important exceptions are evident. While the magnitudes of correlations between Attack Other and criterion variables are lower than for Withdrawal and Attack Self as predicted, in several cases these differences are not significant. More importantly, the magnitudes of correlations between Withdrawal and Attack Self and the majority of criterion measures do not differ significantly. While many of these similarities were anticipated, the hypothesized differences between Withdrawal and Attack Self are significant in only four of seven cases.

## **FUTURE APPLICATIONS**

Nathanson (1992) hypothesized that Compass of Shame styles are differentially related to variables associated with shame (e.g., depression, hostility), as would be the case if shame coping mediated the relationships between the experience of shame and these variables. While mediation was not explored in the present study, the results support the hypothesis of differentiated relationships with regard to a variety of constructs: internalization of shame, self-esteem, psychological symptoms, anger, and other coping styles. Similarly, other studies have supported this hypothesis with regard to self-esteem (Yelsma et al., 2002), psychopathy (Campbell & Elison, 2005), anger, and a general

measure of psychological symptoms (Elison et al., 2006). Recent reviews of the shame and guilt literature encourage investigations of when, and under what conditions, these emotions are adaptive versus maladaptive (Bybee & Quiles, 1998; Ferguson & Stegge, 1998; Tangney & Dearing, 2002). The CoSS and results reported here provide a starting point from which these questions may be addressed. Each of the four CoSS scales assesses a different approach to shame coping and each approach may be adaptive or maladaptive depending on the context in which it is employed.

From the results presented here one might infer that Avoidance is a more effective or adaptive shame-focused coping style than the others. This conclusion depends on one's definition of effective and adaptive. Certainly Avoidance exhibits weaker associations with psychological symptoms as measured in this study. However, Avoidance may have other associated costs, which reduce its effectiveness. Nathanson's theory (1992) suggests that addictions and narcissism may be among the costs of Avoidance. Furthermore, the denial aspect of Avoidance coping may serve to attenuate correlations. People who employ Avoidance would be less likely to be aware of psychological symptoms, even when present, a limitation of self-report studies. A more complete assessment of Avoidance may require ratings of participants by other sources and measures of other attributes, such as addictions, narcissism, and quality of relationships. Therefore, conclusions about which styles are more effective, adaptive, or healthy should be framed in a broader context. These are issues to be pursued in future studies.

There has been an increased focus on the role of shame in the development of self, self-esteem, and psychopathology. The tragedy at Columbine High School and more recent school shootings have resulted in increased awareness of the role of shame in violence (Elison & Harter, 2004; Harter, Low, & Whitesell, 2003; Nathanson, 2003); focus has switched from the bullies to the bullied. The relevance of the Compass of Shame model to the development of self, self-esteem, psychopathology, and violence suggests its value in research, psychotherapy, and interventions. Indeed, the current study provides empirical support for the major theoretical prediction of this model, specifically a differentiated pattern of associations between shame-coping styles and related constructs. The way in which one copes with, or defends against, shame truly is an important aspect of the shame experience. The reliability, structural validity, and criterion-related validity of the CoSS support its use as a measure of the underlying Compass of Shame model.

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**APPENDIX**  
**CoSS**  
**(VERSION 3)**

Directions: Below is a list of statements describing situations you may experience from time to time. Following each situation are four statements describing possible reactions to the situation. Read each statement carefully and circle the number to the left of the item that indicates the frequency with which you find yourself reacting in that way. Use the scale below. Please respond to all four items for each situation.

**SCALE**

0	1	2	3	4
<b>NEVER</b>	<b>SELDOM</b>	<b>SOMETIMES</b>	<b>OFTEN</b>	<b>ALMOST ALWAYS</b>

**SCALE**

**A.** When an activity makes me feel like my strength or skill is inferior:

0 1 2 3 4 1. I act as if it isn't so. (AV)

0 1 2 3 4 2. I get mad at myself for not being good enough. (AS)

0 1 2 3 4 3. I withdraw from the activity. (WD)

0 1 2 3 4 4. I get irritated with other people. (AO)

**B.** In competitive situations where I compare myself with others:

0 1 2 3 4 5. I criticize myself. (AS)

0 1 2 3 4 6. I try not to be noticed. (WD)

0 1 2 3 4 7. I feel ill will toward the others. (AO)

0 1 2 3 4 8. I exaggerate my accomplishments. (AV)

**C.** In situations where I feel insecure or doubt myself:

0 1 2 3 4 9. I shrink away from others. (WD)

0 1 2 3 4 10. I feel others are to blame for making me feel that way. (AO)

0 1 2 3 4 11. I act more confident than I am. (AV)

0 1 2 3 4 12. I feel irritated with myself. (AS)

**D.** At times when I am unhappy with how I look:

0 1 2 3 4 13. I take it out on other people. (AO)

0 1 2 3 4 14. I pretend I don't care. (AV)

0 1 2 3 4 15. I feel annoyed at myself. (AS)

0 1 2 3 4 16. I keep away from other people. (WD)

**E.** When I make an embarrassing mistake in public:

0 1 2 3 4 17. I hide my embarrassment with a joke. (AV)

0 1 2 3 4 18. I feel like kicking myself. (AS)

0 1 2 3 4 19. I wish I could become invisible. (WD)

0 1 2 3 4 20. I feel annoyed at people for noticing. (AO)

**F.** When I feel lonely or left out:

- 0 1 2 3 4 21. I blame myself. (AS)  
 0 1 2 3 4 22. I pull away from others. (WD)  
 0 1 2 3 4 23. I blame other people. (AO)  
 0 1 2 3 4 24. I don't let it show. (AV)

**G.** When I feel others think poorly of me:

- 0 1 2 3 4 25. I want to escape their view. (WD)  
 0 1 2 3 4 26. I want to point out their faults. (AO)  
 0 1 2 3 4 27. I deny there is any reason for me to feel bad. (AV)  
 0 1 2 3 4 28. I dwell on my shortcomings. (AS)

**H.** When I think I have disappointed other people:

- 0 1 2 3 4 29. I get mad at them for expecting so much from me. (AO)  
 0 1 2 3 4 30. I cover my feelings with a joke. (AV)  
 0 1 2 3 4 31. I get down on myself. (AS)  
 0 1 2 3 4 32. I remove myself from the situation. (WD)

**I.** When I feel rejected by someone:

- 0 1 2 3 4 33. I soothe myself with distractions. (AV)  
 0 1 2 3 4 34. I brood over my flaws. (AS)  
 0 1 2 3 4 35. I avoid them. (WD)  
 0 1 2 3 4 36. I get angry with them. (AO)

**J.** When other people point out my faults:

- 0 1 2 3 4 37. I feel like I can't do anything right. (AS)  
 0 1 2 3 4 38. I want to run away. (WD)  
 0 1 2 3 4 39. I point out their faults. (AO)  
 0 1 2 3 4 40. I refuse to acknowledge those faults. (AV)

**K.** When I feel humiliated:

- 0 1 2 3 4 41. I isolate myself from other people. (WD)  
 0 1 2 3 4 42. I get mad at people for making me feel this way. (AO)  
 0 1 2 3 4 43. I cover up the humiliation by keeping busy. (AV)  
 0 1 2 3 4 44. I get angry with myself. (AS)

**L.** When I feel guilty:

- 0 1 2 3 4 45. I push the feeling back on those who make me feel this way. (AO)  
 0 1 2 3 4 46. I disown the feeling. (AV)  
 0 1 2 3 4 47. I put myself down. (AS)  
 0 1 2 3 4 48. I want to disappear. (WD)