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Articles

Italian Validation of the Internalized Shame Scale for adolescents: Factor Structure and Construct Validity

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Abstract

Background. Internalized shame represents a pervasive, identity-based form of self-devaluation rooted in relational experiences and associated with significant psychological distress. Despite its clinical relevance, adolescent-focused validations remain limited.

Objective. The current research aimed at evaluating the factorial structure, reliability, and validity of the Internalized Shame Scale (ISS) in an Italian adolescent sample.

Method. A sequential validation design was employed using two independent samples. In Phase 1, 774 adolescents (13–19 years) have been involved, and exploratory factor analysis (EFA) was conducted to examine its latent structure. In Phase 2, the resulting model was tested in an independent sample of 762 adolescents (13–20 years) through confirmatory factor analysis (CFA). Convergent, divergent, and concurrent validity were examined through associations with shame proneness, anti-mattering, perceived social support, and psychological distress.

Results. The EFA supported a 24-item two-factor solution, composed of two strongly correlated dimensions: Inadequate, reflecting chronic self-devaluation and perceived defectiveness, and Overwhelmed, capturing affective overload, emptiness, and fragmentation. Both factors showed excellent internal consistency ($\alpha = .94$). CFA supported the two-factor second-order model, with Internalized Shame loading significantly on both first-order factors and showing excellent reliability ($\alpha = .96$). Convergent validity was demonstrated through strong positive associations with shame proneness and anti-mattering. Divergent validity was supported by weak or nonsignificant correlations with perceived social support. Concurrent validity was confirmed by a robust predictive effect of internalized shame on general psychological distress, accounting for a substantial proportion of variance.

Conclusions. These findings support the ISS as a psychometrically sound instrument for assessing internalized shame in youth. The validated ISS offers a valuable tool for research, prevention, and clinical practice, facilitating early identification of shame-based self-schemas that may underline vulnerability to internalizing psychopathology during adolescence.

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1. Introduction

Shame is a highly complex self-conscious emotion rooted in the individuals' self-evaluation as fundamentally defective, undesirable, not enough, or unworthy of social acceptance (Matos et al., 2023; Nathanson, 1992; Tangney & Dearing, 2003), in association with feelings of being exposed, ridiculous and devalued (Ferreira et al., 2022; Schimmenti, 2012). Although long neglected within psychological research, shame has increasingly gained recognition as a clinically significant affective experience strongly associated with emotional maladjustment and psychopathology. In this regard, contemporary studies have consistently linked shame experiences to depressive, anxious, and trauma-related symptoms, eating pathology, self-harm, withdrawal and internalizing difficulties across both adolescent and adult populations (Ferreira et al., 2022; Matos et al., 2013; Muris et al., 2018).

Concurrently, shame cannot be reduced exclusively to a maladaptive emotional state. Under normative developmental conditions, temporary experiences of shame can allow for compliance with moral and social rules, reinforcing interpersonal bonds and simplifying social interactions and intimate relationships (Muris et al., 2018; Santoro et al., 2025; Tangney & Tracy, 2012). However, although temporary shame responses can serve adaptive social-regulatory functions, when this emotion is prevalent or rejected, it might negatively impact on individuals' life, sense of security, self-confidence and coping skills, with intense feelings of inadequacy and unworthiness (Schimmenti, 2012).

Relational impairments have been widely emphasized as significant factors in the development of shame, involving criticism, rejection, humiliation, exclusion, or failed recognition by significant others (Epstein, 2021; Etherson, 2023; Kaufman, 2004). Moreover, shame might originate in early attachment-related trauma and maladaptive experiences, which might contribute to the internalization of a critical and devaluing representation of the self (Santoro et al., 2025; Schimmenti, 2021; Sedighimornani et al., 2021). Accordingly, shame has been defined as a socially focused emotion and a relational experience (Epstein, 2021; Kaufman, 2004; Matos et al., 2023; Schimmenti, 2012, 2021), reflecting the internalization of a critical or rejecting gaze that progressively transforms external experiences of devaluation into enduring self-devaluative schemas (Lewis, 1995, 1992; Schimmenti, 2021). Repeated experiences of relational invalidation might therefore lead to the development of a "shame-based identity" (Cook, 2001) in which the self is experienced as fundamentally defective or inadequate (Lewis, 1971).

Within this framework, the "internalized shame" term describes pervasive and amplified shame, forming a major feature of identity chronically embedded within psychological functioning (Cook, 2001; Kaufman, 2004; Tomkins, 1963). Thus, differently from situational shame

triggered by specific interpersonal events, internalized shame refers to the assumption of a negative and devalued self-representation even in the absence of external criticism, reflecting a chronic sense of defectiveness, unworthiness, and inadequacy (Matos et al., 2012; Nathanson, 1992). It is closely related to painful processes of self-judgment and self-criticism (Gilbert, 1998, 2003), under which individuals often perceive themselves as inherently flawed despite experiences of acceptance or support from others. Accordingly, given the central role of internalized shame in emotional development and psychopathology, the availability of psychometric instruments for the assessment of this construct has received increasing attention within both clinical and research contexts.

1.1 The Internalized Shame Scale

The Internalized Shame Scale (ISS; Cook, 1988, 1991, 2001) represents one of the earliest and most widely used instruments specifically designed to theoretically and empirically capture shame that has become embedded within the individual's identity organization rather than representing a transient affective state. Rooted in clinical observations of individuals facing addiction, trauma, and attachment difficulties, the ISS operationalizes core dimensions of internalized shame: global self-devaluation, inferiority, and chronic perceptions of defectiveness (Cook, 1991, 2001). Therefore, the ISS items were originally drawn with words reflecting a high degree of negative affect intensity and a pervasive sense of inadequacy that lies at the core of internalized shame. Over three decades, the ISS has obtained empirical support and has been translated into several languages and cultural contexts. In the original 35-item ISS, Cook (1988) explored internalized shame experiences among adults facing addictive behaviors and conceptualized it as a unidimensional trait construct. However, the paper showed methodological limitations and insufficient reporting procedures. Later, Cook (1989a, 1989b, 1994, 2001) proposed a 30-item self-report inventory aimed at measuring trait shame and composed by two subscales: a 24-item subscale indicating the "Total Shame", and a 6-item "Self-esteem" subscale adapted from Rosenberg's (1965) Self-Esteem Scale. These modifications were intended to improve psychometric performance and to account for the strong empirical association between shame experiences and diminished self-worth. In this regard, these non-peer-reviewed studies (Cook, 1994, 2001) showed a methodological quality ranged from inadequate to very good. More specifically, test-retest reliability correlations were .84 and .69 for the shame and self-esteem subscales, respectively. Furthermore, "Total shame" subscale alpha coefficients measured .95 (non-clinical sample) and .96 (clinical sample), whereas "Self-esteem" subscale alpha coefficients were .90 and .87, respectively.

However, despite their conceptual overlap, internalized shame and self-esteem are currently regarded as related but distinct psychological constructs (Bae et al., 2022; Budiarto & Helmi,

2021; Reimer, 1996). Whereas internalized shame reflects a painful and affectively charged sense of being fundamentally flawed, defective, or unworthy in the eyes of oneself and others, self-esteem refers to a broader evaluative judgment of personal worth and competence that may vary across contexts and developmental stages (Reimer, 1996). Consequently, the inclusion of self-esteem items may partially blur the conceptual boundaries of the construct and shift the focus from shame as a specific self-conscious emotion toward a more general evaluation of the self. For these reasons, the original ISS (Cook, 1988) may offer the most theoretically focused assessment of internalized shame, as it was developed before the introduction of self-esteem items and was specifically designed to capture shame-related self-evaluations rather than broader judgments of self-worth. Despite the extensive use of the ISS in adult and clinical populations, psychometric investigations of the original version in adolescent samples remain extremely limited. Involving adolescent samples may contribute to clarifying whether Cook's initial conceptualization of internalized shame remains valid during a developmental period in which shame-related self-representations are undergoing substantial reorganization.

Over the past three decades, subsequent versions of the ISS have been more carefully studied and widely used despite the evidence for structural validity remaining limited (Lear et al., 2022). Rybak and Brown (1996) provided further support for the psychometric soundness of the ISS, reporting good internal consistency (Cronbach's alpha coefficients of .97 and .90 for the Shame and Self-Esteem subscales, respectively). However, their investigation did not examine the latent structure of the scale through exploratory or confirmatory factor analyses. Subsequently, in different cultural contexts, studies evaluated psychometric properties of the ISS. Lee and Choi (2005a, 2005b) explored the Korean version of the ISS using an exploratory factor analysis (EFA), identifying a four-factor structure comprising Inadequacy, Emptiness, Self-punishment, and Fear of Mistakes. The internal consistency of the four factors was satisfactory, with Cronbach's α coefficients of .89, .86, .78, and .74, respectively, while the total scale demonstrated excellent reliability ($\alpha = .93$). Del Rosario and White (2006) conducted a principal components analysis (PCA) on the 24-item shame subscale, demonstrating a three-factor structure consisting of Inferiority, Fragility/Exposed, and Empty/Lonely and excellent internal consistency for the scale, with Cronbach's alpha coefficients ranging from .88 to .96. Similarly, Viken et al. (2010) utilized factor analysis in a Norwegian outpatient sample, extracting a multi-factor solution characterized by a dominant "Inadequacy" factor, and the Cronbach's ISS alpha was .92. In contrast to these multidimensional findings, Matos et al. (2012) conducted a PCA on the Portuguese version of the ISS and confirmed a robust one-dimensional structure for both the Internal Shame and Self-Esteem subscales. The authors reported high internal reliability for this unidimensional model, with Cronbach's alpha values of .95 for the Internal Shame subscale and

.85 for the Self-Esteem subscale. Overall, across validation studies, the ISS has demonstrated good construct validity, as higher levels of internalized shame have been consistently associated with greater psychological distress, depressive and anxiety symptoms, self-criticism, and interpersonal difficulties.

1.2 Internalized shame, shame proneness and anti-mattering

As aforementioned, shame has been conceptualized as a complex and multifaceted phenomenon, including affective, cognitive, interpersonal, and identity-related dimensions (Gilbert, 1998; Kaufman, 2004; Tangney & Dearing, 2003). Therefore, contemporary research has examined several shame-related constructs, such as internalized shame, shame proneness, and anti-mattering, each capturing distinct yet complementary aspects of vulnerability to psychological distress. More specifically, although they are closely related constructs within self-conscious emotions, internalized shame and shame proneness also differ in their phenomenology, developmental origins, and implications for psychological functioning. Shame proneness refers to the tendency to experience shame across situations, reflecting a dispositional sensitivity to perceived failures, social evaluation, and threats to the social self (Harder & Zalma, 1990; Tangney & Dearing, 2003). It is typically conceptualized as a propensity to appraise negative matters through a global and devaluing viewpoint, often accompanied by withdrawal tendencies and self-directed hostility (Gilbert, 1998; Tangney & Tracy, 2012). In contrast, internalized shame is more pervasive, enduring negative representation of the self, characterized by chronic feelings of inadequacy, inferiority, and defectiveness (Cook, 2001; Kaufman, 2004). While shame proneness captures how easily an individual is triggered into shame, internalized shame captures what the self fundamentally is, in a more persistent, identity-level configuration that does not require external cues to be activated (Matos et al., 2012; Schimmenti, 2012). Despite these differences, the two constructs are deeply interconnected and implicated in internalizing psychopathology, particularly depression, anxiety, and interpersonal withdrawal (Gilbert & Irons, 2009).

Considering emerging constructs that capture the subjective sense of being devalued or insignificant within interpersonal contexts, the notion of anti-mattering offers a complementary lens for understanding the relational foundations of shame. The link between anti-mattering and shame emerges from the profound insecurity and negative self-evaluation characterizing individuals who feel they do not matter to others. Anti-mattering, defined as the subjective sense of being insignificant, invisible, or devalued (Flett et al., 2022; Giangrasso et al., 2022), has been associated with a broader syndrome of psychological insecurity that includes a proneness to shame and self-condemnation (Flett et al., 2014).

Anti-mattering feelings might increase shame-based self-states, reinforcing cycles of self-criticism, withdrawal, and hypersensitivity to rejection. These dynamics become particularly salient during adolescence (Flett et al., 2014), a developmental period in which the construction of self-identity and the appraisal of one's value within the others acquire heightened psychological significance.

1.3 Shame in adolescence

Adolescence is a transitional life stage in which individuals are required to face increased vulnerability to emotional difficulties likely related to dramatic and unpredictable physiological, psychological, relational, and environmental transformations. Furthermore, in this developmental period, adolescents are asked to deal with new complex models of self and others, the formation of novel and autonomous self-identity, concerns with peer-group relationships and the structuring of new peer group identities, and the decrease of parents influence along with the increased use of peers as sources of support, values, and sense of belonging (Cunha et al., 2012; Gilbert & Irons, 2009; King, 2016; McLean, 2005). Thus, in adolescence, there is a heightened focus on self-other evaluations, and the adolescent peer group represent a landmark that ensures the needed stability and consistency, simultaneously fostering possible difficulties with self-consciousness, self-presentation, and fear of rejection linked to the experience of shame (Gilbert & Irons, 2009). In this context, interpersonal failures are more likely to be interpreted as evidence of intrinsic defectiveness rather than situational mistakes. Consequently, shame experiences during adolescence may lead to stable maladaptive self-schemas that might predict internalizing disorders, distress symptomatology, eating pathology, trauma-related symptoms, and self-injurious behaviors (Cavalera et al., 2017; Matos et al., 2013). These developmental and psychological characteristics make adolescence a particularly relevant context in which to examine whether the original conceptualization of internalized shame reasonably detects shame-related self-evaluations before they become consolidated into broader self-worth judgments and identity. Therefore, the ability to measure shame in culturally different youth is pivotal for both clinical and prevention frameworks.

1.4 The present study

In sum, adolescence represents the period in which shame might progressively evolve from a situational emotional response to a structural component of the self. Although subsequent versions of the ISS incorporated self-esteem items to capture broader aspects of negative self-evaluation, the original ISS (Cook, 1988) was specifically developed to assess internalized shame as a distinct self-conscious experience. Given the conceptual distinction between internalized shame and self-esteem (Bae et al., 2022; Budiarto & Helmi, 2021; Reimer, 1996), and the limited

evidence available on the psychometric functioning of the original ISS in adolescent populations, further validation of Cook's original measure appears both theoretically and clinically warranted.

The current study aimed at evaluating the psychometric properties of the original ISS (Cook, 1988) in an Italian adolescent population. A sequential validation design was adopted using two independent adolescent samples. First, an exploratory factor analysis (EFA) was conducted to investigate the latent structure of the scale. Subsequently, the resulting factor solution was cross-validated through confirmatory factor analysis (CFA) and further examined in terms of reliability, convergent, divergent, and concurrent validity. More specifically, shame proneness and anti-mattering were included as convergent validity indicators because both constructs capture relationally grounded vulnerabilities and negative self-evaluative processes that seem theoretically and empirically linked to internalized shame and should therefore correlate positively with its core dimensions. On the contrary, perceived social support dimension has been involved to test divergent validity because it reflects the availability of positive, supportive interpersonal resources, a construct theoretically expected to show weak or inverse associations with internalized shame, which is rooted in experiences of disconnection, rejection, and negative self-evaluation. Finally, general distress has been included as a construct validity indicator because internalized shame is consistently associated with broad emotional dysregulation and heightened vulnerability to depressive, anxious, and stress-related symptoms (Cavalera et al., 2017; Gilbert & Irons, 2009; Matos et al., 2013), making global distress a theoretically coherent outcome of its pervasive self-devaluation processes.

2. Method

2.1 Participants and procedure

The validation process was conducted through two sequential phases using independent samples of Italian adolescents. In the first phase, an EFA was performed to examine the latent structure of the original ISS. In the second phase, the previously identified factor solution was tested through CFA and further examined by assessing reliability, convergent, divergent, and concurrent validity. Therefore, in phase 1, the exploratory sample consisted of 774 (57% female and 43% male) adolescent participants aged between 13 and 19 ($M = 15.74$ years old, $SD = 1.62$). Similarly, in phase 2, a total of 762 adolescents (54.6% female, 45.4% male) aged between 13 and 20 years ($M = 15.67$, $SD = 1.48$) have been involved.

The same recruitment procedures were adopted in both phases. Data collection occurred in four Southern Italian high schools that agreed to participate. The school principals, professors, and parents have been informed about the research aims and the measures to be used in the

study. General information about the study was also announced in class, and the adolescents' participation was voluntary. The confidentiality has been assured, and all participants were free to omit any personal information or to withdraw from the study at any time. All students agreed to participate and complete the survey in a classroom setting using their devices. The study has been approved by the research team's University Research Ethics Committee (Protocol n. 30/2024 on September 16th, 2024) and was conducted in accordance with the ethical guidelines for psychological research laid down by the Italian Psychological Association (AIP).

2.2 Measures

An ad-hoc questionnaire was administered to collect information about age and gender.

Internalized Shame Scale (ISS; Cook 1988). In phase 1, two independent researchers translated the original 28-item ISS (Cook, 1988) rated on a 5-point scale (from 0 = “never” to 4 = “almost always”). Then, aiming at minimizing the risk of linguistic distortions, it was back-translated into English by a professional English-speaking translator (Van de Vijver & Poortinga, 2004). Minor discrepancies were settled through consensus. The final Italian version did not show meaningful differences from the original English version. Based on the results of the exploratory analyses, the retained items were administered and tested in Phase 2 in the second sample.

Shame Proneness subscale of the Personal Feelings Questionnaire-2 (PFQ-2; Harder & Zalma, 1990; Italian version Di Sarno et al., 2022). The PFQ-2 consists of 22 self-report items using a 5-point Likert scale ranging from 0 (“you never experience the feeling”) to 4 (“you experience the feeling continuously or almost continuously”). The questionnaire aims to assess guilt (6 items) and shame-proneness (10 items) through adjectives or short statements. Only the Shame Proneness subscale has been used in the present study. A sample item is “Feeling disgusting to others”. The Cronbach's α for the shame scale was .88.

Anti-Mattering Scale (AMS; Flett, 2018; Flett et al., 2023). The AMS is a five-item self-report scale exploring the feeling of being insignificant and invisible to others. The items are rated on a 4-point Likert scale, from 1 (“not at all”) to 4 (“a lot”), and higher scores indicate greater perceived antimattering. A sample item is “How much do you feel like you do not matter?”. Cronbach's α for the AMS was .85.

Multidimensional Scale of Perceived Social Support (MSPSS). The MSPSS is a 12-item scale measuring perceived support from three main sources: Family, Friends and Significant Others (Zimet et al., 1988; Italian version Di Fabio & Palazzeschi, 2015). The items are scored on a 7-point rating scale ranging from 1 (*very strongly disagree*) to 7 (*very strongly agree*). A sample item for family support is “My family really tries to help me”, for friends support “I can count on my friends when things go wrong”, and for significant others support “There is a special person in my life who cares about my feelings”.

Higher scores indicate greater perceived general social support. For the study purposes, the MSPSS total score has been used, showing high internal reliability (Cronbach's $\alpha = .92$).

Depression Anxiety Stress Scale – 21 (DASS-21). The 21-item self-report scale (Lovibond & Lovibond, 1995; Italian version Bottesi et al., 2015) assesses the frequency and severity of experiencing depressive, anxious, and stress symptoms over the previous week on a 4-point Likert scale (from 0 = *did not apply to me at all* to 3 = *applied to me very much, or most of the time*). A sample item for depressive symptoms is “*In the last 7 days, I felt no positive feelings*”, for anxiety symptoms “*In the last 7 days, I have had problems breathing*”, and for stress symptoms “*I found it hard to wind down*”. For the study purposes, the total score has been used, and higher scores correspond to greater levels of general distress symptoms. Cronbach's α value was very good (.94).

2.3 Statistical analyses

The psychometric evaluation of the ISS followed a sequential validation strategy using two independent adolescent samples. Prior to factor extraction, the suitability of the correlation matrix for factor analysis has been evaluated through the Kaiser–Meyer–Olkin (KMO) measure of sampling adequacy and Bartlett's test of sphericity. The KMO index provides an estimate of the proportion of common variance among variables and is considered a key indicator of whether the data are appropriate for factor analytic procedures (Kaiser, 1974). Then, in Phase 1, EFA has been conducted using maximum likelihood estimation and oblimin rotation to identify the underlying latent structure of the scale. Subsequently, in Phase 2, the factor solution emerging from the EFA has been tested in an independent sample through CFA using robust maximum likelihood estimation (MLR) in Mplus 8 (Muthén & Muthén, 2012). This cross-validation approach was adopted to reduce the risk of sample-specific solutions and provide stronger evidence regarding the structural validity of the instrument. Model fit, has been evaluated using several indexes: the comparative fit index (CFI) and the Tucker-Lewis Fit Index (TLI), for which values higher than .90 are desired (Yuan & Bentler, 1990); root mean square error approximation (RMSEA) for which values smaller than .08 are desired (Browne & Cudeck, 1993); and the standardized root mean square residuals (SRMR) for which value below .08 is considered a good fit (Kline, 2015). To evaluate the internal consistency of the scale, Cronbach's α was computed.

Reliability and validity have been also tested. Reliability was evaluated using Cronbach's alpha (α). Validity has been assessed by considering convergent, divergent, and concurrent validity (Cronbach & Meehl, 1955). Convergent and divergent validity (construct validity) have been assessed using Pearson's correlations. More specifically, convergent validity indicates whether the ISS co-occurred to others constructs (shame proneness and antimattering) theorized as

being related to internalized shame and assessed at the same measurement point. Divergent validity indicates whether the ISS is not or weakly correlated with other MSPSS that has been assessed at the same point in time and that is not theorized as related to internalized shame. Concurrent validity (criterion validity) involves the selection of a criterion to indicate an intended or subsequent outcome. Therefore, linear regression analysis has been performed to explore the predictive effect of internalized shame on general distress. These statistical analyses were performed using the Statistical Package for Social Sciences SPSS (Version 23 for Windows).

3. Results

Concerning Phase 1, the obtained KMO value (.98) exceeded the recommended threshold of .80, supporting the appropriateness of the dataset for factor analysis. Similarly, Bartlett's test of sphericity showed that the correlation matrix was suitable for factor analysis ($\chi^2 = 13499.54$, $df = 276$, $p < .001$). The acceptability of the factor solution has been based on the goodness of fit index, the interpretability of the solution, and salient factor loadings (.30). Firstly, a one-factor solution has been tested. However, the obtained fit was inadequate. On the contrary, the two-factor solution provided a good fit. Then, three- and four-factor solutions have been tested, showing better fits (Table 1).

Table 1

Fit indices of the 1–4 factor solutions of the exploratory factor analysis

Model	MLR $\chi^2(df)$	<i>p</i>	CFI	TLI	RMSEA	90% CI	SRMR
One-factor model	1705.875(350)	<.001	.89	.88	.071	.067-.074	.045
Two-factor model	1073.863(323)	<.001	.94	.93	.055	.051-.058	.029
Three-factor model	804.622(297)	<.001	.96	.95	.047	.043-.051	.023
Four-factor model	627.432(272)	<.001	.97	.96	.041	.037-.045	.019

Note. MLR= Robust Maximum Likelihood; CFI= Comparative Fit Index; TLI= Tucker-Lewis Fit Index; RMSEA= Root Mean Square Error Approximation; CI=Confidence Interval.

However, both solutions failed to meet the interpretability of the solution criterion. More specifically, in the three- and four-factor solutions no items loaded in the third and fourth factor, respectively. Therefore, the two-factor solution has been accepted, meeting all the acceptability criteria and providing an adequate fit to the data, MLR χ^2 (323) = 1073.863, $p < .001$; CFI = .94; TLI = .93; RMSEA = .055, 90% confidence interval (C.I.) [.051;.058]; SRMR = .03.

Factor loadings are presented in Table 2. Items were evaluated for retention based on their factor loadings and cross-loadings following standard psychometric guidelines (Tabachnick & Fidell, 2013).

Specifically, items with primary factor loadings below .30 were considered for exclusion due to insufficient association with any latent factor, whereas items with factor loadings between .30 and .40 were retained only if they were theoretically meaningful and contributed to internal consistency. A minimum loading of .40 was considered acceptable for item retention, while loadings above .50 were considered good, and those above .70 were regarded as excellent indicators of the latent construct. Concerning cross-loadings, items with loadings of $\geq .30$ on more than one factor were examined further. Items were retained if the difference between the primary and secondary loadings exceeded .20, indicating a clear association with one factor. On the contrary, items with cross-loadings that lacked a clear dominant factor (i.e., differences between loadings $< .20$) were excluded to maintain conceptual clarity and factorial purity. The four excluded items are highlighted in italics in Table 2.

Table 2

Exploratory factor analyses of the generated items

	Factor 1	Factor 2
1. I feel like I am never quite good enough.	.813***	-.073
2. I feel somehow left out.	.480***	.255
3. I think that people look down on me.	.703***	-.003
4. Compared to other people, I feel like I somehow never measure up	.877***	-.057
5. I scold myself and put myself down.	.530***	.280
6. I feel insecure about others' opinions of me.	.840***	-.094
7. I see myself as being very small and insignificant.	.532***	.322
8. I feel intensely inadequate and full of self doubt.	.714***	.155
13. When I compare myself to others I am just not as important.	.565***	.318
24. I see myself striving for perfection only to continually fall short.	.630***	.170
25. I think others are able to see my defects.	.721***	-.057
27. When I feel embarrassed, I wish I could go back in time and avoid that event.	.664***	-.024
11. I have this painful gap within me that I have not been able to fill.	.000	.777***

12. I feel empty and unfulfilled.	.126	.742***
14. My loneliness is more like emptiness.	-.078	.876***
15. I always feel like there is something missing.	.256	.518***
16. I really do not know who I am.	.069	.682***
17. I replay painful events over and over in my mind until I feel overwhelmed.	.097	.655***
18. At times I feel like I will break into a thousand pieces.	.082	.727***
19. I feel as if I have lost control over my body functions and my feelings	-.151	.889***
20. Sometimes I feel no bigger than a pea.	.247	.535***
21. At times I feel so exposed that I wish the earth would open up and swallow me.	.076	.694***
22. I become confused when my guilt is overwhelming because I am not sure why I feel guilty.	.126	.605***
26. I could beat myself over the head with a club when I make a mistake .	.260	.441***
<i>9. I feel as I am somehow defective as a person, like there is something basically wrong with me</i>	.495	.391
<i>10. I have an overpowering fear that my faults will be revealed in front of others.</i>	.387	.366
<i>23. I seem always to be either watching myself or watching others watch me.</i>	.414	.337
<i>28. I would like to shrink away when I make a mistake</i>	.464	.304

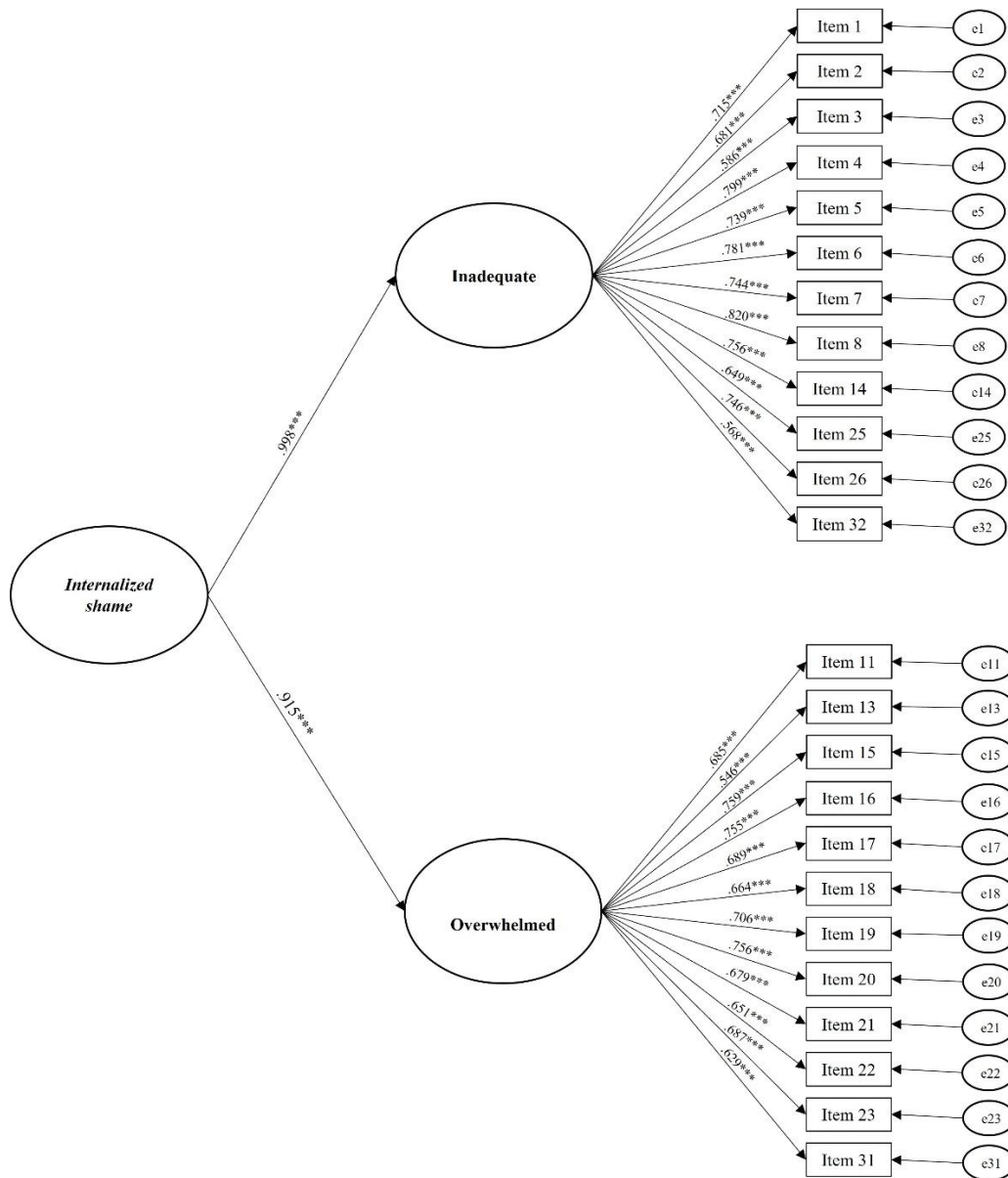
Note. Excluded items (9,10,23,28) are in italic. Significant factor loadings >.30 are in bold. *** $p < .001$.

There was a very good oblimin factor correlation between Factor 1 and Factor 2 ($r = .785$, $p < .001$). Cronbach's coefficient alphas were $\alpha = .94$ for both Factor 1 and Factor 2.

In Phase 2, based on the previous EFA, a two-factor solution was tested with CFA. This model provided a good fit to the data ($MLR\chi^2 [241] = 1148.408$, $p < .001$; CFI= .90; TLI=.90; RMSEA=.070, 90% C.I. [.066-.074]; SRMR=.049) (Figure 1).

Figure 1

First order two-factors model and second order factor tested with confirmatory factor analysis



Note. Errors associated with three latent variables are not shown in order to improve figure readability.

*** $p < .001$.

The first factor comprised 12 items describing pervasive feelings of inadequacy and insufficiency, in which the person perceives themselves as lacking and worthless.

It has been named *Inadequate* and example items include “*I feel intensely inadequate and full of self-doubt*” and “*I think others are able to see my defects*”. The second factor comprised 12 items referring to dissatisfaction and experiences of emptiness. This factor has been labelled *Overwhelmed* and example items are “*I feel empty and unfulfilled*” and “*At times I feel like I will break into a thousand pieces*”.

The second-order CFA confirmed the second-order dimension labeled *Internalized shame* loaded on the two first-order dimensions. The revised Internalized Shame scale showed an optimal Cronbach's α value (.96).

Cronbach's values for ISS subscales were optimal as well: .93 for *Inadequate* and .92 for *Overwhelmed*. Means, standard deviations, and bivariate correlations among factors of the 24-item ISS are shown in Table 3.

Table 3

Means, standard deviations, and bivariate correlations among factors and total score of the 24-item Internalized Shame Scale

	Means (SD)	1	2	3
1 ISS_Inadequate	1.72 (1.04)	-		
2 ISS_Overwhelmed	1.37 (.99)	.790***	-	
3 ISS_total score	1.54 (.96)	.949***	.944***	-

Note. ISS: Internalized Shame Scale

*** $p < .001$

The correlations presented in Table 4 show the convergent and divergent validity of the ISS.

Table 4. Pearson correlations for convergent and discriminant validity of.

	1	2	3	4	5	6	7
1 ISS_Inadequate	-						
2 ISS_Overwhelmed	.790***	-					
3 ISS_total score	.949***	.944***	-				
4 Shame proneness	.802***	.665***	.777***	-			
5 Antimattering	.779***	.737***	.802***	.672***	-		
6 MSPSS	-.054	-.128***	-.095**	-.068	-.086*	-	
7 General distress	.670***	.767***	.759***	.563***	.692***	-.024	-

Note. ISS: Internalized Shame Scale; MSPSS: Multidimensional Scale of Perceived Social Support.

*, $p = .05$; **, $p = .01$; *** $p < .001$

Specifically, the results show a significant and positive relationship among the ISS factors and total score, shame proneness, and anti-mattering, confirming the ISS convergent validity. The lack or weakness of association between ISS factors and total score and MSPSS confirmed the divergent validity of the measure. Furthermore, general distress positively and significantly correlated with ISS_Inadequate, ISS_Overwhelmed, and the total score of ISS.

In this regard, the linear regression showed that internalized shame predicts general distress ($B = .572$; $SE = .018$; $\beta = .759$; $t = 32.089$; $p < .001$), accounting for 57.5% of the variance ($R^2 = .575$; $F_{(1,760)} = 1029.708$; $p < .001$).

4. Discussion

The present study aimed at re-validating the original Internalized Shame Scale (Cook, 1988) in an Italian adolescent population. Using a sequential validation strategy based on independent exploratory and confirmatory samples, the findings provide support for the factorial validity, reliability, and construct validity of the instrument. Consistent with theoretical models highlighting shame as a self-conscious emotion rooted in relational experiences and internalized evaluations of defectiveness (Kaufman, 2004; Lewis et al., 1992; Schimmenti, 2012), the current findings suggest that the original ISS represents a psychometrically good measure for assessing internalized shame during adolescence, a developmental period in which self-evaluative processes become increasingly central and shame might increasingly consolidate as a stable self-structure rather than a transient affective reaction.

The exploratory analyses identified a two-factor solution, labelled *Inadequate* and *Overwhelmed*. More specifically, the *Inadequate* factor seems to reflect a stable and internalized representation of the self as inferior, defected, and strongly insufficient. Chronic self-criticism, perceived exposure to social evaluation, and a pervasive sense of not fulfilling others' standards characterized experiencing and inadequate self. Shame is predominantly experienced through comparison, perceived devaluation by others, and repeated failures to attain an ideal self-image. This factor seems to refer to a reflective and relational form of internalized shame. The *Overwhelmed* factor seems to suggest a more diffuse and disorganizing experience of shame, characterized by feelings of emptiness, identity confusion, and affective overload. Shame here is less evaluative and more overwhelming, reporting states of fragmentation and loss of control and reflecting poor self-cohesion and emotional regulation. This structure aligns with conceptualizations of internalized shame as involving both (i) global self-devaluation, self-doubt, and perceived personal deficiency, and (ii) affective overload, fragmentation, and inner emptiness—dimensions frequently described in clinical literature on shame-based identity (Cook, 2001; Nathanson, 1992). Furthermore, the two factors were strongly correlated, supporting the theoretical view that these dimensions are closely interconnected facets of a broader, pervasive shame disposition. The removal of four items due to low or ambiguous loadings further strengthened factorial clarity and conceptual coherence. CFA replicated this structure using confirmatory factor analysis, providing robust evidence for the stability of the two-factor model in a separate adolescent sample. The current findings only partially overlap with previous validation studies, which have reported both unidimensional (Matos et al., 2012)

and multidimensional structures (Del Rosario & White, 2006; Lee & Choi, 2005a, 2005b; Vikan et al., 2010). Such variability across studies may reflect cultural differences, methodological heterogeneity, and developmental characteristics of the samples investigated.

In particular, adolescence represents a period marked by heightened self-consciousness, identity reorganization, and increased sensitivity to interpersonal evaluation, all of which may contribute to a more differentiated manifestation of shame experiences. Nevertheless, the excellent internal consistency of both subscales and the higher-order internalized shame construct is noteworthy. The strong loadings of each factor onto the second-order construct support the interpretation of internalized shame as a unified – albeit multidimensional – phenomenon in adolescence.

The reliability analyses provided additional support for the psychometric adequacy of the scale. Internal consistency coefficients for both subscales and the higher-order construct were excellent and comparable to those reported in previous validation studies conducted in adult populations (Matos et al., 2012; Rybak & Brown, 1996). These current findings suggest that the original ISS maintains satisfactory reliability even when administered to younger populations and supports its use as a stable measure of internalized shame experiences during adolescence.

The associations with the explored variables further corroborate the construct validity of the ISS. As expected, internalized shame was strongly and positively related to shame proneness and anti-mattering, confirming convergent validity. These findings align with theoretical and empirical work suggesting that feeling insignificant or invisible within interpersonal contexts increases vulnerability to shame-based self-evaluations (Flett et al., 2014, 2022). Moreover, according to relational origins of shame (Epstein, 2021; Etherson, 2023), the association between internalized shame and anti-mattering underscores how a perceived lack of relational value can crystallize into chronic self-condemnation. On the contrary, the absence or weakness of associations between ISS scores and perceived social support sustains divergent validity. Although social support can influence emotional adjustment, internalized shame (Cook, 1988, 2001) reflects deeper, identity-level processes not directly reducible to contextual perceptions of support. This distinction is theoretically consistent: while adolescents may report available support, those with high internalized shame may still perceive themselves as fundamentally unworthy of such support. Finally, according to the extensive literature linking chronic shame to depressive, anxious, and stress-related symptoms (Gilbert & Irons, 2009; Matos et al., 2013), the strong and positive relationship between internalized shame and general distress confirms the ISS's criterion validity. The finding that internalized shame is a potent predictor of psychological distress in adolescence reinforces the clinical importance of early detection, as shame-based self-schemas may underpin broader trajectories of internalizing psychopathology.

The current study provides convincing evidence that the original ISS (Cook, 1988) is a reliable and valid tool for measuring internalized shame in adolescents. By confirming a theoretically coherent two-factor structure and demonstrating strong psychometric properties across two independent samples, the study extends the applicability of a foundational measure to a developmental stage in which shame acquires increasing psychological relevance. These findings also maintained the conceptual integrity of internalized shame by Cook's original item set, prior to the inclusion of broader self-esteem content introduced in later revisions. The original ISS appears particularly well-suited to capturing the affectively saturated, identity-based nature of shame in emotionally vulnerable populations such as adolescents.

Given the robust associations between internalized shame, anti-mattering, shame proneness, and psychological distress, the ISS may serve as a valuable instrument for both research and clinical practice. Its use may facilitate early identification of adolescents' risk for maladaptive self-schemas and internalizing disorders, supporting timely interventions focused on self-compassion, relational repair, and emotion regulation. In conclusion, the present validation contributes to international literature by offering a psychometrically reliable and theoretically grounded measure of internalized shame for adolescent populations. Future studies should further investigate the ISS's longitudinal stability, cross-cultural applicability, and sensitivity to change in clinical interventions aimed at alleviating shame-based distress.

4.1 Practice Implications

Beyond its psychometric contribution, the current findings have potentially important implications for clinical practice and prevention efforts targeting adolescent psychological health. Given that internalized shame emerged as a robust and multidimensional construct associated with relational vulnerabilities, anti-mattering, and broader emotional distress, the validated ISS can serve as a reliable screening tool for early identification of risk for maladaptive self-schemas and internalizing symptomatology among adolescents. Importantly, persistent shame experiences often remain concealed beneath more overt manifestations of distress, such as anxiety, depression, social withdrawal, or behavioral difficulties, making its assessment particularly relevant within clinical, educational, and community settings (Crowe, 2004). The availability of a reliable measure of internalized shame may therefore facilitate a more comprehensive understanding of adolescents' psychological functioning beyond symptom-focused evaluations.

Furthermore, the current study also reinforces the relational foundations of shame. The associations between internalized shame and anti-mattering support the notion that persistent experiences of insignificance, invisibility, rejection, or lack of recognition by significant others might contribute to the development of enduring shame-based self-evaluation until reaching to

shame-based identity. Consistent with previous research highlighting the role of adverse childhood experiences, insecure attachment patterns, and peer acceptance in shaping shame experiences (Sedighimornani et al., 2021), these results suggest that prevention programs should not focus exclusively on symptom reduction but also promote supportive interpersonal environments, relational attunement, and positive experiences of belonging and social recognition.

The assessment of internalized shame might allow healthcare professionals to detect hidden forms of self-directed hostility and feelings of inherent defectiveness often masked by normative adolescent self-consciousness. Moreover, the associations observed in this study underscore the need for therapeutic approaches that directly address shame-based identity processes, such as compassion-focused interventions, relational and attachment-oriented therapies, or mentalization-based work aimed at strengthening self-coherence and affect regulation. In this regard, recent evidence highlighted that shame is responsive to therapeutic change and that interventions emphasizing compassion, acceptance, interpersonal validation, and emotional awareness can effectively reduce shame-related distress (Goffnett et al., 2020). Consequently, the ISS may represent not only a useful screening instrument but also a valuable outcome measure for monitoring treatment-related changes in shame-based self-schemas.

Overall, identifying internalized shame early might facilitate the implementation of timely preventive and clinical interventions aimed at reducing vulnerability to emotional disorders and promoting healthier identity development during this critical developmental period.

5. Limitations and Future Directions

Despite the strengths of the current research, several limitations should be acknowledged. First, both samples were convenience samples drawn from Italian high schools, which may limit the generalizability of the findings to adolescents from different cultural, socioeconomic, or clinical backgrounds. Second, the cross-sectional design precludes any causal inferences regarding the developmental processes linking internalized shame with relational experiences, anti-mattering, and psychological distress. Longitudinal studies are needed to clarify the temporal stability of the ISS structure and to determine whether internalized shame prospectively predicts psychopathological outcomes across adolescence. Third, the exclusive use of self-report measures raises concerns about shared method variance and potential reporting biases. Future research should incorporate multi-informant or behavioral assessments, as well as clinical interviews, to strengthen construct validity. Additionally, although the present study confirmed a two-factor solution aligned with theoretical models, further investigations should examine measurement invariance. Finally, it would be valuable to test the ISS's sensitivity

to change in intervention studies, assessing whether reductions in shame correspond to improvements in psychological functioning and relational wellbeing. Addressing these limitations will help refine the assessment of internalized shame and deepen understanding of its developmental and clinical significance during adolescence.

6. Conclusions

The present study provides evidence supporting the factorial validity, reliability, and construct validity of the original Internalized Shame Scale (Cook, 1988) in an Italian adolescent population. By adopting a sequential validation approach across independent samples, the study extends the psychometric evidence for the ISS to a developmental stage in which shame assumes increasing relevance for identity formation and emotional functioning.

Importantly, the findings contribute to the literature by re-examining Cook's original conceptualization of internalized shame, prior to the incorporation of self-esteem content in later versions of the instrument. The results suggest that the original ISS retains both theoretical coherence and clinical relevance, offering researchers and clinicians a reliable tool for assessing enduring shame-based self-evaluation in adolescence. Future research should continue to investigate the developmental trajectories, cross-cultural applicability, and clinical responsiveness of internalized shame across diverse adolescent populations.

Ethical approval

The study has been approved by the research team's University Research Ethics Committee (Protocol n. 30/2024 on September 16th, 2024).

Informed Consent Statement

All participants completed the informed consent form and agreed to take part in the study.

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Data Availability Statement

The data supporting the findings of this study are available from the corresponding author upon reasonable request.

Conflict of Interest Statement

The authors declare that the research was conducted in the absence of any potential conflict of interest.

Authors' Contribution

G.F., Study design, Investigation, Formal Analysis, Writing & Editing; V.B., Study design, Writing, Supervision, Project administration.

AI Disclosure Statement

The authors declare that no artificial intelligence (AI) tools, including generative AI systems, were used in the conception, design, analysis, interpretation of data, drafting, or writing of this manuscript. All intellectual content, scientific reasoning, and manuscript preparation were carried out solely by the authors.

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