

Polish version of the TOSCA-3 questionnaire (The Test of Self-Conscious Affect, J. P. Tangney, R Dearing, P. E. Wagner, & R. Gramzow) – a pilot study

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ABSTRACT

Objective

The operationalization of the concepts of shame and guilt poses a challenge not only for research participants attempting to analyze these emotions, but also for psychologists themselves. Scenario-based questionnaires offer a solution to this problem. This article describes the process of adapting the TOSCA-3 questionnaire to the Polish language.

Method

The TOSCA-3 questionnaire was adapted to Polish based on the international recommendations for the cultural adaptation of psychometric questionnaires. A pilot study was conducted using the newly adapted TOSCA-3 questionnaire, the SWLS questionnaire, the MCSDS self-report questionnaire, and the EPQ-R(S) questionnaire. The study was conducted on a random sample of 148 people.

Results

The obtained results (means, standard deviations, and Cronbach's α) were satisfactory, which points to the psychometric validity of the adapted questionnaire. The validation process revealed lower life satisfaction among people who are more prone to experience shame ($r = -.177$; $p < .05$), whereas the scores of subjects who are more prone to experience guilt confirmed a positive correlation with the results obtained on the social approval-seeking scale (MCSDS; $r = .38$; $p < .05$). Furthermore, the scores on extraversion and neuroticism scales were correlated with shame proneness ($r = -.25$; $p < .05$ and $r = .40$; $p < .05$, respectively).

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Conclusions

The statistical analysis confirmed that the TOSCA-3 questionnaire was reliably translated and adapted to the Polish language. The results of the pilot study suggest that the adaptation process was successful. The tool can be used in research. However, the collected data do not support analyses of factor relevance or the development of standards for individual diagnoses. The results of the pilot validation study make a valuable contribution to the scientific debate on shame and guilt proneness which are rarely discussed in the Polish literature.

Keywords: shame, guilt, TOSCA-3, adaptation, psychometrics.

Introduction

Shame and guilt can be categorized as emotions that are associated with awareness and regulation of behavior. However, the identification and operationalization of these emotions can be problematic. Past research has shown that both concepts are too abstract for research participants to be easily studied in opposition (Tangney, 1993; Tangney, & Miller et al., 1996). Reliable results were generated only when a reference was made to specific situations and when researchers enabled the participants to choose between two alternative responses (guilt – “if only I had studied more” vs. shame – “if only I had been smarter”), validating the theories postulated by Helen B. Lewis (1971) that still underpin the current understanding of shame and guilt. The distinction between guilt and shame is problematic not only for research participants with a limited knowledge of psychology, but also for researchers themselves who often use these concepts interchangeably (e.g. Damon, 1988; Eisenberg, 1986; Harris, 1989; Schulman & Mekler, 1985). This approach can lead to an erroneous conclusion that the vectors of these constructs can cancel each other out in extreme cases. Many researchers were also of the opinion that guilt and shame have similar effects on the development or maintenance of psychopathology (Fossum & Mason, 1986; Potter-Efron, 1989; Rodin, Silberstein, & Striegel-Moore, 1985). However, recent research has demonstrated that these emotions have a different impact on mental health. Shame is much more likely to contribute to maladaptive behavior, whereas feelings of guilt generally do not have such effects and may even lead to salutogenic changes (e.g. Friedman, 1999; Harder, 1995; Harder et al., 1992; Harder & Lewis, 1987; Jones & Kugler, 1993; Meehan et al., 1996; O'Connor, Berry, & Weiss, 1999).

The aim of this article was to overview empirically validated theories on shame and guilt, to describe the adaptation of the TOSCA-3 questionnaire for assessing shame and guilt proneness (Tangney, Dearing, Wagner, & Gramzow, 2000) to the Polish language, and to review published studies investigating the correlations between proneness to shame or guilt and the scores on the Satisfaction With Life Scale (SWLS) (Diener, Emmons, Larson, & Griffin, 1985), Marlowe-Crowe Social Desirability Scale (MCSDS) (Marlowe & Crowne, 1960), and the Eysenck Personality Questionnaire – Revised (EPQ-R) (Eysenck & Eysenck, 2006).

Shame

Shame is a painful emotion that is experienced when one's own or externally derived standards are transgressed. In her book entitled *Shame and Guilt in Neurosis* (1971), Lewis describes shame as a powerful emotion triggered by the rejection of the *self* by 'others' (the environment). The author emphasizes that the person experiencing shame is both the cause of the emotion and a harsh critic of his or her own behavior. There is a strongly negative evaluation of the whole *self*, accompanied by the belief that it is overtly defective. Defining shame from the perspective of attribution theory, one can speak of a constant, generalized and internal negative evaluation of the *self*. Lewis draws her conclusions based on own clinical experience and elaborates on Witkin's theory of cognitive styles (field-dependent-independent, 1968). Individuals displaying a field-dependent cognitive style will manifest a stronger tendency to react with shame in situations where they fail their value system. These assumptions were confirmed in the work of Tangney and Dearing, the main authors of the adapted questionnaire. Lewis' definition of shame and the related nomenclature are rooted in the psychodynamic tradition. Her research was inspired by Freud (1926), Rank (1929), Jones (1929), Horney (1937), and Sullivan (1947). The theory developed by Lewis in 1971 was confirmed by independent research conducted at the end of the twentieth century. The most notable studies included content analyses of shame and guilt narratives (Ferguson, Stegge, & Damhuis, 1990a, 1990b; Tangney, 1992; Tangney et al., 1994), quantitative assessments of personal experiences of shame and guilt (Ferguson et al., 1991; Tangney, 1993; Tangney & Miller et al., 1996; Wallbott & Scherer, 1995; Wicker et al., 1983), personality and emotional correlates (Gilbert, Pehl, & Allan, 1994), a prototype matching procedure (Lindsay-Hartz et al., 1995), and an analysis of alternative thinking (Leith, 1998; Nidenthal et al., 1994).

Guilt

In contrast to shame, guilt is associated with the awareness that one's behavior violates his or her personal system of values. Attention is focused on a specific situation or behavior rather than a generalized image of the *self* as in the case of shame. The tendency to experience guilt is more often associated with a field-independent cognitive style (Lewis, 1971). When defined in the context of attribution theory, guilt is associated with unstable, specific and internal attribution. Guilt enables self-control, and persons who experience guilt can return to a state of mental equilibrium much faster than those who experience shame (Tangney & Dearing, 2004). Guilt triggers the need to admit that standards have been breached, to apologize, and ultimately to make amends. Since the focus of attention remains primarily on the evaluation of behavior, not the whole *self*, this emotion is less painful than shame. Guilt provokes the need to improve, triggers empathy, and shifts the focus to the feelings of people who have been affected by undesirable behavior (Tangney & Dearing, 2004). However, shame and guilt

have a common denominator because both emotions are triggered not only in a specific context. Failures in everyday life, such as failures in work or school activities, failures in sport, or transgressing social conventions, are more often associated with feelings of guilt (Tangney et al., 1994).

Description and History of the Tool

The TOSCA-3 questionnaire belongs to a group of scenario-based tools that measure proneness to shame *versus* guilt as a disposition. These tools present the respondents with short scenarios, often containing several words, that relate to everyday life situations (e.g. “you broke something at work and then hid it” – an example from the adapted questionnaire). In each scenario, the respondents have a choice of several response options that represent shame or guilt (e.g. “you would think about leaving your job” – shame, “you would think: it bothers me, I need to either fix it or ask someone to fix it” – guilt). These tools do not contain forced-choice scenarios, and the probability that the respondent would choose a given response is rated on a 5-point scale. This option enables the respondents to indicate whether they would feel both shame and guilt in each situation. The most recent scenario-based tools intentionally describe situations that are likely to trigger both emotions. The difference is not in the content of the scenario, but in the respondent’s individual answer.

The questionnaire consists of eleven negative and five positive scenarios. The responses given on a five-point scale (1–5) are used to calculate a score on the six scales of the tool: guilt proneness, shame proneness, externalization (attributing blame to external factors), dissociation from responsibility (indifference), alpha pride (pride in oneself), and beta pride (pride in one’s behavior). For each scenario, the respondent is asked to indicate the likelihood of each possible reaction (4 to 5 suggested responses), where a response of 1 means *unlikely* and 5 means *very likely*.

Scenario-based tools have several important benefits. The most important is that the construct of guilt is more consistent with current theories. As an emotion that is triggered by specific real-life situations, guilt can be most effectively explored using scenarios. Another advantage is that the respondents are not expected to have a deep understanding of the concepts of shame and guilt. Scenario-based tools also trigger fewer defensive mechanisms than, for instance, global adjective lists – such an observation was made by Harder and Lewis (1987) in relation to the PFQ list. Furthermore, the tool can be easily adapted to studies conducted on child populations. On the down side, scenario-based tools are considered to have lower internal consistency (than global adjective lists) as a measure of reliability. However, it is worth noting that coefficient alpha tends to underestimate reliability for scenario-based methods due to the variance of situations introduced by the method. In other words, each scale item has a common variance due to the specificity of the studied psychological construct, but as a result, each item also has a specific variance associated with the scenario it introduces. The above can lead to the underestimation of reliability, and in

this context, the internal consistency of TOSCA-3 scales (the original American questionnaire) is relatively high for scenario-based methods. In contrast, the reliability of test-retest comparisons is higher. Reported test-retest reliabilities for the TOSCA questionnaire were .85 for shame over a 3-month interval and .74 for guilt over a 5-month interval (Tangney, Wagner, Fletcher, & Gramzow, 1992). Comparable results were achieved by the PFQ adjective list (Harder & Lewis, 1987). The selectivity of the presented situations is yet another weakness of scenario-based tools.

The situations described in the TOSCA-3 questionnaire were selected based on several hundred accounts of shame, guilt, and pride. Situations that are most relevant to daily life experiences and occur most frequently were then selected for use in the tool. This approach was adopted to guarantee the situational relevance of the tool, but less common and more peculiar descriptions had to be removed from the pool of descriptions. Therefore, TOSCA-3 can be effectively used to identify feelings of shame and guilt in everyday life situations, but not in more specific contexts (e.g. marital infidelity, stigmatization of a family member, etc.).

The third problem is that the described tool may not effectively distinguish between shame and guilt proneness when one's moral standards are transgressed. As mentioned earlier, a clear distinction between these constructs exists at the theoretical level (shame and guilt are understood as affective states, and moral standards are defined as a set of rules based on which behaviors are judged), but a respondent is unlikely to select an answer indicative of guilt if the situation does not violate his/her moral standards. To avoid this problem and minimize its impact on the tool's accuracy, the questionnaire contains phenomenological descriptions of shame and guilt rather than cognitive descriptions of situations (with a clear distinction between positive and negative situations). Controversial situations (such as abortion, etc.) are avoided. As suggested by Kugler and Jones (1993), this strategy effectively reduced the correlation between the shame and guilt scales of the TOSCA questionnaire and the Moral Standards Scale (Kugler & Jones, 1993), with a score of .25 for the shame scale and .27 for the guilt scale. However, these scores are lower compared with Mosher's Forced Choice Guilt Inventory (.33 and .51, respectively), but not as low as the correlations with the PFQ adjective list (.04 and .14, respectively).

The last disadvantage of scenario-based tools, in particular the TOSCA-3 questionnaire, is that they tend to ignore non-adaptive guilt. The benefits and difficulties of experiencing guilt continue to stir a lively debate in emotional psychology. The view that guilt has a pathogenetic affinity has a long history in clinical psychology (e.g. Freud, 1896/1953, 1924/1961; Harder, 1995; Harder & Lewis, 1987; Zahn-Walxler & Robinson, 1995). However, the proponents of social and developmental psychology, especially in recent years, focused on the adaptive functions of guilt as an emotion that provokes prosocial behavior (e.g. Baumeister, Stillwell, & Heatherton, 1994, 1995; Barret, 1995; Eisenberg, 1986; Hoffman, 1982; Tangney, 1990, 1995; Tangney et al., 1995).

Attempts were made to incorporate the maladaptive guilt scale into the structure of the TOSCA-3 questionnaire tool. The following responses were included in the previous version of the questionnaire (TOSCA-2) (Tangney,

Ferguson, Wagner, Crowley, & Gramzow, 1996): “You would torment yourself for days thinking about all the mistakes you made” or “You would criticize yourself for it over and over again and vow not to do it again” (own translation). However, this strategy failed because a strong correlation ($r = .74$) was identified between the non-adaptive guilt scale and the shame scale. Therefore, it can be assumed that both scales examined the same construct. For this reason, this scale was dropped in the latest version of the questionnaire (TOSCA-3).

Description of the Procedure for Adapting the Tool to the Polish Language

When adapting a foreign-language psychometric questionnaire, cultural differences should be taken into account without compromising the linguistic consistency of the translation. To ensure that this requirement is met, the Polish version of the TOSCA-3 questionnaire was developed based on the international recommendations for the cultural adaptation of psychometric questionnaires (Herdman, Fox-Rushby, & Badia, 1998; Guillemin, Bombardier, & Beaton, 1993; Alonso et al., 2004; Medical Outcomes, Trust Bulletin, 1997). In the first stage of the adaptation process, the original questionnaire was translated by three independently working translators. The first was a professional translator of American English, the second was a Polish psychologist with full linguistic competence in English and many years of clinical experience in the American setting, and the third translator was the author of this article, then a student of the Faculty of Psychology at the Warsaw School of Social Sciences and Humanities (presently the SWPS University of Social Sciences and Humanities) with English C1 level (Common European Framework of References for Languages, Council of Europe, 2011). In the next step, the final version of the translation was established for back-translation. The most accurate items from the three versions of the translation were selected by the co-author of this article who has experience in constructing and culturally adapting psychometric tests and who acted as the independent judge. The most accurate items were selected by considering the linguistic, cultural, and emotional aspects of the translated texts. In the following stage, the first version of the back translation from Polish into English was prepared by students of the Warsaw School of Social Sciences and Humanities under the supervision of an English lecturer. The resulting translation was revised by a bilingual psychologist (equally fluent in English and Polish) who had not participated in the previous stages of the adaptation process. The revised back-translation was forwarded to the tool’s authors to confirm that the Polish version accurately reflects the meaning of the English version. The tool’s authors recommended that 7 of the 87 translated items be corrected. Only 1 correction was related to substantive aspects, and the remaining 6 were related to linguistic imperfections in the back translation. The recommended corrections were made, and the final version of the adapted questionnaire which was once again forwarded to the tool’s authors. This version was used in the pilot study. The layout of the Polish adaptation was based on the original version. The adaptation process was coordinated by the author of the article.

Method

The pilot study was conducted between October and December 2014. A total of 148 respondents participated in the study. All of the returned questionnaires were completed in full and the data collected from all 148 questionnaires were used in the study. Data were processed statistically using IBM SPSS Statistics 22 software.

The sample for the study was selected randomly, and the studied population comprised 92 women (62.2%) and 56 men (37.8%). The mean age was $M = 30.04$; $SD = 8.898$, and skewness was determined at $A = 1.329$. The vast majority of the respondents were urban residents (127 respondents, 85.8%), whereas 21 (14.2%) resided in rural areas. One hundred and nine respondents (73.6%) were university graduates (vocational degree, Bachelor's or Master's degree), 36 respondents (24.3%) had secondary education, 2 respondents (1.4%) had primary education, and 1 respondent (0.7%) held a PhD. Fifty-one respondents (34.5%) were in an informal romantic relationship, 49 (33.1%) were not in a relationship, 45 (30.4%) were married, and 3 (2%) were divorced. One hundred and sixteen respondents (78.4%) were employed, 30 (20.3%) were students, and 2 respondents (1.4%) were retired.

Tools

SWLS. The Satisfaction with Life Scale is a self-reporting tool measuring the respondents' declared satisfaction with life to date. The scale contains five statements relating to the respondent's experience. Respondents indicate the degree to which they agree with each statement on a scale of 1 to 7 points (1 – completely disagree, 7 – completely agree). The reliability index (Cronbach's α) measured in a survey with 371 respondents was $\alpha = .81$.

EPQ-R(S). The Eysenck Personality Questionnaire – Revised is based on H. J. Eysenck's theory of personality dimensions. The abbreviated questionnaire consists of 48 questions to be answered with Yes or No. The results are presented on 4 scales: Psychoticism (P), Extraversion (E), Neuroticism (N), and Lie (L). The EPQ-R(S) has satisfactory absolute stability and internal consistency for the N, E and L scales, but lower for the P scale.

MCSDS. The Marlowe-Crowne Social Desirability Scale (MCSDS; Crowne & Marlowe, 1960) assesses social approval and is widely used in clinical and scientific research. Several features of the MCSDS make it an attractive instrument for both scientific and clinical research. The questionnaire has been extensively researched, mentioned in more than 1,000 articles and dissertations (Beretvas, Meyers, & Leite, 2002), and recognized as a reliable and valid tool in medical research (Deshields, Tait, Gfeller, & Chibnall, 1995; Herdman, Fox-Rushby, & Badia, 1998). The MCSDS is a quick and easy self-reporting tool with satisfactory psychometric properties in diverse samples (Davis & Cowles, 1989; Loo & Thorpe, 2000).

Results

Averages and Standard Deviations of Scales

Table 1 presents the means and standard deviations of TOSCA-3 scales, as well as a summary of the results obtained with the use of the original questionnaire. The results obtained in the Polish sample do not differ from those generated by the original questionnaire in the American population.

Table 1

Means and standard deviations of TOSCA-3 scales and a summary of the results generated by the original questionnaire

Gender	Variable	Polish version		US original (n = 184–187, sample MAL9596)		US original (n = 368–376, First Impressions sample)		US original (n = 184–187, Forgiveness-2 trial)	
		n =	Mean (std. dev.)	n =	Mean (std. dev.)	n =	Mean (std. dev.)	n =	Mean (std. dev.)
Female	Shame	92	47.55 (10.06)	142	44.93 (11.32)	275	45.49 (9.46)	217	48.33 (9.32)
	Guilt	92	64.12 (7.14)	142	63.43 (7.51)	275	64.09 (6.54)	217	65.43 (7.54)
	Disengagement	92	30.78 (5.85)	142	31.80 (6.42)	275	31.41 (5.95)	217	38.05 (8.78)
	Externalization	92	37.15 (7.66)	142	37.21 (8.44)	275	37.83 (7.55)	217	65.43 (7.54)
	Pride α	92	18.12 (3.48)	142	19.14 (3.42)	275	20.44 (2.74)	217	20.19 (2.92)
	Pride β	92	18.35 (3.43)	142	19.65 (3.27)	275	20.96 (2.78)	217	20.55 (2.88)
Male	Shame	56	43.57 (10.38)	45	40.58 (10.36)	104	40.93 (8.44)	51	42.88 (10.15)
	Guilt	56	59.13 (8.69)	45	59.95 (7.49)	104	59.57 (7.15)	51	61.33 (7.54)
	Disengagement	56	34.61 (6.17)	45	32.53 (5.86)	104	32.27 (5.03)	51	34.87 (6.71)
	Externalization	56	39.20 (9.38)	45	37.33 (8.09)	104	38.28 (8.47)	51	42.18 (10.09)
	Pride α	56	17.80 (4.03)	45	18.87 (2.79)	104	19.74 (2.42)	51	20.68 (2.89)
	Pride β	56	18.91 (3.06)	45	19.38 (2.77)	104	20.63	51	20.51

Results of the Reliability Analysis (Cronbach's α)

Table 2 presents the reliability of TOSCA-3 scales calculated with Cronbach's α internal consistency coefficient. In most cases, the reliability of TOSCA-3 scales in the Polish version of the questionnaire was similar or even higher than the original results. Pride β was the only scale whose reliability score was lower than in the original questionnaire. However, Pride β was not modified to remain faithful to the translation approved by the tool's authors. Future revisions of the questionnaire should focus on improving the scale's reliability score.

Table 2

Reliability coefficients of TOSCA-3 scales and a summary of the results generated by the original questionnaire

Scale	Polish version (<i>n</i> = 148)	US original (<i>n</i> = 184–187, sample MAL9596)	US original (<i>n</i> = 368–376, First Impressions sample)	US original (<i>n</i> = 184–187, Forgiveness-2 trial)
Shame (item 16)	.80	.88	.76	.77
Guilt (item 16)	.77	.83	.70	.78
Cutting off (item 11)	.66	.77	.60	.72
Externalization (item 16)	.69	.80	.66	.75
Pride α (item 5)	.63	.72	.41	.48
Pride β (item 5)	.44	.72	.55	.51

Pilot Validation Studies

In addition to a pilot study involving the TOSCA-3 questionnaire, validation studies were conducted using the following questionnaires: SWLS (Diener, Emmons, Larson, & Griffin, 1985) adapted by Juczyński (2012), EPQ-R(S) (Zawadzki & Brzozowski, 1998) adapted by the Psychological Testing Laboratory of the Polish Psychological Association (2012), and MCSDS (Marlowe & Crowne, 1960) adapted by Siuta (1989). The research was conducted on a population sample (*community sample*), and descriptive statistics are presented in subsequent parts of this article.

The following research hypotheses were postulated:

1. People who are highly prone to experience shame report lower life satisfaction, while the correlation between the quality of life and guilt proneness is insignificant. This is because subjects who are highly prone to experience shame have a maladaptive conflict resolution style and lower relationship satisfaction – these correlations are not found in subjects who are highly prone to experience guilt.

2. Individuals who are highly prone to experience guilt demonstrate a positive correlation with scores on the social approval seeking scale (MCSDS). This is because these subjects exhibit pro-social attitudes.

3. Individuals who are highly prone to experience shame score lower on extraversion in the EPQ-R(S) questionnaire, and a positive correlation is observed between guilt and extraversion. This is because subjects who are highly prone to experience shame are likely to withdraw from social contact, which is not observed in individuals who are highly prone to experience guilt.

4. Individuals who are highly prone to experience shame demonstrate a positive correlation with the neuroticism scale in the EPQ-R(S) questionnaire, whereas no correlation exists between guilt and neuroticism. This is because subjects who are highly prone to experience shame score higher on neuroticism.

The results of validation studies are presented in Table 3. They confirm hypothesis 1 which states that people who are highly prone to experience shame report lower life satisfaction, while the correlation between quality of life and proneness to experience guilt is non-significant. The correlation between shame proneness and the respondents' scores on the SWLS questionnaire ($r = -.177$; $p < .05$) confirms hypothesis 1 based on the results of studies described in the Introduction. In contrast, no significant correlation was observed between guilt and quality of life, which also confirms hypothesis 1.

Table 3

Summary of the results of validation studies

	TOSCA-3 Shame	TOSCA-3 Guilt	TOSCA-3 Disengagement	TOSCA-3 Pride α	TOSCA-3 Pride β
EPQ-R(S) Extraversion	-.25**	-	.17*	.26**	.22**
EPQ-R(S) Neuroticism	.40**	-	-.25**	-	-
EPQ-R(S) Psychoticism	.19*	-	-	-	-
EPQ-R(S) Lie	-.23**	-.38**	.28**	.20*	.27**
SWLS	-.18*	-	.28**	.24**	.21*
MCSDS	-	.38**	-	-.17*	-

* Correlation significant at $p < .05$ (two-tailed).

** Correlation significant at $p < .01$ (two-tailed).

Non-significant correlations are not presented in the table.

EPQ-R(S) $n = 148$; SWLS $n = 143$; MCSDS $n = 144$

Hypothesis 2 states that individuals who are highly prone to experience guilt demonstrate a positive correlation with MCSDS scores. This hypothesis was also confirmed by the study, with a correlation coefficient of $r = .38$; $p < .05$.

Hypothesis 3 states that individuals who score low on the extraversion scale in the EPQ-R(S) questionnaire are highly prone to experience shame, and a positive correlation exists between guilt and extraversion. This hypothesis was only partly confirmed because a significant correlation was observed only between shame and extraversion ($r = -.25$; $p < .05$), whereas guilt and extraversion were not significantly correlated.

Hypothesis 4 states that people who are highly prone to experience shame demonstrate a positive correlation with neuroticism scores in the EPQ-R(S) questionnaire, whereas there is no correlation between guilt and neuroticism. The last hypothesis was fully confirmed; the relationship between neuroticism scores and shame was characterized by the highest correlation coefficient in the study ($r = .40$; $p < .05$), whereas the correlation between guilt and neuroticism was not significant.

Discussion

The size of the sample and its random character should be discussed first. The main aim of the article was to present the process of adapting the TOSCA-3 questionnaire to the Polish language. Translation and adaptation do not raise methodological issues, but the sample size in the pilot study should be much larger and, if possible, randomized. In the future, norms should be established for individual scales to facilitate the identification of the correlations between shame proneness and psychopathology. No such norms had been established by the questionnaire's authors, and any attempts to do so would be a pioneering undertaking. This clearly limits the questionnaire's applicability for individual diagnoses.

The correlations between shame and psychopathology were analyzed in detail in the theoretical part of the article, but this interesting aspect was almost completely ignored in a study involving the non-clinical group. The relationship between shame and the Psychoticism (P) score in the EPQ-R(S) questionnaire was the only result confirming the presence of a correlation between shame and psychopathology. This aspect should be further explored, especially when building research models that consist of several different tools for measuring shame.

It should also be noted that no further modifications were introduced to the structure or the translation of TOSCA-3 after the pilot study due to practical reasons and to remain faithful to the original questionnaire. In the future, the structure of the questionnaire should be revised by considering the results of the factor analysis and the respondents' answers. For example, according to the Polish pilot population, question four – "At work, you put off doing a project until the last minute, and the end result turns out to be unsatisfactory" – may be poorly understood, especially by older respondents. Perhaps, the word 'project'

could be replaced with 'task'. This is only one example of the shortcomings of the translated questionnaire.

Most importantly, the present study has practical implications and the Polish version of the TOSCA-3 questionnaire opens up new avenues for research. The questionnaire was reliably adapted to Polish, both linguistically and methodologically. The results of statistical analyses also confirm that the adaptation process was successfully completed. Thus, this is the first Polish version of TOSCA-3 that is fully consistent with the guidelines for adapting psychometric questionnaires. The authors' involvement in the revision of the back-translation and their consent to share and publish the Polish version of the questionnaire free of charge should also be emphasized.

The tool can be made available to researchers, but in the current stage of the adaptation process, the questionnaire should be used exclusively in scientific research. However, the authors of the Polish version of TOSCA-3 are hoping to place the questionnaire in the Repository of Methods and Tools of the Committee of Psychology of the Polish Academy of Sciences.

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