Maternal Self-Conscious Emotions: Validation of the Parental Caring Shame and Guilt Scale for Postpartum

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INTRODUCTION

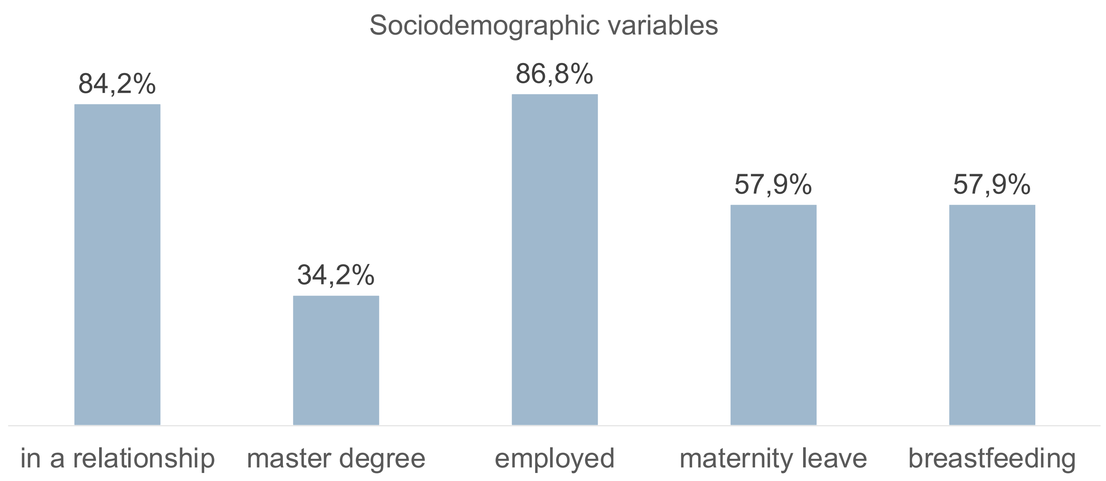
The postpartum period involves profound emotional and relational changes, and new mothers often experience parenting-related shame and guilt. While these emotions impact psychological adjustment and mother–infant bonding, few instruments comprehensively assess these dimensions in this context.

The main goal of this study is to preliminary investigate the internal structure and consistency, as well as construct validity the **Parental Caring Shame and Guilt Scale** for Portuguese women in their first year postpartum.

METHOD

Participants

Participants were 152 women with 22 to 43 years old (*M* = 32.88, *SD* = 4.64) in their first year postpartum.



Procedures

Ethical and deontological requirements were followed. Informed consent, confidentiality, voluntarily and anonymity were guaranteed.

Measures

Caring Shame and Guilt Scale (CSGS; Martin et al., 2006; Araújo, 2024) is a 12-item self-report measure designed to assess caregiving-related shame and guilt, using a Likert-type response scale (0 = not at all like me; 4 = extremely like me). Instructions and items were adapted to address the caregiving role towards a baby. Higher scores reflect greater levels of shame and guilt associated with the caregiving role.

External and Internal Shame Scale (EISS; Ferreira et al., 2020) is an 8-item self-report instrument aimed to assess external and internal shame. Higher scores indicate higher levels of shame (**α** = .88; .83).

Postpartum Bonding Questionnaire (PBQ; Brockington et al., 2001; Nazaré et al., 2012) is a maternal-reported 12-item measure of bonding. Higher scores indicate better quality of bonding (**α** =.85)

Depression Anxiety and Stress Scales (DASS-21; Lovibond & Lovibond 1995; Pais-Ribeiro et al. 2004) is a self-report 21-item measure to assess symptoms of depression, anxiety and stress (**α** = .91, .86, .91).

RESULTS

1. Exploratory Factor Analysis

Results using varimax rotation, revealed a two-factor solution. Items 2 and 5 were excluded due to cross-loadings. Additionally, item 11 loaded on the shame dimension rather than guilt. The final 10-item (Table 1), two-factor solution accounted for 63.1% of the total variance, with Factor 1 explaining 48.9% and Factor 2 explaining 14.2% of the variance.

Table 1
Factor loadings (λ), communalities (h^2), mean (M), standard deviation (SD), item-total correlations (r) and Cronbach's alphas if item deleted for the final structure of the Caring Shame and Guilt Scale in women first year postpartum (N = 152)

Items	λ	h^2	M	SD	Item-total r	α if item deleted
Factor 1: Shame (α = .88; Ω = .88)						
10. I would worry about what others would think of me if I did not care for my baby.	.860	.766	1.29	1.30	.77	.84
4. I worry that others will criticize me if I am not caring enough my baby.	.821	.727	1.38	1.37	.77	.84
8. I feel others would look down on me if I did less for my baby.	.663	.502	0.85	1.10	.66	.87
11. Some days I regret and feel sad for not having spent more time with my baby.	.652	.537	1.78	1.41	.69	.86
7. I feel I should be able to do more to help my baby and inadequate that I can't.	.623	.519	1.24	1.23	.68	.86
Total Factor 1			6.54	5.28		
Factor 2: Guilt (α = .81; Ω = .83)						
6. If I did not spend my time caring for my baby I know I would feel deep regret.	.825	.752	2.66	1.20	.74	.72
3. If I were to spend less time caring for my baby, I would feel guilty and worry him/her might be lonely or unhappy.	.718	.595	2.85	1.12	.69	.74
9. I would feel sad if I upset my baby by not doing my best to care.	.674	.544	2.79	1.23	.65	.75
12. I feel it is my responsibility to care for my baby.	.582	.386	3.33	0.86	.55	.79
1. I would worry about my baby if I did not care for him/her as I do.	.392	.161	2.91	1.09	.37	.83
Total Factor 2			14.54	4.16		

2. Interrelation between Dimensions and Test-Retest Reliability

- The two subscales were moderately correlated (*r* = .55, *p* < .001).
- Results showed a good temporal stability in a 2-week interval for shame subscale (*r* = .82, *p* < .001, *n* = 42) and for guilt subscale (*r* = .73, *p* < .001, *n* = 42).

3. Convergent and Divergent Validity

Table 2
Pearson Correlations between CSGS dimensions and internal and external shame (EISS; N = 142), bonding quality (PBQ; N = 102), depressive, anxiety and stress symptoms (DASS-21; N = 142).

Variables	Shame	Guilt
Internal Shame (EISS)	.58	.38
External Shame (EISS)	.57	.41
Bonding (PBQ)	-.43	ns
Depressive symptoms (DASS-21)	.51	.28
Anxiety symptoms (DASS-21)	.43	.26
Stress symptoms (DASS-21)	.56	.39

Note. ns = non-significant. All correlation coefficients are statistically significan at *p* < .001.

CONCLUSION

✓The CSGS showed favourable psychometric properties in a sample of women in their first year of postpartum.

✓This scale is a reliable and economic instrument to measure self-conscious emotions (shame and guilt) in a caregiving role towards a baby.

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