



Shame is bad and guilt is good: An examination of the impaired control over drinking pathway to alcohol use and related problems



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ABSTRACT

Tension Reduction Theory (Kushner, Sher, Wood, & Wood, 1994) suggests alcohol is used as a means to alleviate negative affect (NA) such as shame and guilt. Shame is an internalized response in which blame is placed on the self, while guilt is not internalized and the blame is placed on the situation (Dearing, Stuewig, & Tangney, 2005). This study aims to investigate relationships of shame and guilt to alcohol use and problems through the mechanisms of multiple facets of impulsivity (i.e. UPPS) and impaired control over drinking (IC), which reflect behavioral control processes. The sample consisted of 419 college students (53% female). We examined direct and indirect relationships of shame and guilt on alcohol use and related problems through facets of impulsivity and IC. Shame and guilt were found to diverge (Woien, Ernst, Patock-Peckham, & Nagoshi, 2003). We found that those higher on shame-proneness used more alcohol and experienced more alcohol-related problems through increased negative urgency and IC. Conversely, guilt-prone individuals used less alcohol and experienced fewer alcohol-related problems through less negative urgency and IC. Our findings suggest that guilt is an adaptive form of negative affect, particularly when it comes to alcohol-related outcomes.

1. Introduction

“Unlike guilt which is the feeling of doing something wrong, shame is the feeling of being something wrong”

– Marilyn J Sorenson

Shame and guilt are negative emotional experiences resulting from moral transgressions or personal shortcomings (Woien, Ernst, Patock-Peckham, & Nagoshi, 2003 p. 313). These constructs are often blurred in the literature and used interchangeably in life (Treeby & Bruno, 2012), yet they are distinct constructs (Dearing, Stuewig, & Tangney, 2005). Shame denotes an internalized negative affect (NA) toward oneself after an aversive event, while guilt indicates NA toward specific events and is not internalized (Dearing et al., 2005). This study aims to evaluate shame and guilt and how these distinct forms of NA influence drinking outcomes through behavioral control mechanisms.

Prosocial guilt stems from the fear of losing meaningful relationships (Carni, Petrocci, Miglio, Mancini, & Couyoumdjian, 2013), which serves as a motivator for an individual to confess, apologize, and repair the damage (Lindsay-Hartz, 1984). Individuals higher in guilt proneness are more likely to behave generously and cooperatively (Ketelaar & Au, 2003). Guilt has been found to be unrelated to overall

psychological adjustment (Woien et al., 2003), motives for drinking (Treeby & Bruno, 2012), and is inversely linked to alcohol-problems (Dearing et al., 2005).

In contrast, shame has been associated with inferior feelings, powerlessness, and self-consciousness with the desire to conceal one's deficiencies (Tangney, Miller, Flicker, & Barlow, 1996). Shame has been found to be highly predictive of poorer psychological adjustment, tension reduction motives for drinking, and alcohol-related problems (Treeby & Bruno, 2012; Woien et al., 2003). Tension Reduction Theory suggests individuals who find relief from NA by drinking alcohol are at a greater risk for negative alcohol consequences (Kushner, Sher, Wood, & Wood, 1994).

Woien et al. (2003) found shame and guilt to be unrelated to affect-free impulsiveness measured with the Eysenck I.7. Nevertheless, NA may influence some individuals to act impulsively. Using ecological momentary data, Depp et al. (2016) longitudinally demonstrated that lagged NA (i.e., momentary changes in NA within an individual) predicted impulsivity, controlling for lagged impulsivity over time. One purpose of the present investigation is to explore the indirect links between shame and guilt and drinking outcomes through facets of impulsivity.

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Whiteside and Lynam (2001) identified four facets of impulsivity: premeditation, perseverance, sensation seeking (SS), and negative urgency (NU). Premeditation denotes the ability to methodically plan and think about how to best respond before acting. Perseverance reflects the ability to see a task through to the end. SS reflects “the tendency to seek novelty, excitement and adventure” (Whiteside & Lynam, 2001 p. 677). In contrast, NU reflects acting rashly or impulsively in response to NA and is linked to depression and alcohol-problems (Karyadi & King, 2011). Presumably, negative emotions are likely to reduce behavioral control capabilities.

Impaired control over drinking (IC) reflects a loss of behavioral or self-control specific to the drinking situation (Heather, Tebbutt, Mattick, & Zamir, 1993; Patock-Peckham, Cheong, Balhorn, & Nagoshi, 2001; Patock-Peckham, King, Morgan-Lopez, Ulloa, & Filson Moses, 2011). This breakdown of intentions to limit alcohol consumption (Heather et al., 1993, p. 701) includes the inability to control consumption after drinking has begun (Leeman et al., 2014). IC occurs early in the development of alcohol dependence (Leeman, Toll, Taylor, & Volpicelli, 2009), with adults identifying it as the first dependence symptom to occur (Langenbucher & Chung, 1995). Historically, IC is an important aspect of addiction (Leeman, Patock-Peckham, & Potenza, 2012) and was linked to greater general impulsivity, measured by the Eysenck I.7 (i.e. affect free impulsivity), in both men and women (Patock-Peckham & Morgan-Lopez, 2006; Patock-Peckham, King, Morgan-Lopez, et al., 2011).

IC over drinking has been positively linked to NU, cross-sectionally, but was unrelated to premeditation, perseverance, or SS (Patock-Peckham, King, Backer-Fulghum, Morgan-Lopez, & Leeman, 2011). However, these pathways were still included because they may still have significant relationships with guilt and shame. Shame has been associated with less generalized self-regulation, while guilt has been associated with better general self-regulation skills (Woien et al., 2003). As positive behavioral control (i.e. self-regulation) is on the opposite end of the personal control continuum from rash action (i.e. NU), we anticipated that shame would be linked directly to NU. Park, Armeli, and Tennen (2004) found that those who experienced increased affect due to a stressful event drank more on the day of the event. Thus, we expect shame to be linked indirectly to IC through NU in both the alcohol use and problems pathways. We presumed that guilt would be indirectly protective of alcohol use through an indirect relationship with IC and NU.

Park, Cohen, and Herb (1990) also discussed that Catholic guilt allows people to persist in life despite hardships. This internal motivation to move forward during times of high NA led us to predict that guilt would be indirectly linked to less IC through higher levels of perseverance on both the alcohol use and problems pathways. Conversely, shame is expected to be indirectly linked to more IC through less perseverance along the alcohol use and problems pathways.

Premeditation or planned acts are considered to be part of greater behavioral control (Patock-Peckham et al., 2001, 2011) and thus should be related to less IC. Woien et al. (2003) found that higher levels of guilt were related to higher need for cognition (NFC), which reflects a tendency to think through alternatives thoroughly before decision making (Cohen, Stotland, & Wolfe, 1955). As greater NFC is akin to the planning aspect of self-regulation, we hypothesized that guilt would be indirectly associated to less alcohol use through the mechanism of premeditation (i.e. the ability to think and plan) and less IC. In stark contrast, higher levels of shame were related to less NFC (Woien et al., 2003). Therefore, we hypothesized that shame would be both directly associated with less premeditation and indirectly linked to increased alcohol use through more IC.

While negative urgency (NU) reflects rash action under NA, sensation seeking (SS) reflects a desire for novel and adventurous experiences. SS has consistently been related to greater alcohol use both cross-sectionally and over time (see Hittner & Swickert, 2006). However, SS is also commonly related to more positive outcomes such as academic

achievement and work performance (Jackson, 2011; Jackson, Hobman, Jimmieson, & Martin, 2009). Woien et al. (2003) found that both shame and guilt have a negative relationship to SS. However, SS has not been related to IC (Patock-Peckham, King, Backer-Fulghum, et al., 2011). Thus, we anticipated that both shame and guilt would be directly linked to less SS and indirectly linked to less alcohol use and problems but this would not be mediated by IC.

This study seeks to identify how behavioral control processes mediate the relationship between NA (i.e. shame and guilt) and drinking outcomes. We predicted that guilt would be indirectly linked to less alcohol use and problems through lower levels of NU and in turn lower levels of IC. Guilt is expected to be related to less alcohol use and problems, mediated by more perseverance and less IC. Guilt is presumed to be linked to more premeditation and in turn less IC and less alcohol use. Conversely, we hypothesized that shame is related to more alcohol use and problems through more NU and more IC. Shame should be indirectly linked to more alcohol use through less premeditation or perseverance and more IC. Finally, both shame and guilt are expected to be linked to less alcohol use and problems through less SS.

2. Method

2.1. Participants

Participants included 419 (196 women, 223 men) individuals from a large university who reported being drinkers of alcoholic beverages. All consented to participation in this study. The sample was composed of 47% men, with a mean age of 20.19 (SD = 3.023). Participants were 58.2% Caucasian, 17.3% Hispanic, 11.1% Asian, 8.8% African American, 1.1% Native American, and 3.5% “other” race.

2.2. Measures

2.2.1. Test of self-conscious affect

This measure was used to assess shame-proneness ($\alpha = 0.79$) and guilt-proneness ($\alpha = 0.77$) using 16 moral dilemmas (Tangney, Dearing, Wagner, & Gramzow, 2000). For each dilemma, participants are shown four different possible responses (shameful, guilty, and 2 other) and asked to rate how likely they would respond in that manner. One of the four responses represented a guilt-prone response or a shame-prone response. Response options range from 1 = *not likely* to 5 = *very likely*.

2.2.2. UPPS Impulsive Behavioral Scale

The UPPS Impulsive Behavioral Scale (Whiteside & Lynam, 2001) consists of 45-items, which measure the constructs of premeditation, NU, SS, and perseverance. Premeditation consists of 11 items ($\alpha = 0.89$) and denotes a rational approach to life (i.e., “I usually think carefully before doing anything.”) Negative Urgency (NU; $\alpha = 0.89$) consists of 12 items and denotes an inability to control one's impulses (i.e., “When I feel bad, I will often do things I later reject in order to make myself feel better now.”) Sensation Seeking (SS; $\alpha = 0.90$) consists of 12 items and denotes novelty seeking (i.e. “I'll try anything once.”) Perseverance ($\alpha = 0.85$) consists of 10 items and denotes a willingness to follow through with tasks (i.e., “Once I start a project, I almost always finish it.”).

2.2.3. Impaired control over drinking measure

This scale reflects 10 items ($\alpha = 0.81$) with higher scores reflecting a lack of perceived control over drinking (i.e., an inability to stop drinking at will; Heather et al., 1993). A sample item included, “Even if I intended having only one or two drinks, I would end up having many more.” Responses for the Impaired Control Scale were 1 = *strongly disagree*, 2 = *disagree*, 3 = *neither agree nor disagree*, 4 = *agree*, 5 = *strongly agree*.

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