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Shame and guilt-proneness: Divergent implications for problematic alcohol use and drinking to cope with anxiety and depression symptomatology

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ABSTRACT

Shame and guilt are closely related emotions of negative affect that give rise to considerably divergent motivational and self-regulatory behaviors. While shame-proneness has demonstrated replicable relationships with increased alcohol use disorder symptomatology, guilt-proneness appears to protect an individual against development of problematic alcohol use. One prominent but untested hypothesis is that shame-prone individuals are motivated to consume alcohol in order to down-regulate experiences of negative affect. The present study aimed to test this hypothesis by exploring relationships between shame and guilt-proneness with motivations for consuming alcohol. University students ($N = 281$) completed measures of shame and guilt-proneness, measures of alcohol use disorder symptomatology, and a measure assessing five motivational domains for consuming alcohol. Shame-proneness was positively associated with problematic alcohol use and drinking as a means of coping with anxiety and depression-related symptomatology. In contrast, guilt-proneness was inversely related to alcohol problems and drinking to cope with depression. This study provides initial support for the hypothesis that shame-prone individuals are inclined to consume alcohol in order to cope with negative affect states. These findings may help explain the inverse relationship between guilt-proneness and alcohol problems and the apparent positive relationship between shame-proneness and problematic alcohol use.

1. Introduction

Shame and guilt are similar yet distinct self-conscious emotions of negative affect that lead to notably different motivational and self-regulatory outcomes (Tangney & Dearing, 2002). The two emotions are alike in that they both involve internal attributions for negative events and also have similar antecedents, typically a negative event involving the production of a transgressive behavior that breaches an internalized moral principle (Tangney, 1992). However, a key distinction between shame and guilt lies in the perceived role of the self in each emotion (Lewis, 1971; Tangney, Stuewig, & Mashek, 2007). With highly aversive experiences of shame, the individual focuses squarely on the *self* (e.g., "How could *I* have done that?") with reprehensible behavior seen as evidence that the self is flawed (e.g., "I am a *bad person*"). On the other hand, the individual experiencing the unpleasant but less aversive feelings of guilt is focused not on the self, but on their problematic behavior (e.g., "How could I have *done that?*") and ways in which they may remedy the situation (e.g., "I have to fix this").

While guilt has been found to be positively associated with a host of adaptive functioning variables including successful emotion-regulation, enhanced empathy, and healthy interpersonal functioning, shame is associated with a gamut of difficulties including psychopathology, poor anger regulation, and interpersonal problems (see Tangney & Dearing, 2002, for a review). Several researchers have also determined that the two emotions have divergent implications for substance use-related problems (e.g., Dearing, Stuewig, & Tangney, 2005; Meehan et al., 1996; O'Connor, Berry, Inaba, Weiss, & Morrison, 1994), with findings indicating that shame-proneness is positively associated with problematic substance use, while guilt-proneness appears to buffer individuals against developing substance use-related difficulties. Studies by Meehan et al. (1996) and O'Connor et al. (1994) both found that treatment-seeking substance dependent individuals were higher in shame-proneness and lower in guilt-proneness than community drawn individuals without substance use issues. Similarly, Dearing et al. (2005) found that guilt-proneness was inversely related to problematic alcohol use in two samples of undergraduate students, while shame-proneness was found to be positively related with alcohol use disorder symptomatology.

In discussing the apparent link between shame-proneness and alcohol problems, several theorists (e.g., Dearing et al., 2005; Fossum & Mason, 1986; Potter-Efron, 2002; Stuewig & Tangney, 2007; Tangney & Dearing, 2002; Wiechelt, 2007) have hypothesised that shame-prone individuals drink as a means of down-regulating or coping with frequent and highly aversive experiences of shame and other negative emotions. This hypothesis is consistent

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with research indicating that drinking to down-regulate negative affect (e.g., anxiety and depression) is a commonly reported motivation or reason for consuming alcohol (Grant, Stewart, O'Connor, Blackwell, & Conrod, 2007). Generally considered to be problematic and maladaptive, drinking to down-regulate negative affect provides negative-reinforcement for continued alcohol use and appears to place individuals at greater risk of alcohol dependence (Carpenter & Hasin, 1999). Moreover, drinking to cope with negative affect is positively associated with drinking in greater quantities and an increased likelihood of experiencing negative alcohol use-related consequences (Grant, Stewart, O'Connor, Blackwell, & Conrod, 2007).

While a relationship between shame-proneness and drinking as a means of down-regulating negative affect has been proposed by several theorists (e.g., Dearing et al., 2005; Potter-Efron, 2002; Stuewig & Tangney, 2007; Wiechelt, 2007), there does not appear to be any evidence to suggest that this is also true for guilt-proneness. Firstly, guilt-proneness tends to be unrelated or inversely related to proneness to negative affect and psychopathology in general (Tangney & Dearing, 2002). Moreover, guilt is associated with a host of adaptive functioning variables and self-regulatory behaviors, including the successful regulation of alcohol use (Dearing et al., 2005). Taken together, it appears reasonable to suggest that guilt-proneness is unrelated to the motivation to drink as a means of coping with negative affect. Nevertheless, with research indicating that guilt-proneness is inversely related to the experience of alcohol disorder symptomatology, the reasons that guilt-prone individuals report for consuming alcohol certainly warrants exploratory investigation.

The current paper aims to replicate the seemingly divergent relationships between shame and guilt-proneness with problematic alcohol use and extend the existing literature by exploring the unique correlates of shame and guilt-proneness with self-reported reasons for drinking. Drawing on a hypothesis prominent in the shame and alcohol use literature (e.g., Potter-Efron, 2002; Stuewig & Tangney, 2007; Tangney & Dearing, 2002; Wiechelt, 2007), it was expected that shame-proneness would be associated with self-reports of drinking in order to down-regulate depression and anxiety symptomatology. Guilt-proneness, on the other hand, was expected to be unrelated to the use of alcohol in order to cope with these negative affect states.

2. Methods

2.1. Participants

Participants were 281 students, drawn from a variety of degree programs at the University of Tasmania, Australia. The ages of participants ranged from 17 to 62 with a mean age of 22.2 (*SD* = 7.8). The mean age for the 74 male participants was 21.94 (*SD* = 6.97), while the mean age of the 207 female participants was 22.32 (*SD* = 8.12). With regard to ethnicity, the sample was predominately White (90%), 4% were Asian, 1% were Black, 1% was Hispanic, and 4% were of other or mixed ethnicity.

2.2. Materials

2.2.1. Test of Self-Conscious Affect-3: short version

The *Test of Self-Conscious Affect-3* (TOSCA-3: Tangney, Dearing, Wagner, & Gramzow, 2000) is a scenario-based measure that yields indices of Shame-proneness, Guilt-proneness, Externalization, and Detachment/Unconcern. Respondents are presented with a series of 11 negative scenarios they may encounter in daily life. A sample scenario from the TOSCA-3 is "*At work, you wait until the last minute to plan a project, and it turns out badly*". The response options that follow this scenario are "*You would feel incompetent*" (shame response), *You would feel: "I deserve to be reprimanded for mismanaging the project"* (guilt response), *You would think: "There are never enough hours in the day"* (externalization), and *You would think: "What's done is done"* (detached).

Respondents are required to rate their likelihood of each response on a five-point scale with end-point designations of *not likely* (1) and *very likely* (5). In the present study, Cronbach alphas were .69 for Shame-proneness, .68 for Guilt-proneness, .66 for Detachment/Unconcern, and .73 for Externalization. For the purposes of the present study, only the shame and guilt-proneness subscales of the TOSCA-3 were used.

2.2.2. Alcohol Use Disorder Identification Disorder Test

The *Alcohol Use Disorders Identification Test* (AUDIT: Saunders, Aasland, Babor, de la Fuente, & Grant, 1993) was used to assess alcohol use disorder symptomatology. Developed by the World Health Organization, the AUDIT is 10-item screening assessment used to identify hazardous and harmful alcohol consumption. The measure assesses three conceptual domains: frequency and quantity of alcohol intake (3 items), dependence indicators (3 items), and adverse alcohol use-related consequences (4 items). An example item from the AUDIT is "*How often do you have six or more standard drinks on one occasion?*" with response options of *Never*, *less than monthly*, *monthly*, *weekly*, and *daily or almost daily*. Responses to each question are scored from 0 to 4, giving a maximum possible score of 40. Higher scores on the AUDIT are indicative of progressively more hazardous drinking and an increasing likelihood of dependence.

The AUDIT is widely used and its psychometric properties have been found to be strong (Reinert & Allen, 2007). The AUDIT demonstrated good internal consistency in the present sample with Cronbach alpha = .80.

2.2.3. Young Adult Alcohol Consequences Questionnaire

Negative alcohol use-related consequences were measured using the *Young Adult Alcohol Consequences Questionnaire* (YAACQ; Read, Kahler, Strong, & Colder, 2006). The YAACQ is a 48-item measure that assesses alcohol use-related consequences of varying severity across eight problem domains: Social consequences, impaired control, negative self-perception, self-care neglect, risky behaviors, academic/occupational consequences, physical dependence indicators, and blackout drinking. Example items from the YAACQ are "*I have had a hangover (headache, sick stomach) the morning after I had been drinking*" and "*My drinking has created problems between myself and my boyfriend/girlfriend/spouse, parents, or other near relatives*". Individuals are required to indicate whether they have experienced each alcohol use problem in the past year using a dichotomous (*Yes*/*No*) rating system. Responses marked "Yes" are given a score of one while responses marked "No" receive zero. The maximum score on the YAACQ is 48, with higher scores indicating that the individual has experienced a greater number of negative alcohol use-related consequences. In the present study, Cronbach alpha for YAACQ was .91.

Kahler, Strong, and Read (2005) used Rasch modeling of the YAACQ to create a unidimensional Alcohol Problem Severity Index which is acquired by summing 24 of the YAACQ's items. Kahler et al. (2005) report that the 24-item Alcohol Problem Severity Index has good internal consistency (Cronbach alpha = .83). In the present study, Cronbach alpha for the Alcohol Problem Severity Index was .90.

2.2.4. Modified Drinking Motives Questionnaire – Revised

The *Modified Drinking Motives Questionnaire – Revised* (MDMQ-R: Grant, Stewart, O'Connor, Blackwell, & Conrod, 2007) was used to assess individual differences in self-reported motives for