



Short Communication

Guilt-proneness is associated with the use of protective behavioral strategies during episodes of alcohol use

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HIGHLIGHTS

- Guilt-proneness may buffer individuals against developing disordered alcohol use.
- Guilt-proneness was associated with the use of protective behaviors while drinking.
- In contrast, shame-proneness was unrelated to the use of protective behaviors.
- Interventions could shift individuals from a shame to a guilt-prone affect style.

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ABSTRACT

Introduction: Shame and guilt are closely related emotions with diverging implications for the development, and potential treatment, of substance use disorders. Accumulating research indicates that a guilt-prone affect style buffers individuals against the development of problematic alcohol use, while shame-proneness appears to offer no protective function. However, little is known about the manner in which guilt-prone individuals avoid the experience of alcohol use-related harms. The present study aimed to extend the shame, guilt, and substance use literature by examining whether these two self-conscious affect styles are differentially related to the use of protective behavioral strategies which reduce the risk of harms during drinking episodes.

Methods: Participants ($N = 281$; female $n = 207$) completed pen-and-paper measures of shame and guilt-proneness, level of alcohol use, and the habitual use of protective behavioral strategies during drinking episodes. Part-correlation analysis isolated shame-free guilt and guilt-free shame residuals in exploring relationships between self-conscious affect style and the use of protective behavioral strategies during drinking episodes.

Results: Guilt-proneness was consistently associated with the routine use of protective behavioral strategies during episodes of alcohol intake. In contrast, shame-proneness was unrelated to the use of such protective and harm avoidance strategies when drinking.

Conclusion: Findings provide additional support for the argument that guilt and shame need to be considered separately in both research and substance use treatment settings.

1. Introduction

Shame and guilt-prone personality styles have emerged as having different implications for the regulation of substance use and the experience of substance use-related harms. The two emotions are alike in that they both occur in response to failures or transgressions that involve a contravention of an internalised code or principle (Tangney & Dearing, 2002). With highly aversive experiences of shame, the individual evaluates their transgressive behavior as evidence that the self is painfully flawed (e.g., “I’m a failure”: Lewis, 1971). In contrast, the

individual experiencing guilt remains focused on their problematic behavior and the resultant harms to the self and or others. Focussed firmly on the negative consequences of their transgression, the guilty individual tends to learn from their poor behavior, make amends for their transgression, and modify their behavior to avoid repeated mistakes (Tangney, Stuewig, & Mashek, 2007). Proneness to shame and guilt fall on a continuum and individuals may experience shame, guilt, or a combination of the two emotions following transgressions (Tangney & Dearing, 2002).

A growing body of research suggests that a guilt-prone disposition

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may help buffer individuals against the development of disordered substance use (Dearing, Stuewig, & Tangney, 2005; Dearing, Witkiewitz, Connors, & Walitzer, 2013; Treeby & Bruno, 2012). Treeby and Bruno (2012) found that guilt-proneness was negatively associated with overall severity of alcohol use disorder symptoms (e.g., loss of control over drinking and dependence indicators) experienced in the past year, along with the total number and severity of negative alcohol use-related consequences experienced across eight domains including social consequences, impaired control, negative self-perception, self-care neglect, risky behaviors, academic/occupational consequences, physical dependence indicators, and blackout drinking. In a recent longitudinal study, Stuewig et al. (2015) found that guilt-proneness assessed in childhood (ages 10 to 12) was associated with less use of alcohol and other drugs at young adulthood (ages 18–21).

While guilt-proneness appears to buffer individuals against the development of disordered substance use, shame-proneness appears to offer no such protective function and indeed, shame may actually promote addictive processes (Treeby & Bruno, 2012). Across three samples, Dearing et al. (2005) found that shame-proneness was positively associated with multiple indices of substance use including alcohol use-related problems.

Little is currently known about the behaviors that shame and guilt-prone individuals tend to engage in during episodes of alcohol use and it is unclear as to the manner in which trait guilt-proneness helps buffer individuals against disordered alcohol use. Given that guilt-proneness is associated with the successful avoidance of alcohol-related harms (Dearing et al., 2005; Treeby & Bruno, 2012), it is plausible that guilt-prone individuals may be more inclined to employ protective behavioral strategies during drinking episodes to minimise the experience of negative alcohol-related consequences. Such strategies include making explicit attempts to limit the number of drinks consumed (e.g., determine not to exceed a predetermined number of drinks), drinking in a manner that is less likely to result in intoxication (e.g., avoiding drinking games and avoiding trying to “keep up” with others), and engaging in behavior associated with more serious harm avoidance such as remaining vigilant as to where ones drink has been at all times (see Martens, Pedersen, LaBrie, Ferrier, & Cimini, 2007). Given that shame-proneness is positively associated with the experience of negative alcohol use-related consequences, there does not appear to be any evidence to suggest that shame-prone individuals also use protective strategies during drinking episodes.

1.1. Aims and hypotheses

The aim of the present study was to extend the shame, guilt, and substance use literature by examining whether the two self-conscious affect styles are differentially related to the use of alcohol-related protective behavioral strategies during drinking episodes. It was hypothesised that guilt-proneness would be positively related to the use of alcohol-related protective behavioral strategies while drinking. As shame-proneness fails to inhibit substance use and may promote addictive processes, it was expected shame-proneness would be negatively or unrelated to the use of such protective strategies during episodes of alcohol use.

2. Materials and methods

2.1. Participants

Participants comprised 281 individuals sampled from the local community and a variety of degree programs at the University of Tasmania, Australia. Individuals who consumed alcohol at any quantity and frequency within the past year were eligible for participation. The ages of participants ranged from 17 to 62 with a mean age of 22.2 (SD = 7.8) years. The mean age for the 74 male participants and 207 female participants combined was 22.22 (SD = 7.8). 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. Alcohol use disorders identification test – consumption questions (AUDIT-C)

The alcohol consumption questions from the Alcohol Use Disorder Identification Questionnaire (AUDIT-C; Bush, Kivlahan, McDonell, Fihn, & Bradley, 1998) were used to identify the quantity and frequency of alcohol use.

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

2.2.2.1. The Test of Self-Conscious Affect-3 (TOSCA-3: Tangney, Dearing, Wagner, & Gramzow, 2000).

The TOSCA-3 is a widely used 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”. Respondents are required to rate their likelihood of each response type on a five-point scale with end-point designations of *not likely* (1) and *very likely* (5). For the purposes of this study, only the shame and guilt-proneness subscales of the TOSCA-3 were scored. In the present study, Cronbach's alphas were 0.69 for Shame-proneness and 0.68 for Guilt-proneness.

2.2.2.2. The Protective Behavioral Strategies Scale (PBSS: Martens et al., 2007).

The PBSS comprises 15 items and, in addition to a total score, yields three subscales: Stopping/Limiting Drinking (7 items), Manner of Drinking (5 items), and Serious Harm Reduction (3 items). Participants are asked to indicate the frequency and degree to which they engage in each behavior when using when consuming alcohol or “partying” and respond using a 6-point Likert scale with response options ranging between 0 (*Never*) to 5 (*Always*). An example item from the Stopping/Limiting Drinking subscale is “Determine not to exceed a set number of drinks”. In the present study, Cronbach's alphas for the PBSS were 0.61 for Serious Harm Reduction, 0.83 for Stopping/Limiting Drinking, and 0.79 for Manner of Drinking.

2.3. Procedure

Approval to conduct the study was provided by the Tasmanian Social Sciences Human Research Ethics Committee. Participants were recruited through advertisements placed on campus notice boards at the University of Tasmania. Participants were informed that the study was investigating relationships between personality, emotions, alcohol use, and behavior. Participants were provided with anonymous questionnaire booklets and instructed to complete them at a convenient time and return it to the investigator in a provided sealed envelope. Those who were undergraduate psychology students received course credit for their participation.

2.4. Data analysis

The TOSCA-3 shame and guilt-proneness subscales correlated positively ($r(281) = 0.38, p < 0.001$). In line with Tangney and Dearing's (2002) recommendation, the study employed part-correlation analysis to isolate “shame-free guilt” and “guilt-free shame” residuals when exploring relationships between self-conscious affect style and the use of protective behavioral strategies during drinking episodes.

3. Results

Descriptive statistics for the AUDIT-C, TOSCA-3, and PBSS are presented in Table 1. The quantity and frequency of alcohol use

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