

Forgiveness, guilt, and shame in alcohol dependence: A comparative study in a Turkish sample

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Abstract

Aims: The purpose of the present study was to compare individuals with and without alcohol dependence in terms of forgiveness, shame, and guilt. A further purpose was to investigate the association of shame and guilt with alcohol dependence.

Methods: Fifty-five individuals with and 55 without alcohol dependence (based on ICD-10 criteria) were compared using the Heartland Forgiveness Scale (HFS), and Trait Shame and Guilt Scale (TSGS).

Results: Individuals with alcohol dependence showed a significantly lower level of self-forgiveness, pride and a significantly higher level of both shame and guilt than the non-alcohol dependent group in the univariate analysis. However, only guilt was related to the presence of alcohol dependence in the multivariate analysis. Self-forgiveness was negatively correlated with both shame and guilt in the alcohol-dependent individuals, but not among individuals without alcohol use problems.

Conclusions: The findings of this study support the importance of the self-conscious emotions of shame and guilt in alcohol dependence, together with self-forgiveness. These psychological states should be considered in the treatment of alcohol dependence.

Introduction

Alcohol dependence and its physical and psychosocial consequences constitute one of the major public health problems around the world. The prevalence of alcohol use disorders in Turkey was recently reported to be 4.8%, while that of alcohol dependence was 1.6% (WHO, 2018). Depression (Boden & Fergusson, 2011), and anxiety (Bellos et al., 2013; Çelik, et al., 2002; Chen et al., 2015) are the most common comorbid disorders in alcohol dependence, and usually require assessment of related negative emotions and psychosocial intervention. Shame and guilt are two negative emotions commonly associated with alcohol use problems (Patock-Peckham et al., 2018; Grynberg et al., 2017). However, it may be difficult for both the counsellor and the patient to discriminate between these two feelings during the treatment process.

Although they denote different emotions, the terms “guilt” and “shame” are often not differentiated in the literature, yet it is important to do so. Shame and guilt are both defined as self-conscious emotions, which are experienced after a mistake, transgression or failure (Potter-Efron & Carruth, 2014). Guilt involves feeling bad about a specific behaviour

rather than oneself as a whole, whereas shame is a negative feeling about the self. Shame is defined as a painful emotion accompanied by a sense of shrinking, worthlessness and powerlessness. On the other hand, guilt is said to involve a sense of tension, remorse and regret. An individual usually experiences shame with a feeling of being exposed even in the absence of an audience (Lewis, 2008), and an individual experiencing this catastrophic feeling desires to become invisible. Unlike guilt, shame has been considered to be a maladaptive emotion, since maladaptive behaviours such as escape and withdrawal were observed less with guilt (Tangney & Dearing, 2002). Tangney and Dearing (2002) suggest that shame-prone individuals have a high concern about approval/disapproval by others and are also prone to blame others as if the others are the cause of their negative self-evaluation. The resultant feeling is anger. Thus shame has a negative effect on interpersonal relationships, and shame-prone individuals are more inclined to resentment that develops after anger and painful events. Orth and colleagues (2006) have shown that shame is related to depression, but that this is not true for guilt. Joireman (2004) has found that guilt leads to perspective taking through self-reflection, whereas shame results in a vicious cycle of personal distress through self-rumination. Guilt is concerned

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Financial support: none

Declaration of interest: none

Keywords: alcohol dependence, forgiveness, guilt, self-forgiveness, shame

with one's effect on others, and when an individual experiences guilt, s/he desires to apologize, confess or compensate (Tangney & Dearing, 2002). Potter-Efron and Carruth (2014) proposed that unlike shame, an individual who feels guilty cannot stop thinking about her/his unforgivable mistakes and thinks incessantly about what s/he has done rather than about who s/he is.

Pride is also one of the self-conscious emotions such as shame and guilt and is felt as a result of the successful evaluation of an action. As with guilt, pride also refers to a specific action and separates self and action (Lewis, 2008; Tracy & Robins, 2004). Pride, self-esteem, and confidence are seen as feelings close to each other (Laird, 2007). Although no comparative study of pride in alcohol use disorders has been found in the literature, there are studies which report that self-esteem and self-efficacy are low in individuals with alcohol dependence and problematic alcohol consumption (Jung et al., 2015; McKay et al., 2012).

Shame and a low level of self-esteem have been shown to be severe when experienced by people with an alcohol use disorder, and it was suggested that a feeling of remorse could be reflected as shame and self-pity (Twerski, 1990). Shame-proneness was found to be positively related to alcohol and/or substance use problems in American college samples, while guilt-proneness was found to be inversely related to such problems (Patoek-Peckham et al., 2018; Dearing et al., 2005; Treeby & Bruno, 2012). Grynberg and colleagues (2017) studied a clinical sample of alcohol-dependent patients, and in contrast to the studies on college samples as noted above, they found that guilt, rather than shame, was associated with alcohol abuse. Furthermore, the relationship between alcohol abuse and the feelings of both shame and guilt has been demonstrated in two Turkish samples. In both studies, subjects with and without alcohol problems with similar sociodemographic characteristics were compared for guilt and shame feelings, and it was reported that individuals with alcohol problems experience shame and guilt feelings more than those who do not have alcohol use problems (Bilim Senel, 2013; Kalyoncu et al., 2002). However, these feelings were not examined in detail in these studies.

Forgiveness has been suggested as a solution to the psychological distress associated with shame and guilt. Forgiveness is generally related to mental health and well-being, and being unforgiven is considered to be a source of stress in interpersonal relationships. *Unforgiveness* is associated with negative emotions in interpersonal communication, such as shame, guilt, anger and regret (Toussaint & Webb, 2005). Self-forgiveness intervention programs have resulted in an increase in drinking refusal self-efficacy and a decrease in feelings of shame and guilt in alcohol-dependent individuals (Scherer et al., 2011), together with an improved intention to avoid high risk stimuli associated with drinking (Wang, 2006). Forgiving both oneself and others was found to be related to alcohol abuse outcomes, with the former being a more significant protective factor (Webb et al., 2011). Shame was found to form an impediment to the process of self-forgiveness in alcohol dependence (Ianni et al., 2010; McGaffin et al., 2013). However, when achieved, self-forgiveness decreased feelings of guilt and shame (Scherer et al., 2011). Although

the relationship between forgiveness and well-being has been extensively studied (Webb, 2011), psychological correlates of forgiveness in alcohol dependence need to be further explored.

Feelings of shame and guilt may impede the treatment process of alcohol-dependent patients. It is important to discriminate between nuances among these feelings in clinical practice. The main purpose of the current study is to compare individuals with and without alcohol dependence in terms of forgiveness, shame, and guilt. A further aim of the study is to measure whether and how strongly shame and guilt are associated with alcohol dependence.

Methods

Participants and Procedure

This was a cross-sectional study evaluating shame, guilt feelings and forgiveness in individuals with (study group) and without (comparison group) alcohol problems in a Turkish sample. Each group of participants included 52 male and three female individuals between the ages of 25 and 65 years. Patients who were admitted to the alcohol dependence unit of the Psychiatric Department of Ankara University Hospital formed the study group and were diagnosed with alcohol dependence according to the ICD-10 criteria. Ethics committee approval was obtained from Ankara University Faculty of Medicine Clinical Research Ethics Committee. Informed consent was obtained from the patients. None of the patients refused to participate in the study. As a result of the power analysis performed to determine the sample size, the effect size was calculated by taking into account the analyses to be applied and the number of the two groups was sufficient in this direction. The comparison group was a convenience sample, and included hospital staff and their acquaintances. They were screened using the CAGE Questionnaire to confirm absence of alcohol use problems. Those who responded positively to any two of the four questions in the CAGE questionnaire were not included in the comparison group. The comparison group was matched with the study group in terms of gender, age, and educational level. After the introduction of the study the participants were asked to fill in the psychological assessment instruments. Written informed consent was obtained from each individual.

The second author of the present study (IOI) had treated the participants, and the first author who invited the patients to the study did not have a direct role in the treatment of patients. Patients knew that the second author was involved in the study. However, it was stated in the informed consent form that whether or not the patients participated in the study would not affect their treatment. In addition, patients completed the scales anonymously, so that any potential power dynamic between the researchers and participants was eliminated.

The mean age of the sample was 47.85 years (SD = 11.25, range = 25–65). Sixty percent ($n = 33$) of the individuals with alcohol dependence were outpatients and 40% ($n = 22$) were inpatients. Of individuals with alcohol dependence, 29.1% were primary or secondary school graduates, 43.6% were

high school graduates, and 27.3% were university graduates. There was a significant difference in marital status between the two groups ($\chi^2 = 17.08$, $p < .001$), with 54.5% of individuals with alcohol dependence being married, 18.2% never married, and 27.3% divorced. By contrast, 89.1% of individuals without alcohol dependence were married, 7.3% had never married, and 3.6% were divorced.

Measurements

The CAGE Questionnaire

The CAGE questionnaire (Ewing & Rouse, 1968) consists of four yes-no questions. One positive response is accepted as an indicator for the inquiry into alcohol dependence, two or three positive responses reveal a high probability of alcohol dependence, and four positive responses can be regarded as a sign of alcohol dependence (Ewing, 1984). Probable presence of an alcohol use disorder is indicated by a score of 1+, whereas a score of 2+ was taken as the cut-off point for detecting presence of clinically significant alcohol use problems (Schorling & Buchsbaum, 1997). Validation of the Turkish version of the CAGE Questionnaire was done by Gül and colleagues (2005), and it was shown that with a cut-off score of 2+ the CAGE had a specificity of 86% and a sensitivity of 75% in detecting alcohol use disorders.

The Heartland Forgiveness Scale

The Heartland Forgiveness Scale (HFS) was developed by Thompson et al. (2005) and adapted to the Turkish population by Bugay and Demir (2010). The HFS is a seven-point Likert-type scale with 18 items and three subscales, namely, Forgiveness of Self, Forgiveness of Others, and Forgiveness of the Situation. High scores on each sub-scale indicate a high level of forgiveness in each area. The Cronbach's alpha of the total HFS was found to be 0.80 in the current study. The Cronbach's alpha coefficients of the Forgiveness of Self, Forgiveness of Others, and Forgiveness of Situation subscales were 0.80, 0.67, and 0.79 respectively.

The Trait Shame and Guilt Scale

The Trait Shame and Guilt Scale (TSGS, sometimes called The Trait Guilt and Shame Scale) was modified from the State Shame and Guilt Scale developed by Rohleder and colleagues (2008). It was translated into Turkish and adapted to the Turkish context by Bugay and Demir (2011). The TSGS consists of 15 items and three subscales, namely, Guilt, Shame, and Pride. Responses range from 1 (not feeling this way at all) to 5 (feeling this way very strongly) on this scale. A high score on each sub-scale indicates a higher level of shame, guilt, and pride. The Cronbach's alpha coefficients of the Shame, Guilt, and Pride subscales were 0.82, 0.82, and 0.84 respectively in the current sample.

Statistical Analyses

A chi-square test was used to compare marital status for individuals with and without alcohol dependence. An independent samples t-test was conducted to compare the groups with respect to the HFS and the TSGS scores, and their sub-scale scores. Correlation analyses were performed

to separately examine the relationships between all the psychological test scores in the alcohol-dependent individuals and those in the comparison group. As a final step, a binary logistic regression analysis was performed in order to determine the associations of Shame and Guilt (as independent variables) with alcohol dependence (study group versus comparison group as the dichotomous dependent variable). All the data were analysed using the SPSS 20.0 software package (Pallant, 2016).

Results

Comparison of the Groups' Psychological Test Scores

The mean scale scores of the two groups are shown in Table 1. The mean Forgiveness of the Self sub-scale score of individuals with alcohol dependence was statistically significantly lower than that of the comparison group ($t = -3.17$, $p = .002$), but there was not any statistically significant difference in the groups' Forgiveness of Others and Forgiveness of the Situation scores. There was a statistically significant difference between individuals with and without alcohol dependence with respect to the Shame ($t = 4.88$, $p < .001$), Guilt ($t = 6.77$, $p < .001$), and Pride scores ($t = -3.17$, $p = 0.002$). The magnitude of the differences in the means of Self-Forgiveness (mean difference = -3.16, 95% CI: -8.76 to 3.93, eta squared = .29), Guilt (mean difference = 5.76, 95% CI: 4.07 to 7.45, eta squared = .54), Shame (mean difference = 3.78, 95% CI: 2.24 to 5.32, eta squared = .42), Pride (mean difference = -3.21, 95% CI: -5.22 to -1.20, eta squared = .29) was very large. Individuals with alcohol dependence presented significantly higher Shame ($M = 10.47$; $SD = 5.07$) and Guilt ($M = 15.02$; $SD = 5.07$) scores, and lower Pride scores ($M = 14.78$; $SD = 6.18$), than the comparison group (Shame: $M = 6.69$, $SD = 2.70$; Guilt: $M = 9.25$, $SD = 3.75$; Pride: $M = 17.99$, $SD = 4.27$) (Table 1).

The Multivariate Analysis of the Relationship between Shame, Guilt, and the Presence of Alcohol Dependence

Conditional binary logistic regression analysis was used to determine the associations of Shame and Guilt with alcohol dependence. Shame and guilt were simultaneously included as independent variables in the model, and the group variable was taken as the dichotomous (alcohol-dependent patients versus non-alcohol dependent group) dependent variable (Table 2). There was no multicollinearity between the variables of Shame and Guilt. The correlation coefficient between Guilt and Shame (Pearson $r = 0.60$), and also other parameters excludes the possibility of multicollinearity (Pallant, 2016). The model predicting whether the presence of alcohol dependence was significant ($\chi^2 = 39.02$, $df = 2$, $p < .001$) correctly classified 75.5% of the cases and accounted for 40% of the variance (Nagelkerke R^2). As Table 2 indicates, Guilt predicted the presence of alcohol dependence, whereas Shame was not found to be statistically significantly related to presence of alcohol dependence in the model.

in clinical samples (Grynberg et al., 2017; Meehan et al., 1996; O'Connor et al., 1994). Meehan and colleagues (1996) compared individuals recovering from drug abuse with nonaddicted individuals and found that the drug addicted individuals had a higher level of Shame. They used two different guilt scales and found that compared to individuals without drug use problems, individuals recovering from drug abuse had a higher score on one guilt scale and a lower score on the other. They commented on their finding by defining maladaptive guilt and adaptive guilt as separate entities. O'Connor and colleagues (1994) found that recovering "drug-addicted" subjects scored significantly higher in proneness to shame and significantly lower on proneness to guilt as compared to non-drug-addicted subjects. In contrast to the aforementioned studies, Grynberg and colleagues (2017) have recently reported that alcohol-dependent patients experienced a higher level of guilt compared to individuals without alcohol dependence, however shame did not differ between the two groups, consistent with the findings of this study. The univariate results of studies with Turkish clinical samples (Bilim Senel, 2013; Kalyoncu et al., 2002) revealed that individuals with alcohol problems had significantly higher levels of feelings of both guilt and shame than individuals having no alcohol problems without analysing the nuances of these two feelings. It appears that there is a need for further studies that distinguish between guilt and shame in alcohol-dependent patients.

In the initiation of treatment, it is quite difficult for individuals with substance use dependence to confront their emotions (Twerski, 1990). The results of this research support this argument. During the therapy process, turning the feeling of shame into guilt should enable progress, given guilt can be functionally and more easily addressed. Shame accompanied by feelings of shrinking, worthlessness, and powerlessness focuses on self-worth, and such a burdensome psychological state is very difficult to cope with (Tangney & Dearing, 2002). On the other hand, dealing with feelings of guilt in the treatment of individuals with alcohol dependence encourages corrective actions such as apologies, confession, and acceptance of mistakes. Thus, compensatory behaviours ensure that steps are taken in restoring interpersonal relationships and resolving one's own conflicts. In addition, alcohol-dependent individuals can be encouraged to appreciate their successes and, in this way, feel a sense of pride in the process of treatment.

One explanation for the discrepancy between the findings of the other studies and this study with regard to guilt and shame may be related to the Turkish patients' religious practices. Many of our Turkish patients report that they do not drink alcohol during the month of Ramadan, which is an Islamic month of fasting and worship. This may provide them relief by thinking that they have fulfilled their religious duties, which thus helps the patients to avoid feelings of shame by accepting their "wrong", which is considered the first step in self-forgiveness (Enright & The Human Development Study Group, 1996; Fisher & Exline, 2010). Therefore religious belief and practice should also be a variable considered in treatment and future studies.

In the current study it was found that alcohol-dependent subjects had lower Self Forgiveness scores compared to the

individuals without alcohol problems. Other studies also indicate that alcohol-dependent patients experienced difficulty in forgiving themselves (Scherer et al., 2011; Wang, 2006; Web, Hirsch, & Toussaint, 2011; Ianni et al., 2010; McGaffin et al., 2013; Webb et al., 2006; Webb et al., 2009). Either shame or guilt scores and the HFS subscores were found to be significantly negatively correlated in alcohol-dependent individuals. Ianni and colleagues (2010) showed that shame moderated the association between alcohol abuse and self-forgiveness. Guilt was suggested to be functional in forgiveness as it was positively correlated with self-forgiveness, while the opposite was true for the feeling of shame (Twerski, 1990; McGaffin et al., 2013). In contrast to previous findings that revealed a positive correlation between guilt and self-forgiveness, we found guilt to be negatively correlated with self-forgiveness. Scherer and colleagues (2011) reported that self-forgiveness was inversely related to both guilt and shame after a brief intervention program for alcohol-dependent individuals. In support of the finding of this study, Carpenter and colleagues (2016) suggested that guilt-proneness is not potentially beneficial, but is rather negatively related with self-forgiveness, unless its motivational characteristics (repair tendencies) are activated. Most of the relevant studies indicate positive behaviours appearing after the feeling of guilt, such as constructive intentions, corrective action (Tangney et al., 1996), self-reflection, and perspective-taking (Joireman, 2004). Guilt is a negative feeling that requires a solution in alcohol dependence interventions, and one that may also be associated with negative coping strategies.

Limitations and Conclusions

One limitation of the study was the small sample size. The cross-sectional nature of the study, the collection of data in a certain period of time, and the inclusion of patients with a specific disorder affected the sample size. Another was the small number of women in the overall sample which did not allow us to use gender as a covariate in our analyses. Additionally, the comparison group was a convenience sample that included hospital staff and their acquaintances. Given the cross-sectional survey design of the present study, the possible causal relationship between feelings of shame and guilt and forgiveness could not be investigated. Further studies are required in order to examine the interrelations between shame, guilt, and self-forgiveness in alcohol dependence.

This study is one of few studies considering significance of shame and guilt in alcohol-dependent patients and discriminating between these two feelings. In addition, this is the first time the relationship between either shame, guilt, and/or forgiveness has been conducted in a Turkish sample of alcohol-dependent individuals. These psychological states should be considered in treatment of alcohol dependence.

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