THE INFLUENCE OF MORAL IDEOLOGY ON RELIGIOSITY, MORAL EMOTIONS, AND DRINKING BEHAVIORS

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Adam R. Frampton

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DEDICATION

This document is dedicated to all the people who have encouraged me and given me strength. Namely to my excellent teammate, cheerleader, and wife – Jacqueline.

ABSTRACT

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Objective: The current study examined prospective relationships between religious affiliation, feelings of guilt and shame, ethical orientation (relativism and idealism), alcohol consumption and quantity of heavy episodic drinking. Participants: Three hundred and seventy-one students attending a large, public university in Texas. Method: Electronic surveys assessed predictors of college alcohol use. Comparisons were made between Christians and Non-theist participants on alcohol consumption and binge drinking, controlling for guilt, shame, relativism and idealism. Results: Christians drank more than Non-theists. Relativism was positively related to quantity of binge drinking episodes. Shame had no effect among Christians on alcohol consumption, but shame had a negative effect on alcohol consumption among Non-theists. Guilt had no effect among Christians on binge drinking, but guilt had a negative effect on binge drinking among Non-theists. There was a relativism by guilt interaction on binge drinking, with guilt having a negative effect on binge drinking only among individuals high in relativism. Conclusions: Data are supportive of continued investigation of the effects of ethical orientation and moral emotions on collegiate alcohol consumption and binge drinking.

KEY WORDS: Guilt, Shame, Alcohol use, Binge drinking, Ethical beliefs, Idealism, Relativism, Religion, College students

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CHAPTER I

Literature Review

The Problems of Alcohol

Problematic drinking is a major concern in the U.S., costing approximately 250 billion USD in health care in 2010, with binge drinking accounting for about three-quarters of the expenses (Sacks, Gonzales, Bouchery, Tomedi, & Brewer, 2015). Binge drinking among college students is viewed as a major social and public health concern (U.S. Department of Health and Human Services, 2010). According to a large sample of college youth in the U.S. (n = 8,666), 57% of students had any heavy episodic drinking in the past year (i.e., 5+/4+ drinks for men/women, respectively), 31% drank heavily in the past month, and 17% drank heavily in the past week (Dawson, Grant, Stinson, & Chou, 2004). Reports from a recent study in 2016 found that 32% of college students in their sample had drunk heavily in the prior 2 weeks. (Schulenberg et al., 2017).

Reports from the 2014 Monitoring the Future study state that over 60% of college students report having been drunk in the past year and approximately 45% in the past month (Johnston, O'Malley, Bachman, Schulenberg, & Miech, 2015).

Despite the attention heavy drinking has received in the literature, drinking rates had increased from 1999 to 2005, in which alcohol-related injuries or deaths were 1,825 (up 3% from 1998), the proportion of college students 18-25 who reported driving under the influence in the past year was 3,360,000 (up 7% from 1999), 599,000 were injured because of drinking, 696,000 were hit or assaulted by another drinking college student, and 97,000 were victims of alcohol-related sexual assault or date rape (Hingson, Zha, & Weitzman, 2009).

A large meta-analysis found that among an inclusive list of variables, average drinks per drinking day (accounted for 13.47% of the variability) is the best predictor of alcohol-related consequences, more than percentage days drinking (2.50%), which is well-represented in the literature (Prince, Pearson, Bravo, & Montes, 2018). There is heterogeneity in alcohol-related consequences, suggesting drinking quantity and frequency alone do not predict alcohol-related consequences. For example, research suggests that negative affect, social norms, and expectancies also impact negative alcohol-related consequences independent of alcohol use (Prince et al., 2018). In addition, comorbid mental health disorders such as bulimia nervosa (Dunn, Larimer, & Neighbors, 2002) compound the risk of heavy alcohol use on alcohol-related consequences.

Characteristics of alcohol abuse include heavy alcohol use and may contain craving, withdrawal, and tolerance. Given the present study's undergraduate college student sample, most students will likely not meet the diagnostic criteria for an alcohol use disorder, but the numbers above help put the issue of drinking among college students in context.

Episodes of binge drinking involve a "high dosage" of alcohol over hours or days, and is associated with physical dependence (American Psychological Assocation, 2013). Moderate alcohol use is defined as having up to one drink per day for women, and up to two drinks per day for men (U.S. Department of Health and Human Services and U.S. Department of Agriculture, 2015). Heavy drinking is defined as the consumption of 4 or more drinks on any day or 8 or more drinks per week for women and 5 or more drinks on any day or 15 or more drinks per week for men.

Religiosity as a Protection

Considering the great costs of binge drinking, much research has been invested in factors that reduce risk behaviors. Religious affiliation has been identified as a protective factor against overall drinking and heavy alcohol use (Burke et al., 2014; Foster et al., 2016; Jessor et al., 2006; Klassen & Grekin, 2017; Patock-Peckham et al., 1998; Wells, 2010), and a reduction in binge drinking episodes reduces alcohol-use consequences (Prince et al., 2018). Religious affiliation is defined as the self–identified association of a person with a religion, denomination or sub–denominational religious group.

Furthermore, religiously charged factors including forgiveness and God as Judge are negatively correlated to alcohol dependence (Kendler et al., 2003). Private spiritual/religious practices, daily spiritual experiences, forgiveness, negative religious coping, and purpose in life are positively related to decreased levels of binge drinking among alcoholics (Robinson et al., 2011). General religiosity is not correlated with decreased alcohol dependence in this sample (Kendler et al., 2003), which is understandable, considering the variety of religious beliefs regarding drinking and drunkenness.

Interestingly, religion can both increase the risk as well as protect the individual from addiction and recovery. Rebellion and disenchantment with overly restrictive rules can initiate the use of drugs and alcohol (DiClemente, 2013).

Engaging with the emotional and social influences of religious practice exposes individuals to a moral framework that affects judgements and behavior (Balswick, King, & Reimer, 2013). This moral framework contains overt rules and cultural norms about drinking and drunkenness, which vary between religious groups, including those who

follow no religion (Francis, 1997; Patock-Peckham, Hutchinson, Cheong, & Nagoshi, 1998). For example, Protestants are more likely to abstain from alcohol than Catholics (Francis, 1997). Traditionally, Orthodox Jews have a disdainful perspective toward drinking and drunkenness, but definitive data on alcohol consumption among the Jewish population is inadequate, given poor methodology and the prevalence of denial (Loewenthal, 2014). Individuals with no religion are likely to have a higher quantity and frequency of drinking than Catholics and Protestants (Patock-Peckham et al., 1998). While investigating religious perceptions of drinking and drunkenness, researchers found the attitudes of secular individuals and Buddhists toward alcohol tend to be more positive than attitudes held by Christians and Muslims, with Muslims having the most negative attitudes toward drinking (Najjar et al., 2016). However, Najjar et al. (2016) did not find a significant effect of individual's perceptions of drinking and drunkenness on actual drinking behaviors. This suggests that other factors, beyond the awareness of the social norms of one's religion, contribute to drinking behaviors. The authors suggest personal attitudes toward alcohol consumption and perceived social norms, as well as psychological factors such as personality and affect (Najjar et al., 2016). In the current study, factors including moral emotions and individual differences in ethical ideology are presented as exploratory pathways for the relationship between religious affiliation and binge drinking.

The Effect of Moral Emotions

Religious practice increases and intensifies moral emotions such as gratitude, empathy, and forgiveness (Hardy, Zhang, Skalski, Melling, & Brinton, 2014). Moral emotions such as guilt and shame may underlie the relation between religiosity and

alcohol use. Tangney, Stuewig, and Mashek (2007) defined guilt as a social moral emotion that centers the individual's attention to a specific bad behavior and its consequences. Conversely, shame focuses the individual's attention to their core self, perceiving themselves as a *bad person* (i.e., a negative evaluation of the global self) rather than a person who does *bad things* (i.e., a negative evaluation of a specific behavior). The distinction is important because shame and guilt have different action tendencies. Prosek et al. (2017) note that feelings of shame co-occur with alcohol abuse, especially among religious people who have lost personal meaning and engage in negative religious coping, a way to deal with life stressors defined by spiritual discontent, demonic reappraisal, and reappraisal of God's powers (Pargament, Smith, Koenig, & Perez, 1998). Guilt, however, corresponds with reparative actions like confession, apology, and undoing the consequences of the behavior (Tangney, Stuewig, & Mashek, 2007). In addition, feelings of guilt may protect individuals from hazardous use of alcohol. Individuals who are prone to feeling guilty have more self-control (Patock-Peckham, Canning, & Leeman, 2018) and use protective behavioral strategies when making decisions to drink responsibly (Treeby, Rice, Cocker, Peacock, & Bruno, 2018).

Shame diverges from guilt, as individuals higher on shame-proneness use more alcohol and experience more alcohol-related problems through increased negative urgency and impaired self-control (Patock-Peckham et al., 2018). In addition, feelings of shame correlate with the endorsement of statements indicating they engaged in drinking games, consumed shots of alcohol, mixed their drinks, and competed with others in terms of amount and speed of alcohol consumption when drinking (Treeby et al., 2018). In

comparison, guilt is an adaptive form of negative affect, especially when it comes to alcohol-related outcomes (Patock-Peckham et al., 2018).

Guilt, as opposed to shame, offers more paths to redemption. In a hypothetical party, a guilt-prone individual pressured to binge drink may change their behavior or repair the negative consequences of binge drinking. Indeed, guilt-prone individuals endorse the use of protective behavioral strategies (e.g., limiting number of drinks consumed, drinking in a manner that is less likely to result in intoxication, and engaging in behaviors related to serious harm avoidance; Martens, Pedersen, LaBrie, Ferrier, & Cimini, 2007) while drinking alcohol (Treeby et al., 2018). Without the burden of negative global evaluations that comes with shame, and individual who feels guilt acknowledges they can still behave positively. One study found no relation or a negative correlation between shame-proneness and engaging in protective behavioral strategies (Treeby et al., 2018). Shame-prone individuals are more likely to drink to "fit in" (Treeby et al., 2018). Guilt-prone individuals possibly have an enhanced ability to foresee the risk and negative consequences of binge drinking behaviors (Stuewig & Tangney, 2007). There is some evidence against the correlation between reporting the use of protective behavior strategies and experiencing negative alcohol-related consequences (Soule, Barnett, & Moorhouse, 2015), for some strategies do not necessarily prohibit binge drinking (e.g., drinking only with friends, drinking a predetermined quantity of alcohol). On the other hand, Martens et al., (2007) found evidence for the reduction of negative alcohol-related consequences with the use of protective behavioral strategies.

Guilt and shame are correlated with different motivations to drink alcohol. Shame is linked to drinking for social reasons (e.g., peer influence) and could be associated with

avoidance of painful self-rumination through drinking with the goal of intoxication. Feelings of shame are psychologically painful and are more likely than feelings of guilt to inspire motivations to drink alcohol as a relief from negative affect (Patock-Peckham et al., 2018). Guilt, while still a negative emotion, does not correlate with negative urgency, so a person will be less likely to act as rashly as they would if they were feeling shame (Patock-Peckham, Cannig, & Leeman, 2018).

Research on anticipatory guilt, or guilt expressed in reaction to thinking about the negative consequences of behaving against social norms, has suggested its importance in shaping behavior. Steenhaut and Van Kenhove (2006) demonstrated that anticipatory guilt mediated ethical belief and intention. That is, increasing the salience of negative consequences of unethical acts increases anticipatory guilt, encouraging ethical behavioral alternatives.

Feelings of guilt may be especially effective among the pious. Guilt may make prohibitive alcohol beliefs more salient, inspiring a realignment of behaviors to be parallel with religious beliefs. Forsyth and Nye (1990) found in their study that rule salience inhibited moral transgressions.

Differences in Ethical Ideology

The Ethics Position Questionnaire (EPQ), an influential measurement of ethical orientation first introduced by Forsyth in 1980, is a questionnaire that categorizes moral decision-making along two factors, idealism and relativism. Forsyth (1980) defined idealism as the belief that “good” behaviors will bring about only desirable consequences, whereas individuals low on idealism realize desirable consequences are

mixed in with the undesirable. Individuals high in relativism reject moral absolutes in favor of cultural and social contextual factors when making moral decisions.

People who report higher levels of idealism endorse statements of non-violence, low risk of harm to others, and the preservation of the dignity and welfare of others. People with high scores of Idealism would not accept the consequences of a "correct" moral action to inflict harm to other people, despite positive consequences of that action.

People who report lower levels of Idealism endorse the use of cost / benefit analysis when making judgements about the morality of actions. They acknowledge that harm to others may be a consequence of a "correct" action but consider the benefits of an action to outweigh the risks.

Individuals high in relativism endorse statements that moral standards depend on individual, situational, and social context. In addition, people high in relativism agree that ethics are complex, tolerant of differences, and it is incorrect to use one's own ethical paradigm to judge another person's behaviors as immoral.

In contrast, individuals low in relativism rely on strict universal moral rules when making moral judgements (Forsyth, 1980). A person low in relativism endorse statements that moral standards are inflexible to circumstance, consistent across cultures. In addition, a person low in relativism is more likely to think that there are universally "bad" behaviors, lying is always wrong and ethics principles can be used to judge the "rightness" of others.

Taking the polar extremes of these two factors creates a 2x2 table of ethical taxonomies. Individuals group into one of four different approaches to making ethical judgements: subjectivism, situationism, absolutism, and exceptionism. Inclusion into one

of these four groups is determined via whether the individual adopts idealistic or non-idealistic values, and accepts or rejects absolute moral rules (Forsyth, 1980).

To begin breaking down the four taxonomies, the subjectivists reject moral principles. In addition, they are non-idealistic because they accept that good outcomes are not always possible. Forsyth (1980) labeled it subjectivism because its members do not make decisions based on "objective" information, like universal absolutes or the actual risk of harm to innocent people. The morality of a situation is subjective to the judge. While judging whether psychological research was ethical, subjectivists concerned themselves with the potential harm for subjects, the scientific legitimacy of the methods, and the invasiveness of the methods (Forsyth & Pope, 1984).

Like subjectivists, situationists reject unchanging principles of behavior, preferring to assess the situational context of the issue (e.g., the desirability of the consequences, alternative actions, and individual constraints). However, they are more idealistic than subjectivists, striving to achieve a maximum positive outcome (Forsyth, 1980). Thus, they prefer to act based on cost-benefit analysis with little tolerance for harm to others (Forsyth & Pope, 1984).

Absolutists, too, have an idealistic preference for creating positive outcomes for their behaviors. But, in contrast to situationists who abide by flexible personal rules, absolutists believe some ethical principles are so important they cannot be excluded from a code-of-conduct (Forsyth, 1980). They are more likely to believe that transgressors intend to do wrong. Thus, absolutists tend to be much harsher judges about wrongdoings, and are more willing than individuals falling in other categories to report a peer's ethical transgressions (Barnett, Bass, & Brown, 1996). When judging ethically questionable

research, absolutists focused on negative aspects such as physical and psychological harm to subjects (Forsyth & Pope, 1984).

As the fourth and final category in the ethical taxonomy, exceptionists allow exceptions to universal moral principles and are non-idealistic, preferring to make pragmatic judgements to weigh good outcomes with the bad.

Previous research involving the EPQ involve the ethical orientation of physicians (MacNab et al., 2011), information technology students (Winter, Stylianou, & Giacalone, 2004), and business students (Davis, Anderson, & Curtis, 2001), and consumer ethics (Steenhaut & Kenhove, 2006). Researchers have investigated the effect of idealism and relativism on ethical decisions regarding intellectual property and privacy rights (Winter et al., 2004), and a variety of moral decisions including health care benefits (Davis et al., 2001).

Winter et al. (2004) found that idealists judged it less acceptable to violate intellectual property rights, and relativists judged it more acceptable to violate intellectual property rights, but not privacy rights. In Davis et al. (2001), subjects high in idealism were opposed to scenarios that were harmful to others. Dogmatism was negatively correlated with relativism, and idealism was positively correlated with empathy. Steenhaut and Van Kenhove (2006) confirmed Davis et al. (2001) in establishing idealism as a better predictor than relativism in shaping consumer ethical beliefs.

To the best of my knowledge, no research has investigated the effect of idealism and relativism on decisions to binge drink and to abide by religious beliefs regarding the consumption of alcohol.

Research has shown that general religiosity correlates positively with low scores in relativism (Barnett et al., 1996) and high scores in idealism (Malloy et al., 2014), placing those high in religiosity in the absolutist group. That is, religious individuals are more likely to support universal moral principles and act on their values and beliefs more consistently than individuals falling among other ethical groups. If specific religions explicitly prohibit drinking (e.g., Islam) or restrict drinking to secular settings (e.g., Judaism), then it follows that members who are low in relativism are less likely to drink. The research supports this induction; secular people have greater frequency and quantity of drinks than religious individuals (Burke et al., 2014; Foster et al., 2016; Jessor et al., 2006; Klassen & Grekin, 2017; Patock-Peckham et al., 1998; Wells, 2010).

The relationship between ideology and religious affiliation is still relatively fresh. While previous research states the positive correlation between absolutism (i.e., low relativism, high idealism) and religiosity, it is not clear how members of other ethical taxonomical groups apply religious beliefs regarding alcohol. Furthermore, the degree to which feelings of guilt and shame are affected by ethical orientation following a moral transgression has not been studied.

Research has shown that ethical ideology does not directly predict behavior (Forsyth & Berger, 1982); rather, it may indirectly affect behavior through ethical judgements about right and wrong (Forsyth & Nye, 1990; Steenhaut & Van Kenhove, 2006). When observing the influence of idealism and relativism on ethical beliefs, Steenhaut and Van Kenhove (2006) found idealism to be a better predictor than relativism on individuals' beliefs about how ethically correct a situation is. Therefore, idealism may be a valuable personality trait in shaping beliefs about binge drinking.

In addition to focusing on the antecedents of beliefs (i.e., ethical ideology), Steenhaut and Van Kenhove (2006) suggested to record factors influencing (un)ethical intentions for a better insight into ethics. Moral emotions such as guilt and shame may follow an individual's judgement of a personal wrongdoing. Idealism and relativism may shape a person's sensitivity to experiences of guilt and shame following a wrongdoing.

For example, an individual high in relativism may justify their actions to apply a relative moral framework and feel less guilt over "bending the rules." On the other hand, a person low in relativism will be stricter in the application of their principles, regardless of circumstance, and may be more likely to experience guilt after they commit what they deem to be a moral transgression.

In other words, a negative judgement following a moral transgression can lead to feelings of guilt or shame. One's ethical orientation may indirectly affect feelings of guilt or shame after a moral transgression based on the individuals' judgement of their behavior. For example, a highly relativistic person who makes exceptions to drink alcohol, despite their prohibitive religious beliefs (i.e., Islam, Judaism) may experience less guilt following their drinking.

What is the relationship between relativism and guilt? Relativism is the degree to which a person takes unmoving or incidental factors into account when judging what is correct. Guilt is a social feeling focused on making a bad decision, with either undesirable principles or undesirable outcomes.

Current Study

No current research has observed the interrelations between religiosity, ethical ideology, moral emotions, and drinking behavior. The current study examines the extent

to which ethical ideology is associated with moral emotions in the context of religiosity and its effects on drinking behavior. Consistent with previous literature, I hypothesize that religious students will have drink less frequently and in smaller quantities than secular students.

For the second hypothesis, I will test for main effects of ethical ideology and interactive effects with religious affiliation. Within religious groups, people higher in relativism may have a higher quantity of alcohol consumption and binge episodes than people lower in relativism. Within non-religious groups, I do not predict an effect of relativism in alcohol consumption. The ethics position questionnaire does not measure attitudes toward drinking, and different beliefs toward alcohol within secular individuals will not be recorded. Given the correlation of idealism with religious affiliation, higher idealism may be related to lower levels of alcohol consumption.

For the third hypothesis, I hypothesize that people who are Protestant, Jewish, or Muslim and drink alcohol will experience more guilt than Atheists and secular people. The presence of prohibitive religious beliefs may increase the likelihood of experiences of guilt after consuming alcohol.

For the fourth hypothesis, I hypothesize that there will be an interaction between religious affiliation and ethical ideology on moral emotions, such that individuals who trend toward high relativism will experience less guilt about drinking behaviors, despite prohibitive religious beliefs held by Protestants, Jewish individuals, and Muslims.

CHAPTER II

Method

Participants

The present study was part of a larger study examining daily variation in religious behaviors, spiritual experiences, moral emotions and satisfaction with life, along with the associations among these variables and alcohol use. All participants were briefed about the purpose of the study, as well as potential risks and benefits for participating. 560 participants entered the study, with the average participation of 8 days of data (*SD* = 4.78). To increase the validity of running between-subject analyses, a benchmark of 6 days of participation was set. After filtering out low-participation, 379 participants remained with an average participation of 11 days (*SD* = 2.5). However, about 344 participants completed demographic information, leaving 35 participants with missing data for measurements of demographics and ethical position. Participants were 296 females and 48 males. The ethnicity of participants was 102 were Hispanic/Latino and 241 Non-Hispanic. The races of participants were 241 White/Hispanic, 66 African American, 10 Asian, 15 Mixed, and 10 identified as Other. School classification of participants were 144 freshman, 79 sophomore, 48 juniors, 70 seniors, and 1 graduate student. 28 of 343 participants were a fraternity or sorority member.

343 participants declared their religious affiliation. As stated in the literature review, one objective of the study was to collect information on participants who are affiliated with a religion that may restrict the use of alcohol. Of the religious affiliations only one participant follows Islam, none follow Judaism, and 152 participants belonged to one of the several Protestant Christian denominations. To consolidate religious

categories, two new groups were created from a combination of the existing religious affiliations. The new variable was labeled ‘theism’ and had two levels, one representing ‘non-religious’ individuals who identified as one of the following: no affiliation (but not agnostic), Agnostic, and Atheist. The second level comprised participants who identified as Christian: Baptist, Catholic, Church of Christ, Non-denominational Christian, Lutheran, Methodist, Episcopal, Pentecostal, Quaker, Seventh Day Adventist, and Unitarian. The population of these new categories are Non-Theist (n = 65) and Christian (n = 267), capturing 332 of the original 343 participants who responded to the question of religious affiliation. Of those 332, 290 submitted data on their drinking behavior.

Participants were recruited through the online research study system of a moderately large university in the Southwest United States. Participants were compensated with class credit in undergraduate psychology courses.

Procedure

The university Institutional Review Board approved the parent study (IRB # 36690). All participants consented to participate online and were directed to a baseline survey. This baseline survey collected demographic information as well as a series measures described below. Participants in the parent study were followed for two weeks; in the current study, daily reports of moral emotions will be averaged over the two-week period to yield an aggregated score for each participant. Likewise, daily reports of alcohol use were summed to give a summary total of drinks consumed over a two-week period.

Measurements

All measures were administered as online self-report surveys collected via Qualtrics. Participants were subjected to two sets of survey batteries: a baseline and a daily. The baseline battery consisted of demographic information and the Ethics Position Questionnaire. After the initial baseline surveys, online links were emailed to participants daily for 14 days. The content of the daily surveys was comprised of the Emotional Response Questionnaire (ERQ) and Daily Drinking Questionnaire (DDQ).

Participants reported their religious affiliation by selecting one of the following options: none, agnostic, Amish, Assembly of God, Atheist, Baptist, Buddhist, Roman Catholic, Church of Christ, non-denominational Christian, Eastern Orthodox, Episcopal, Hinduism, Islam, Jehovah's Witness, Judaism, Latter Day Saints, Lutheran, Methodist, Pentecostal, Quaker, Seventh Day Adventist, Shinto, Taoism, Unitarian, or fill-in-the-blank.

Ethical positions. The Ethics Position Questionnaire measures ethical orientation. The EPQ is used extensively in business and education settings across cultures. It is reliable, valid (Davis, Anderson, & Curtis, 2001; Yazici, & Yazici, 2010; Forsyth, 1980) and does not show social desirability bias (Forsyth & Pope, 1984). Results of the EPQ can be summarized with the variables of Relativism and Idealism.

Drinking. Drinking behaviors were assessed using the Daily Drinking Questionnaire (DDQ). The DDQ is a single-item assessment which asks: "How many drinks have you had in the past 24 hours?" To standardize quantity across alcoholic beverages, participants were given the following definitions for a drink: 12 fl oz of beer, 8-9 fl oz of malt liquor, 5 fl oz of wine, 1.5 fl oz shot of 80-proof spirits. Participants

completed the DDQ up to 14 times, and the score for each participant was gathered by summing their data. Missed days were not counted towards the total. The DDQ is reliable and valid for use with college students (Collins et al., 2010).

Total binge drinking was calculated by adding the days on which males drank at least five alcoholic beverages and women at least four beverages.

Moral emotions. The moral emotions of guilt and shame were recorded with the ERQ, a measure of the frequency of the emotion on a 5-point Likert scale ranging from "not at all" to "always". Originally, it measured emotional responses to a video, audio, or written scenario depicting others in distress, with the goal of observing how emotions motivate empathic behavior (Batson, Fultz, & Schoenrade, 1987). For the present study, participants were instead asked to reflect on their general life experiences in the past 24 hours and complete the questionnaire, reporting how often they experienced each emotion, like Hardy et al. (2014). Participants completed the ERQ up 14 times, and a single score was created from the mean.

Analysis Plan

The data was analyzed using SPSS Statistical Package (IBM Corp, Armonk, NY). First, appropriate demographic information was collected to describe the sample's age, sex, ethnicity, race, student status, Greek affiliation, and religious affiliation. Participation was evaluated and a benchmark of six days of participation was set. Participants with five or fewer days of participation were removed. This increased the validity of comparison between subjects. In addition, preliminary descriptive statistics was conducted on guilt, shame, drinking, and relativism. Preliminary statistics involved testing the assumptions of homogeneity of variance, underlying normal distribution, and

independent scores within cells. Specific to the analysis of covariance, preliminary statistics involved the confirmation of no outliers, multivariate normal distribution, homogeneity of variance for each dependent variable and variance-covariance matrix, linear relationships among all dependent variables, absence of multicollinearity, and singularity. For Pearson correlations, confirmation of continuous dependent variables and independent observations was performed. To aid in the interpretation of any interaction effects, the Process macro will be used to create graphical output. The Process macro conducts observed-variable mediation, moderation, and conditional process analysis.

For hypothesis 1, a *t* test for independent means will be run to compare the drinking quantity and frequency of religious (Muslim, Jewish, & Protestant) and non-religious (Atheist, Agnostic, Secular) groups. Feelings of guilt, shame, and relativism will be used as covariates. Past research has shown that feelings of guilt and shame are associated with alcohol consumption and heavy alcohol use (Patcok-Peckham et al., 2018; Prosek et al., 2017; Stuewig & Tangney, 2007; Treeby et al., 2018). Relativism may affect drinking quantities because it could be related to the tendency to disregard negative alcohol beliefs.

For hypothesis two, two ANCOVAs were run. The first ANCOVA was observing differences in alcohol consumption between religious groups, controlling for relativism, idealism, guilt, and shame. Main and interactive effects were tested. The second ANCOVA was observing differences in binge episodes between religious groups, controlling for relativism and idealism. Main and interactive effects were tested.

For the hypothesis three, an ANCOVA was used to observe the relationship of guilt and shame with religion on drinking quantity and binge drinking episodes. Guilt and shame were used as covariates, while religion was used as the independent variable.

For the fourth hypothesis, to test if there was an interaction between ethical orientation and religion or moral emotions, idealism was added to the ANCOVA of the previous hypothesis.

CHAPTER III

Results

Drinking was analyzed through two variables: total number of drinks consumed and total number of binge episodes, both calculated over the 2-week study period. For men, the threshold for a binge-level amount of consumption was defined as five or more alcoholic beverages, and four or more alcoholic beverages for women (Wechsler et al., 1994). Outliers were identified using a -3 to +3 *Z*-score benchmark, and participants who reported consuming 27 or more alcoholic beverages were removed. The distribution was within bounds perceived as being acceptable for applied research (Kim, 2013; skewness = 1.05, kurtosis = .185). Among participants who submitted at least six days of drinking data, the average level of consumption was 4.64 drinks over the 2-week period (*SD* = 6.26). Of the 369 participants with at least six days of drinking data, 151 (40%) reported no alcohol consumption. Within the Non-Theist group, average alcoholic consumption was 6.10 drinks (*SD* = 7.53). Within the Christian group, average alcoholic consumption was 4.40 drinks (*SD* = 5.92).

Total binge drinking was calculated by adding the days on which males drank at least five alcoholic beverages and women at least four beverages. After the removal of outliers, descriptive statistics were run on sum binge drinking (*M* = 1.56, *SD* = .92, skewness = 1.76, Kurtosis = 2.56), and a log10 transformation was performed to improve the normality of the distribution (*M* = .14, *SD* = .203, skewness = 1.105, kurtosis = -.104). Within the transformed distribution, among participants who submitted at least six days of drinking data, the average number of binge episodes were .40 (*SD* = .14). Within

the Non-Theist group, average binge episodes were .42 (*SD* = .18). Within the Christian group, average binge episodes were .39 (*SD* = .14).

Descriptive statistics were run on feelings of guilt, shame, relativism and idealism. Emotions were recorded on a 5-point Likert scale, ranging from 1 (Not at all) to 5 (Always). The average level of guilt was 1.72 (*SD* = .66, *n* = 299). The average level of shame was 1.70 (*SD* = .69, *n* = 302). Regarding ethical orientation, each scale can range from -40 to +40. The average level of relativism was 8.18 (*SD* = 11.74, *n* = 324). The average level of idealism was 18.59 (*SD* = 11.30).

A t-test revealed participants in the Christian group (*M* = 1.82, *SD* = .72) reported more guilt than the non-theist group (*M* = 1.63, *SD* = .62), $t(120) = 5.22$, $p = .03$. A one-sample t-test revealed no difference in reports of shame between Christians and non-theists, $p = .07$.

In addition, correlations were run between ethical orientation and religious affiliation. Relativism and Idealism were significantly correlated, $r(333) = .188$, $p = .001$. Idealism and religious affiliation were also significantly correlated, $r(327) = .148$, $p = .007$.

To answer hypothesis one, a series of ANCOVAs were run to analyze the effect of religion on alcohol consumption and binge drinking episodes. There was a main effect of religion on alcohol consumption when controlling for feelings of guilt and shame, $F(1,283) = 5.64$, $p = .018$, $\eta_p^2 = .02$. This effect disappeared when idealism was included in the model ($p = .161$). There was a main effect of religion on binge drinking when shame and guilt were used as covariates $F(1,86) = 4.23$, $p = .043$, $\eta_p^2 = .05$, but not when idealism and relativism were included as covariates ($p = .64$).

For hypothesis two, an analysis of variance was used to test main effects of religion and ethical ideology along with their interaction. Feelings of guilt and shame were used as covariates. When observing alcohol consumption, there was no effect of religion, relativism, idealism, nor any interactions ($p > .05$). There was a significant effect of relativism on binge drinking, $F(1, 83) = 8.37$, $p = .005$, $\eta_p^2 = .092$, with higher levels of relativism associated with more binge episodes.

For hypothesis 3, an analysis of variance was used to test if there is an interaction between religious groups and moral emotions on alcoholic consumption and binge drinking. There was a significant religion by shame interaction in alcohol consumption, $F(1, 290) = 4.307$, $p = .039$, $\eta_p^2 = .015$. See Figure 1 for a visualization, which depicts a graph of the interaction generated through the Process macro. In addition, there was a statistically significant religion by guilt interaction in binge episodes, $F(1, 90) = 4.42$, $p = .038$, $\eta_p^2 = .047$ (see Figure 2).

To test hypothesis 4, a series of ANCOVAs were run to examine whether relativism or idealism interacted with religious background or moral emotions in their associations with alcohol use and binge drinking. There was a significant relativism by guilt interaction on total reported binge drinking, [$F(1,83) = 7.29$, $p = .008$, $\eta_p^2 = .081$; See Figure 3]. There was no main effect nor interaction with shame.

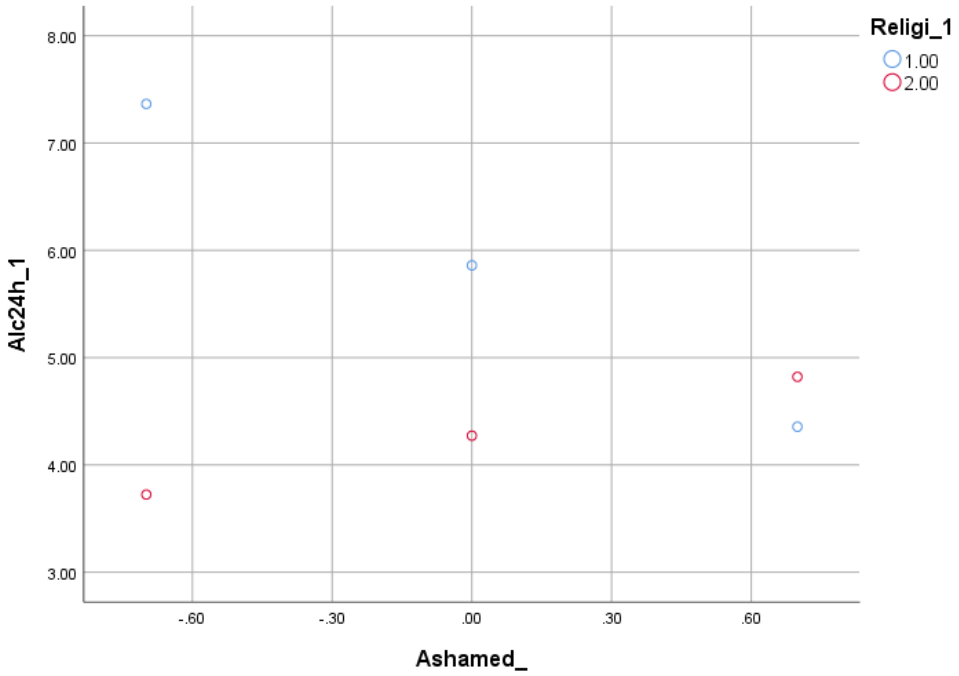

Figure 1. Total alcohol consumption for Non-Theists (Blue) and Christians (Red) across five levels of shame. Shame is mean centered with a -/+ SD.

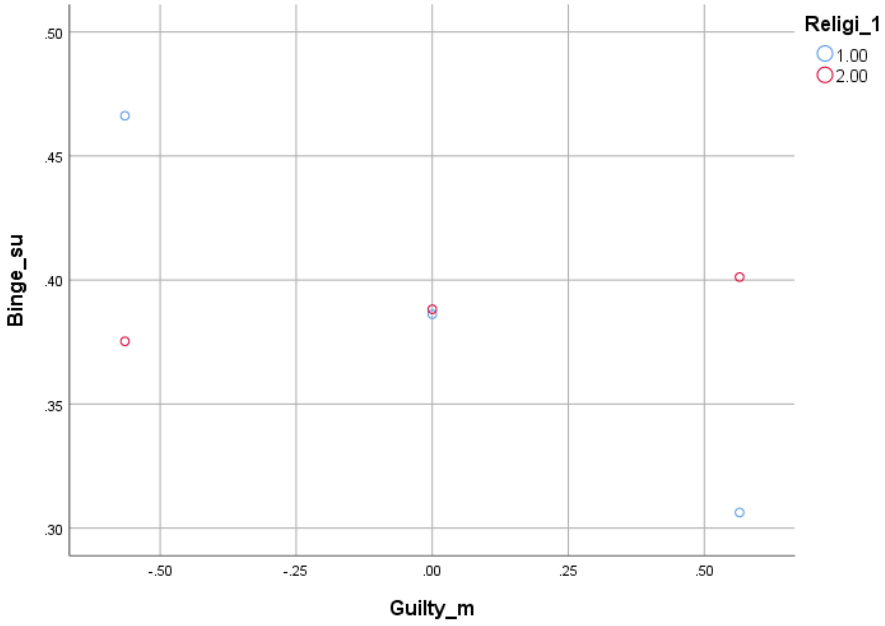

Figure 2. Total binge drinking days with a log10 transformation for Non-Theists (Blue) and Christians (Red) across five levels of guilt. Guilt is mean centered with a -/+ SD.

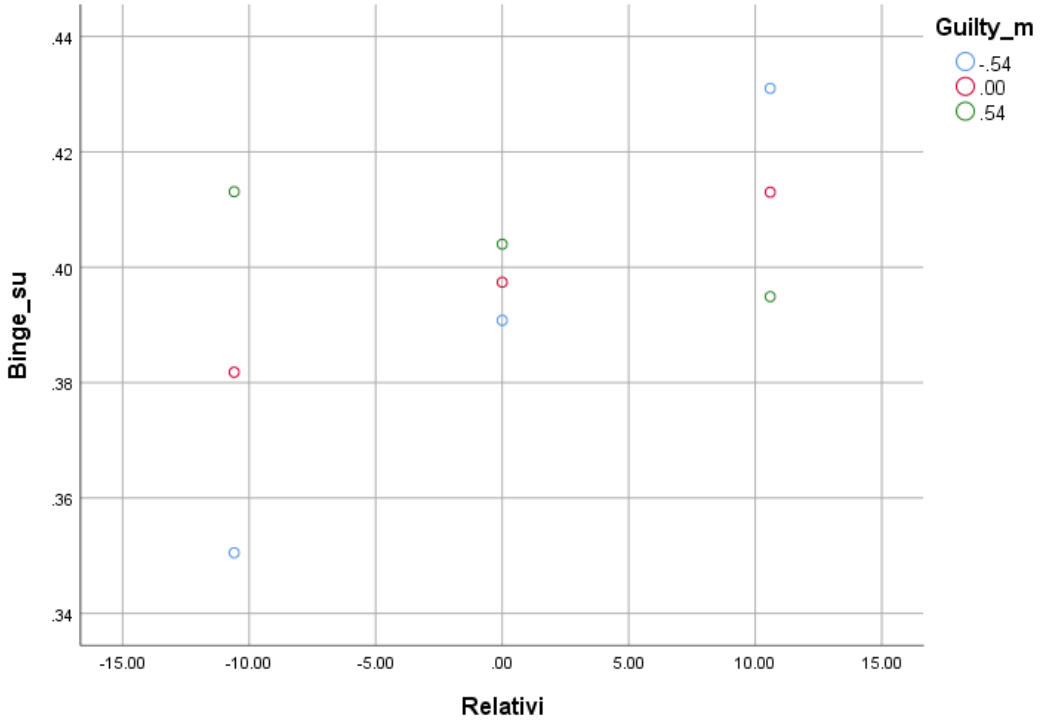

Figure 3. Total binge drinking days with a log10 transformation for Non-theists (Blue) and Christians (Red) between three levels of guilt across three levels of relativism.

CHAPTER IV

Discussion

Previous research has indicated a relationship between religious affiliation and a reduction in overall quantity and frequency of drinking and heavy drinking episodes (Burke et al., 2014; Foster et al., 2016; Jessor et al., 2006; Klassen & Grekin, 2017; Patock-Peckham et al., 1998; Wells, 2010). This finding was replicated in the current study when controlling for feelings of guilt and shame. Specifically, participants who were affiliated to a Christian religion drank two beverages less, on average, than those who belonged to no religion. Religion has been shown to increase the frequency of moral emotions (Hardy, Zhang, Skalski, Melling, & Brinton, 2014), and feelings of guilt and shame have different relationships with alcohol consumption (Patock-Peckham, Canning, & Leeman, 2018). On one hand, feelings of guilt is associated with more self-control (Patock-Peckham, Canning, & Leeman, 2018) and use protective behavioral strategies when making decisions to drink responsibly (Treeby, Rice, Cocker, Peacock, & Bruno, 2018). On the other hand, feelings of shame have been associated with alcohol abuse (Prosek et al., 2017).

Prosek et al. (2017) note that feelings of shame co-occur with alcohol abuse, especially among religious people who have lost personal meaning and engage in negative religious coping, a way to deal with life stressors defined by spiritual discontent, demonic reappraisal, and reappraisal of God's powers (Pargament, Smith, Koenig, & Perez, 1998). Guilt, however, corresponds with reparative actions like confession, apology, and undoing the consequences of the behavior (Tangney, Stuewig, & Mashek, 2007). In addition, feelings of guilt may protect individuals from hazardous use of

alcohol. Individuals who are prone to feeling guilty have more self-control (Patock-Peckham, Canning, & Leeman, 2018) and use protective behavioral strategies when making decisions to drink responsibly (Treeby, Rice, Cocker, Peacock, & Bruno, 2018).

There are several potential explanations for a difference in drinking among religious groups. Social norms, alcohol beliefs, spiritual practices, peer influence and religious attendance (Burke et al., 2014) have all been identified contributing factors. Indeed, peer influence is a potent influence on alcohol use on college students (Borsari and Carey 2001; Larimer et al. 1997; Lee et al. 2007; Park et al. 2009; Ward and Gryczynski 2009; Wood et al. 2001). Social norms are among the highest predictors of alcohol consumption among college students (Neighbors, Lee, Lewis, Fossos, & Larimer, 2007). The perceptions of how much others approve of a behavior is a salient predictor of heavy drinking, but it may depend on the reference group (Borsari & Carey, 2003). The authors explain how reference groups can provide direct influences through active peer pressure to consume alcohol and indirect influence through role modeling. Individuals can perceive how much others approve of alcohol consumption and heavy drinking by referring to their religious group.

The second hypothesis addressed whether there was a main effect of ethical ideology or interaction with religion on alcohol consumption and binge drinking. As hypothesized, a positive relationship between relativism and binge drinking was observed, but relativism had no association with overall alcohol use.

These findings diverge from previous literature. While no prior research has observed ethical orientation with alcohol use, previous studies have found idealism to be a stronger predictor than relativism on consumer ethical beliefs, or ideas about the

"rightness" of an action (Davis et al., 2001; Steenhaut & Van Kenhove, 2006). Ethical beliefs directly influence behavior (Hunt & Vitell 1968; Steenhaut & Van Kenhove, 2006), so determining ethical orientation antecedents to beliefs could inform accurate predictions of behavior. Ethical orientation is closely associated with deontological and teleological evaluations. While deontology pertains to the evaluation of specific actions or behaviors of the individual, teleology pertains to the evaluation of consequences of the action or behavior. Ethical evaluations based on principle or consequence could explain the shifting predictive power of idealism and relativism on beliefs.

Previous studies have found a negative correlation between religiosity and relativism (Barnett et al., 1996), but no such correlation was observed in the current study. This could be to differences in the measurement of religiosity. For example, Barnett et al. (1996) measured participants' cognitive commitment to religion, yet the current study measured only religious affiliation. Therefore, the effect of relativism on binge drinking cannot be simply explained by religious orientation. Future studies could observe how the individual's commitment to alcohol-related beliefs and expectancies interacts with relativism on binge drinking behaviors.

In addition, idealism had no observed effect on alcohol use or binge drinking. Some items in the measurement of idealism relate to an intolerance to risk and harm (Forsyth, 1980; Davis et al., 2001). Future studies could investigate the construct similarities between idealism and aversion to the negative consequences of alcohol. A lower score of idealism could correspond to a willingness to accept or disregard the risks that come with binge drinking.

Hypothesis three addressed the interaction between religion and moral emotions on alcoholic consumption and binge drinking. Results revealed an interaction between shame and religious affiliation on the consumption of alcohol. Among the Non-theist group, shame had a negative relationship with alcohol consumption, with reports of higher frequency of shame being associated with less alcohol consumption. Conversely, among the theists group, shame had a slight positive relationship with alcohol consumption, but there was no difference in alcohol consumption.

This interaction is inconsistent with findings from previous literature. Typically, shame is correlated with drinking problems and higher quantity and frequency of alcohol consumption (Patcok-Peckham et al., 2018). This is consistent with the relationship of shame and drinking within the Christian group. The opposite is true among the non-theist group, with over 7 total drinks being consumed at low levels of shame and 4 total drinks being consumed at higher levels of shame. This finding could possibly be explained by how participants interpreted feelings of shame. The different constructs of guilt and shame were not explicitly defined to the participants, resulting in the participants to use their own definitions. Some participants could have used guilt and shame interchangeably.

An interesting guilt by religion interaction is present when observing total heavy drinking days. Binge episodes remain constant regardless of guilt among theists, but among non-theists, more guilt is associated with one less binge drinking episode. Prior research indicates that individuals prone to feelings of guilt use less alcohol and experience less alcohol-related problems and more control over impulses and drinking (Patock-Peckham et al., 2018). Indeed, this relationship between guilt and binge episodes

is present in the Non-theist group. This assumes that participants in the Non-theist group first experienced guilt over an initial binge drinking episode and subsequently changed their behavior. However, measures of guilt and drinking are aggregated across the 2-week interval and causal relationships cannot be drawn between variables.

As for the absence of an effect of guilt on binge episodes among the Christian group, it could be due to the method of recording guilt. Participants were asked to record the amount of guilt they experienced, felt presumably after an expressed wrongdoing. However, a different form a guilt may have influenced individuals in the Christian group. Feelings of anticipated guilt (i.e., guilt felt in response to a perceived consequence of a planned action) has been shown to affect intentions of behavior, deterred the individual from making undesirable decisions (Baumeister, Stillwell, & Heatherton, 1994). Thus, individuals in the Christian group could have forward-looking anticipatory guilt that deterred them from engaging in binge drinking activity.

For the fourth hypothesis, relativism and idealism were added as covariates in the previous models to examine the relationship of ethical orientation with emotions and religion on drinking behaviors. There is a positive relationship between relativism and binge episodes at lower and average levels of guilt, but there is a negative relationship between relativism and binge episodes at higher levels of guilt.

Individuals who are higher in relativism drink more than people lower in relativism, as observed in hypothesis two. These individuals could possibly hold more favorable attitudes on binge drinking, therefore reporting less guilt when they binge drink. On the other hand, individuals who are lower in relativism may have less favorable

attitudes toward binge drinking. When they binge drank, they reported more feelings of guilt.

It is possible that people higher in relativism are more susceptible to external influences on binge drinking (e.g., peers, celebrations, games). Individuals lower in relativism may feel less accepting of the influence of external factors that encourage binge drinking, especially if the individual prefers abstinence from alcohol use. In the presence of external influences to binge drink, individuals higher in relativism may feel less guilty when they submit to these influences, while lower relativism individuals who submit to external influences experience more guilt over disregarding abstinent principles. Moreover, it is a tentative declaration that reports of guilt are in reference to evaluations of drinking or some other related aspect of the binge drinking experience. For example, expressions of guilt may be in reference to risky behavior done while intoxicated or the unpleasantness of a hangover.

Future research could include different attitudes and expectancies toward alcohol and how they may differ between low and high degrees of relativism. Interestingly, relativism was not correlated with religious affiliation in the current study. Thus, relativistic beliefs are unlikely to be influenced by religious peers and ideas. In addition, individual differences (e.g., extraversion, impulsivity, and openness to experience) could illuminate the discussion. Finally, Steenhaut and Van Kenhove (2006) found that anticipated guilt (i.e., guilt experienced in reaction to thinking about negative consequences) was a better indicator of a consumer's ethical behavior than idealism or relativism. Investigations of a relativism by anticipatory guilt interaction on heavy drinking could be worthwhile.

Limitations

First and foremost, the power of the drinking variable can be increased to include both quantity and frequency. Average drinks per day is the strongest predictor of alcohol-related consequences (Prince, Pearson, Bravo, & Montes, 2018). Moreover, recording the average drinks per day would resolve the discrepancy of participation in the current study. With participation ranging from six to fourteen days, a measure of total alcohol consumption is less reliable in making between-subject comparisons. That is, heavier drinking within six days is shadowed by moderate drinking in a 14-day period. One day of consuming 10 beverages and 10 days of consuming one beverage were recorded as equivalent. However, 10 drinks per day is far more problematic than one drink per day. Therefore, it is recommended future studies would use average drinks per day to record alcohol consumption.

Some general limitations must be noted. Religion was recorded via affiliation, a relatively subtle variable compared to the measurement of specific beliefs toward alcohol and practices. In addition, measures of spirituality, extrinsic and intrinsic religiosity were not recorded. Religious attendance is a recommended measurement of religiosity (Burke et al., 2014). Descriptions of the range of shame is “not at all” to “rarely”. It is unclear if reports of frequent experiences of shame correlate with a higher quantity of the consumption of alcohol or binge episodes. In the current sample, the mean and distribution of reports of shame were relatively low and narrow. Therefore, the conclusion of secular individuals who report high levels of shame do not experience heavy alcohol use is tentative. Furthermore, binge drinking was recorded at a range from 1 to 5 episodes with the exclusion of 0 binge episodes in pursuit of a “normal”

distribution. However, some variables may have predicted a difference between 0 to 1 binge episodes.

The sample was taken by convenience - primarily comprised of white, female, and freshman psychology students. Therefore, generalizability is limited. Furthermore, not all participants had equal numbers of days completed. It is more difficult to see an effect of the variables on participants with less days than more. To raise the threshold of days is to limit the sample size.

Implications

Stronger research designs are required to clarify how feelings of guilt and shame affect drinking behavior. Definitions of both emotions should be provided for participants. Questionnaire items could specify feelings of guilt and shame felt toward drinking and drunkenness. In addition, observations of feelings and drinking behavior daily can clarify the temporal relationship of variables. Moreover, a repeated measures design could offer better observations of a possible suppressive effect of guilt on binge drinking.

In the treatment of clients with Substance Use Disorder, feelings of guilt may be used to correct behavior. However, the expression of guilt depends on perceived wrongdoing. Observations in the present study revealed degrees of relativism to be a significant moderator on the relationship between guilt and binge drinking, with relativism accounting for a difference of one binge episode. Relativism may be related to other constructs, such as openness to experience, impulsivity, or susceptibility to peer influence.

Future Research

To clarify the effects of relativism on drinking behaviors, future research could investigate correlations of relativism to measures of sensation seeking, extraversion, impulsivity (Adan, Forero, Navarro, 2017; Herman & Duka, 2019), drinking motives, susceptibility to peer influence (Krieger, Young, Anthenien, & Neighbors, 2018), rule salience (Forsyth & Nye, 1990), and anticipatory guilt (Steenhaut & Van Kenhove, 2006). These variables have been shown to affect binge drinking activity or moral choice.

Future research could investigate the relationship between idealism and aversion to negative consequences of alcohol. Idealism may be correlated with risk aversion and manipulating risk salience could present a difference in drinking behaviors between levels of idealism.

In addition to measuring drinking quantity and frequency, the inclusion of drinking outcomes and problems would further clarify the practical effects of moral emotions and ethical orientation.

In conclusion, the current study affirmed the protective effects of religious affiliation on alcohol consumption and binge drinking, exposed the different experiences of guilt between religious and secular individuals who drink alcohol, confounded the indirect effects of idealism on behavior, and established the effects of relativism on heavy drinking among college students. Future research is recommended to clarify how ethical orientation acts as an antecedent to beliefs and expectancies about alcohol use, and how these beliefs are moderated by feelings of guilt and shame in affecting binge drinking behaviors.

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- Lead a didactic group counseling program which educated individuals with brain injuries about traumatic brain injury.
- Co-lead a substance abuse group therapy series with individuals living with traumatic brain injury
- Individually counseled individuals with brain injuries on issues about recovery
- Counseled undergraduates in mock therapy, accumulating 40 hours of face-to-face time under the supervision of Dr. Marsha Harman
- Shadowed behavioral health service providers who serve adults with Autism Spectrum Disorder and Intellectual Deficiency Disorder under the supervision of Dr. Michelle Garcia
- Acquired humanistic skills with adept proficiency

Assessment

- Able to independently administer and interpret the WAIS – IV, WISC – V, WJ – IV – COG, WJ – IV –ACH, WIAT – III, and ABAS - II
- Learned how to administer and interpret the MMPI – 2 RF and PAI
- Skilled at clinical interviewing and report writing

WORK EXPERIENCE

Supplemental Instruction Leader, *Tarleton State University,* Stephenville, TX
January 2015–December 2015

- Served as a Supplemental Instruction Leader under the supervision of Patrick Stoker
- Taught intro to philosophy for two, 1-hour sessions a week
- Taught study skills, prepared worksheets and hosted test preparation for 60+ students

CERTIFICATIONS

CITI Research with Human Subjects Training

February, 2015

- Received certification based on one hour of training regarding the history, regulations, and definition of ethical behavior when working with human subjects
- Training expires February 2018

OTHER EXPERIENCE

President, *Psychology Club*, Tarleton State University, Stephenville, TX
Fall 2014 – Fall 2015

- Performed duties including organizing meetings, leading discussions, and hosting guest speakers bi-weekly
- Recruited students at campus events and updated the social media pages

Volunteer, *Oakwood Assisted Living*, Stephenville, TX
September 2015 - November 2015

- Engaged senior adults with dementia in physical and cognitive enrichment tasks
- Assisted staff with quality of life care
- Accumulated 30+ hours of service

Member, *Tarleton Mentors*, Tarleton State University, Stephenville, TX
Spring 2014

- Connected with foster children ages 7-17 bi-weekly
- Helped them build life skills, such as cooking, studying, and socializing
- Chaperoned outings to the movies and parks