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The Impact of Regulatory Focus and Self-Construal on Guilt versus Shame Arousals in Health Communications: An Empirical Study from Vietnam

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Abstract

The purpose of this study is to examine the effects of emotional arousals of guilt versus shame on health message compliance. The study also investigates the moderation impact of two individual factors that have not been studied much in health communications, including regulatory focus and self-construal. This study employs a 2 (guilt versus shame appeals/arousals) between-subjects experiment and a survey to test the conceptual model. The context of the study is binge drinking, and the survey respondents ($n = 330$) are male university students in Ho Chi Minh City, Vietnam. The results confirm the positive effects of guilt and shame arousals on health message compliance. In addition, the results show moderating effects of the two individual characteristics of regulatory focus and self-construal on the relationships between guilt/shame arousals and health message compliance. The findings of this study have not only theoretical implications but also practical implications in the field of health communications. The insights could help health marketers, policymakers, and health promotion agencies to effectively develop health communications campaigns with more appealing message content (guilt versus shame) and relevant media selection (regulatory focus and self-construal).

Keywords: Guilt, Shame, Message Compliance, Regulatory Focus, Self-Construal

JEL Classification Code: M31, M38, I12

1. Introduction

Consumers frequently experience negative feelings in their daily life because of their unhealthy consumption behaviors, such as binge drinking or overeating (Han et al., 2014). Therefore, two powerful emotions with many harmful consumer behaviors that marketers and policymakers often use in communications to enhance persuasion are guilt and shame (Boudewyns et al., 2013; Duhachek et al., 2012; Han et al., 2014).

Negative emotions are used most often in communications appeals (Agrawal & Duhachek, 2010; Keller & Lehmann, 2008). They can evoke a feeling of discomfort possible is remedied by engaging in salient behavior. In addition to the emotion of fear (primary emotion), guilt and shame (self-conscious emotion) appeals can be used in social marketing messages because of their supposed strength to promote desired social behaviors (Agrawal & Duhachek, 2010; Boudewyns et al., 2013; Duhachek et al., 2012). Although the positive effect of guilt appeals has been significantly examined in charitable donations or pro-social behaviors, the impact of especially shame appeals and guilt appeals in health communications has not much been explored yet (Becheur et al., 2019; Boudewyns et al., 2013; Netemeyer et al., 2016).

Previous discrete emotions literature investigated guilt and shame appeals together rather than isolating guilt with shame appeals through separate emotional arousals (Boudewyns et al., 2013; Duhachek et al., 2012; Han et al., 2014). Bennett (1998) proposed that messages designed to evoke highly intense levels of guilt may elicit shame

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emotions accidentally. Likewise, Boudewyns et al. (2013) proposed that the highly intense guilt messages elicit both shame and guilt or shame, leading to anger. Some guilt appeals are shame ones, and that is a cause why highly intense guilt appeals don't work correctly. Therefore, this study tested guilt and shame discretely via corresponding emotional arousals rather than emotional appeals to prevent the effect of an unintended emotion aroused from the appeal. That helps understand the effects of guilt and shame more properly.

Regarding the research context, at the individual level, the charitable donations or pro-social behavior context concerns provoking people for the interest of others while the health communications context concerns arousing people for the interest of themselves (Hoek & Insch, 2011). Therefore, in the context of health communications, guilt and shame arousals may function distinctly essentially because of the interplay between the type of self-esteem emotion and the individual significance in the context (Lee, 2017). Building on this gap, this study investigates the effect of guilt and shame arousals on health communications.

Regulatory focus can be conceptualized as the message or viewers' regulatory focus. There has been a lot of attention in investigating the message's regulatory focus. However, with the viewers' regulatory focus, a few studies are still explored, and its potential role in the effects of self-conscious emotional arousals is not clearly understood. Many studies focus on the message's regulatory focus, such as message framing (e.g., gain/approach versus loss/avoidance) (Duhachek et al., 2012; Kees et al., 2010; Seo et al., 2018). However, relatively few studies examine regulatory focus as an individual difference variable (e.g., viewers' regulatory focus) (Lockwood et al., 2002; Zhao & Pechmann, 2007). More importantly, no studies on viewers' regulatory focus have investigated the effects of the persuasive message concerning its antecedent influential components, such as the amount of affect (e.g., emotional arousal intensity level). Hence, this research investigated viewers' regulatory focus (prevention-focused versus promotion-focused) in influencing message compliance from emotional arousal evoked by emotional appeal.

Self-construal is defined as "a constellation of thoughts, feelings, and actions concerning the relationship of the self to others, and the self as distinct from others" (Singelis & Sharkey, 1995). Given the cultural focus of many studies regarding self-construals, many researchers have argued that the self-construals are dynamic individual characteristics rather than stable cultural characteristics (Choi et al., 2020; Levinson et al., 2011; Martin et al., 2013). However, self-construal research is often executed using a chronic cultural trait such as ethnicity (Block, 2005; Kim and Johnson, 2014). For example, Block's (2005) study on the persuasiveness of fear and guilt emotions found that for

those with independent construals, self-reference versus other-reference effects is either favorable or unfavorable depending on the type of emotional arousals (e.g., fear versus guilt). For individuals with interdependent self-construals, self-reference appeals are equally persuasive compared with other-reference appeals. It is shown that the self-construals in these studies are measured by ethnicity (American versus Asian). The research examines self-construal as an individual-level variable and its impact on the relationships between emotional arousals and health message compliance to contribute to this gap.

In general, the study has some significant contributions. First, theoretically, a benefaction of the research is to clarify the moderation effects of regulatory focus and self-construal in the relationships between emotional arousals and message compliance. Second, practically, health communications researchers and practitioners often use the terminologies 'guilt' and 'shame' interchangeably (Boudewyns et al., 2013; Han et al., 2014); hence, this study distinguishes the differences between guilt versus shame. Finally, methodologically, guilt and shame are examined distinctly through emotional arousals rather than emotional appeals. It prevents emotions inadvertently aroused, which might cause some of the unintended effects found in the literature (Bennett, 1998; Boudewyns et al., 2013). By isolating the influence of an inadvertent emotion aroused from the appeal, the investigation generalizes findings appropriately. Thus, the methodological significance of the study is in the examination of emotional arousal from the stimulus/appeal, not the emotional appeal/stimulus itself.

2. Literature Review

2.1. Guilt versus Shame

Guilt is defined as "an aversive conscious emotion that involves criticism of, and remorse for, one's thoughts, feelings, or actions" (Blum, 2008, p. 97). A typical guilt-evoking circumstance is when a person has acted in a way that does not conform to his/her stereotype of proper behavior (O'Keefe, 2002). For example, the sorts of circumstances that people recall as especially interrelated with guilt involve behaviors such as lying, cheating, stealing, neglecting others, or failing to accomplish duties (Keltner & Buswell, 1996). This suggests that guilt concerns a particular behavior that one self-perceives as an inadequacy compared to his/her ethics. Especially, guilt is accompanied by feelings of regret, accountability, and obligation that motivate people to take action to repair the committed breach to decrease negative feelings (Izard, 1977). Therefore, guilt has been considered an emotion that can be constructed positively to stimulate individuals to comply with a suggested action (Huhmann & Brotherton, 1997).

Shame is a painful self-conscious emotion brought about by an evaluation of failure to internalized standards when an appraisal of the global self is made (Lewis, 1992). Most define shame as a negative experience. For instance, Kaufman (1996) states that shame is the source of feelings of inferiority, and the inner experience of shame is like a mental illness. Stuewig and McCloskey (2005) refer to shame as a negative emotion that focuses on global self-assessment with intrinsic standards. Although often used interchangeably, guilt and shame have important conceptual differences (Cleary, 1992; Teroni & Deonna, 2008). The main difference concerns the difference in attention between self and behavior (Stuewig & McCloskey, 2005). In shame, the focus is on the global self, while guilt focuses on a specific behavior (Lewis, 1971; Tangney, 1995). Thus, a person may be ashamed of who they are but feel guilty about what they have done (O’Keefe, 2002).

2.2. Guilt and Shame Arousal

Negative emotional arousals are used to form an emotional inequality that can be corrected by engaging in the desired behavior, then considered compliant behavior (Brennan & Binney, 2010). However, subsequent behaviors such as alcohol use or interpersonal relationships are markedly affected by guilt and shame, as has been shown by previous studies in the field of psychology (Dearing, Stuewig & Tangney, 2005; Leith & Baumeister, 1998). Based on these findings, recent studies in marketing have shown different influences of guilt and shame on defense processes (Agrawal & Duhachek, 2010) or coping processes and persuasion (Duhachek et al., 2012).

Both guilt and shame appeals are particularly persuasive tools in health communications to reduce harmful behaviors, such as binge drinking and underage drinking (Agrawal & Duhachek, 2010). In addition, the self-conscious emotions of both guilt and shame carry extremely strong personal implications; therefore, individuals who have experienced these with health messages are highly motivated to make amends as a result of the personal significance in the message as well as a threat affected to individual perceptions of self-integrity (Leary & Baumeister, 2000; Sznycer et al., 2016).

In comparison with guilt, it has been suggested that shame leads to provoking stronger defensiveness (Abe, 2004; Stuewig et al., 2010). Despite that, in social psychology, shame helps motivate an effort or pro-social behavior towards self-improvement (De Hooze et al., 2010; Sznycer et al., 2016). Furthermore, shame induces action tendencies such as directly improving social faults and preventing actions that could lead to more devaluation than interests (De Hooze et al., 2010; Sznycer et al., 2016). Therefore, a

positive relationship between shame arousal and message compliance is expected.

H1: There is a positive relationship between (a) guilt arousals and message compliance and (b) shame arousals and message compliance.

2.3. Regulatory Focus

Studies demonstrate that combining the viewer’s regulatory focus with the message’s focus can benefit (Aaker & Lee, 2001; Zhao & Pechmann, 2007). That is, promotion-focused viewers are more likely to be persuaded by health messages that suggest behavioral changes that lead to achievements (e.g., promotion-focused framing: “If you do not smoke, you can obtain positive results, such as...”), whereas prevention-focused viewers are more convinced by health messages suggesting that behavior change leads to reduce the threat (e.g., prevention-focused framing: “If you do not smoke, you can avoid negative results, such as...”). However, the role of viewers’ regulatory focus in influencing the intensity of message compliance from negative emotional arousals is not clearly understood.

It has been suggested that prevention-focused individuals are motivated to avoid threats to security and safety and are sensible to threat instances. In contrast, promotion-focused individuals are driven by achievement and sensitive to advancement opportunities. As for guilt and shame, both of which are negative emotions, it could be expected that individuals with a prevention focus will respond more strongly to negative emotional arousals than individuals with a promotion focus. That is because both negative self-conscious guilt and shame emotional arousals focus on the threats to the committer’s notions of integrity.

H2: The relationship between (a) guilt arousals and message compliance and (b) shame arousals and message compliance are impacted by individuals’ regulatory focus. Specifically, prevention-focused individuals will exhibit higher guilt or shame arousal than their promotion-focused counterparts.

2.4. Self-Constraint

Self-construal is an individual’s sense of self associated with others, and two main types of self-construal have been distinguished: independent and interdependent (Hardin et al., 2004; Markus & Kitayama, 1991). According to Cross et al. (2002), Interdependent self-construal is perceived as a large set of relationships with significant people and groups. However, independent self-construal is a limited overall stable self, insulated from the social environment (Singelis, 1994). So that, the person approves

an interdependent self-construal, and their ability to establish and keep their relationship with a broader social entity is decisive in defining their self-concept (Hesapci et al., 2016; Stapel & Van der Zee, 2006).

Research on independent self-construal and interdependent self-construal has shown that this impacts emotional message processing (Lee et al., 2000). In some studies, self-construal has been shown to play a role as a moderator influencing consumer behavioral intentions, e.g., Lee et al. (2020), Kim and Johnson (2014). The research results of Kim and Johnson (2014) are empirical evidence that self-construal has a moderating effect on the relationship between emotion and perception and evaluation, leading to better behavior. Research by Dean and Fles (2016) shows that independent self-construal and interdependent self-construal have different effects on cognitive responses related to guilt and shame. Specifically, independent self-construal is positively associated with both guilt and shame (the association is stronger with guilt), interdependent self-construal positively associated with shame but the opposite of guilt. Therefore, it can be hypothesized that, when exposed to the same guilt, independent self-construal will experience greater adherence to the message compliance. In addition, for the same shame arousal, interdependent self-construal experienced more intensive message compliance.

H3: *The relationship between guilt arousals and message compliance and shame arousals and message compliance are impacted by individuals' self-construal. Specifically, (a) message compliance from guilt arousal with independent self-construal will exhibit higher than their interdependent self-construal counterparts, (b) message compliance from shame arousal with interdependent self-construal will exhibit higher than their independent self-construal counterparts.*

The conceptual framework of this study is depicted in Figure 1.

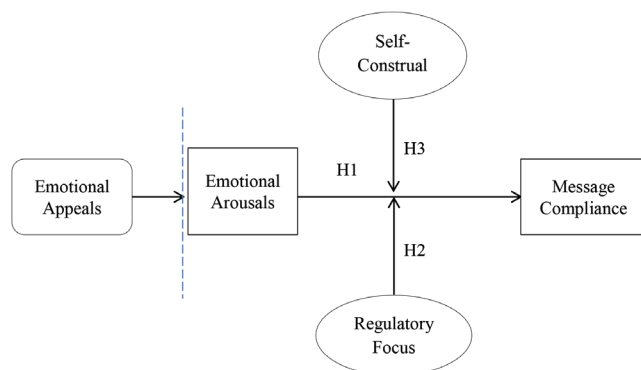


Figure 1: Conceptual Model

3. Research Methods

3.1. Design and Participants

Research Design:

The study used two emotional appeals: guilt versus shame between-subjects experimental design with a control group (see Appendix). Data is collected through a survey. The survey was taken, and responses were collected online by using Qualtrics survey software. The number of valid surveys collected was 330 samples via online through convenience sampling. Data analysis is carried out by SPSS 25 for windows and AMOS 24 software.

Health Issue:

The health issue of this study is binge drinking. Binge drinking is defined as consuming six or more standard drinks for men, five or more standard drinks for women on a single occasion (Kypri et al., 2009). According to WHO (2018), 5.1% of the worldwide disease burden is attributable to alcohol consumption, including death or disability. Those consequences make alcohol to be one of the primary causes of disease burden worldwide, particularly as alcohol consumption causes death and disability relatively early in life. For example, of deaths among young people aged 20 to 39 years, 13.5% were alcohol-related (WHO, 2018). Thus, alcohol-related harm is common for individuals, especially among young people (McGee & Kypri, 2004).

Participants:

The participants are male university students between 18 and 30 age group from universities in Ho Chi Minh City (HCMC). University students were selected as the survey sample for some reasons. Firstly, binge drinking is suitable for adolescents and young adults (WHO, 2007); especially the rate of harmful drinking has increased fastest among university-age students (Kypri et al., 2009). Second, students have previously been selected in many studies that test the theory in which multivariate relationships are tested (e.g., Kim et al., (2003). Therefore, students are appropriate for comparison between studies. Third, to protect survey participants' safety, health, and well-being, students were chosen instead of broader population groups (e.g., older adults). Guilt and shame are unpleasant emotions and can be upsetting for participants to experience, so younger respondents are more suitable than older respondents.

Finally, in a survey in Vietnam in 2015 conducted by the Ministry's Preventive Medicine Department and WHO, the results reveal more than 77% of males questioned had drunk at least six units in the preceding 30 days. On the other hand, only 11% of females had consumed the same. In addition, WHO (2018) shows that the rate consumed at least 60 grams or more of pure alcohol on at least one occasion in

the past 30 days in Vietnam is 25.1% for males and 4.2% for females. Since then, alcohol consumers in Vietnam primary are males, and women account for a negligible number. Therefore, the respondents of the study are males only.

Stimulus Development:

The study developed two stimulus ads that are identical in terms of content and design, except for the manipulation to avoid distracting effects. Accordingly, guilt appeals target the behavior of a potentially committed actor (e.g., binge drinking), and shame appeals target the self as a potentially committed actor (e.g., irresponsible drinker). In addition, the respondents are males in this study, so a male image is used (see the two stimulus print ads in the Appendix).

Pretest:

The research's stimulus print ad needs to be effective in evoking the corresponding emotional arousal, avoiding unintentional emotions. In other words, it needs to ensure that the stimulus pattern generates the corresponding emotion. Specifically, messages that stimulate guilt/shame induce guilt/shame arousal, respectively. Therefore, the pretesting was conducted with 259 undergraduate students at HCMC Open University, who will not respond to the main study. Participants were randomly exposed to one of two stimulus ads related to alcohol consumption. After viewing a manipulated ad, participants were asked to rate "According to the advertisement, what was the focus of binge drinking?" on a 7-point scale ranging from 1 = 'the behavior' to 7 = 'the self' (Lewis, 1971; Tangney & Dearing, 2002). The difference in focus ratings between guilt and shame appeal type was significant, $t(259) = -2.045$, $p = 0.042$. Results show that the mean score of the behavior ($M = 3.65$) is significantly lower than the self ($M = 4.18$). This suggests that the guilt and shame appeal type manipulation is effective.

Regarding the age of respondents, the results show that respondents are between 18 and 30 years old. There is only 1 respondent at 31 years old. Thus, the majority of respondents' age is between 20 and 24 years old, accounting for 86.7% of the total, meeting the age requirement of the study.

3.2. Measurements

The construct measurements and scales previously used in the literature are adapted for this study context, using 7-point scales. In the study, measurements include emotional arousal (shame: 10 items, guilt: 12 items, Hobbitzelle (1987)), message compliance: 3 items, Yu and Shen (2012), regulatory focus: 18 items, Lockwood et al. (2002), and self-construal: 24 items, Singelis (1994).

The average response rate of most constructs fluctuates around 4, which is the average level on a 7-point scale.

Specifically, the lowest is 3.73 with MC, and the highest is 4.69 with the PreRF (see Table 1).

4. Results and Discussion

4.1. Measurement Model

The measurement and structural models were tested by a structural equation modeling (SEM). As a result, the overall measurement model gets met the criteria of goodness of fit, reliability, convergent validity, and discriminant validity.

The final measurement model thoroughly met the goodness-of-fit criteria: $\chi^2/df = 1.501$; TLI = 0.987; CFI = 0.99; RMSEA = 0.039; GFI = 0.934.

The convergent validity of the measurement model was supported: Composite Reliability (CR) mainly were greater than 0.7 and ranged from 0.929 to 0.950; Average Variance Extracted (AVE) mainly were greater than 0.5 and ranged from 0.814 to 0.863. Hence, the scale is supported the convergent validity (Hair, Anderson, Babin & Black, 2010) (see Table 2).

Table 1: Descriptive Statistics of the Data

Variables (Constructs)	Min	Max	Mean	SD
Shame arousal (SA)	1	7	4.39	0.92
Guilt arousal (GA)	1	7	3.86	0.76
Message compliance (MC)	1	7	3.73	1.12
Interdependent self-construal (IntSC)	1	7	3.90	0.88
Independent self-construal (IndSC)	1	7	3.98	0.94
Promotion focus (ProRF)	1	7	4.61	0.89
Prevention focus (PreRF)	1	7	4.69	0.81

Table 2: Results of Composite Reliability and Average Variance Extracted

Constructs	CR	AVE
Shame arousal (SA)	0.950	0.863
Guilt arousal (GA)	0.942	0.845
Message Compliance (MC)	0.929	0.814
Interdependent self-construal (IntSC)	0.945	0.851
Independent self-construal (IndSC)	0.949	0.862
Prevention regulatory focus (PreRF)	0.943	0.847
Promotion regulatory focus (ProRF)	0.942	0.845

Table 3: Discriminant Validity

Constructs	AVE	MSV	ASV	IntSC	IndSC	PreRF	SA	GA	MC	ProRF
IntSC	0.851	0.335	0.243	0.922						
IndSC	0.862	0.475	0.217	0.006	0.928					
PreRF	0.847	0.704	0.371	0.532	0.479	0.920				
SA	0.863	0.569	0.367	0.574	0.338	0.724	0.929			
GA	0.845	0.491	0.375	0.529	0.538	0.551	0.642	0.919		
MC	0.814	0.704	0.396	0.477	0.442	0.839	0.754	0.701	0.902	
ProRF	0.845	0.475	0.318	0.579	0.689	0.423	0.506	0.689	0.436	0.919

According to Hair et al. (2010), discriminant validity is based on two criteria: Maximum shared variance (MSV) is smaller than Average variance extracted (AVE); Square root of AVE (SQRTAVE) is larger than the correlation coefficient between the two concepts (Inter-construct correlation).

Table 3 shows that the MSV indices are both smaller than the AVE and the SQRTAVE index (numbers on the diagonal are bold) are both greater than the correlation coefficient. Hence, discriminant validity is a good fit.

4.2. Hypothesis Testing

The relationship between emotional arousal (GA, SA) and message compliance (MC):

As shown in Table 4, GA has a medium positive effect on message compliance (MC) ($\beta = 0.367$, $p < 0.001$), SA has a slight large positive effect on message compliance ($\beta = 0.576$, $p < 0.001$). Consequently, hypothesis 1(a, b) is accepted. The results of the study show that emotion plays a major role in determining behavioral change for health messages (Xu & Guo, 2018) and are consistent with linear research on negative emotions and behavioral intention (Cotte et al., 2005; Nguyen et al., 2020; Turner & Underhill, 2012). Thence, message compliance is positively affected by guilt and shame: the higher the emotional arousals, the greater the compliance with the health message.

The moderating role of regulatory focus:

A multigroup analysis was performed to test H2. The main focus of the comparison across the two Regulatory focus groups was to establish whether the causal path in the hypothesized model (GA/SA \rightarrow MC) differed significantly between ProRF and PreRF.

In this multigroup analysis, the path (GA \rightarrow MC) is significantly positive for each of these two RF (ProRF $\beta = 0.508$, $p < 0.001$; PreRF $\beta = 1.138$, $p < 0.001$). However, as shown in Table 5, the path SA \rightarrow MC is not significantly different across ProRF and PreRF (the χ^2 difference test was nonsignificant, $\Delta\chi^2_{(1)} = 1.213$, $p = 0.27$). As per the result,

Table 4: Testing the Relationship Between Emotional Arousal and Message Compliance

	Estimate	S.E.	C.R.	p	
MC \leftarrow GA	0.367	0.052	7.057	***	Supported
MC \leftarrow SA	0.576	0.059	9.835	***	Supported
CMIN/df	1.109				
CFI	0.999				
TLI	0.999				
GFI	0.982				
RMSEA	0.018				

Table 5: The Moderating Analysis of Regulatory Focus

Path	ProRF (Regression Coefficient)	p	PreRF (Regression Coefficient)	p
GA \rightarrow MC	0.508	***	1.138	***
SA \rightarrow MC	No significant effect ($\Delta\chi^2_{(1)} = 1.213$, $p = 0.27$)			

we cannot reject the constrained model. Thus, RF does not moderate the relationship between SA and MC. Specifically, the relationship strength between SA and MC is statistically equally strong for both promotion- and prevention-focused individuals. Therefore, H2 (a) is accepted, H2 (b) is not accepted. In all, H2 is partially accepted: The relationship between (a) guilt arousals and message compliance and (b) shame arousals and message compliance are impacted by individuals' regulatory focus. Specifically, prevention-focused individuals will exhibit higher guilt or shame arousal than their promotion-focused counterparts.

The study's findings denote the marginal moderation effect of regulatory focus in the relationship between emotional arousals and message compliance. In particular, the study found a marginally significant difference in the

relationship of guilt arousals and message compliance between promotion-focused and prevention-focused individuals. Still, no significant difference was found in the relationship between shame arousals and message compliance across regulatory foci. More specifically, the relationship between shame arousal and message compliance is equally strong for both promotion-focused and prevention-focused individuals. On the other hand, the relationship between guilt arousal and message compliance is stronger for prevention-focused than for promotion-focused individuals. This implies that regulatory focus moderates the relationship between emotional arousals and message compliance for guilt. In contrast, regulatory focus does not moderate the relationship between emotional arousals and message compliance for shame.

The results are evidence of the moderating effect of regulatory focus for the premise that guilt is a better predictor for emotional arousal level for prevention-focused than for promotion-focused individuals. The study's findings are consistent with the regulatory focus theory (Higgins, 1997, 1998; Nguyen et al., 2020), which highlights significant differences in regulatory focus in cognition and influence across different individuals (Aaker & Lee, 2001). Among previous limited studies examining regulatory focus as an individual difference variable (e.g., viewers' regulatory focus), it has been found that there is a clear difference between promotion-focused and prevention-focused individuals in the persuasiveness of messages (Lockwood et al., 2002; Zhao & Pechmann, 2007). In studies on anti-smoking messages among adolescents, Zhao and Pechmann (2007) found that for prevention-focused adolescents, a prevention-focused, negatively framed anti-smoking message is the most effective at convincing them not to smoke. For promotion-focused viewers, a promotion-focused positively framed anti-smoking message is the most effective. The current research consistently found that regulatory focus has a more substantial effect on the level of negative self-conscious emotional arousals of prevention-focused individuals than promotion-focused individuals for guilt. This is because prevention-focused individuals are more motivated to avoid the threats to self-righteousness posed by guilt, while promotion-focused individuals are less motivated by these threats.

The moderating role of self-construal:

Same as above, a multi-group analysis was performed to test H3. The main focus of the comparison across the two

SC groups was to establish whether the causal path in the hypothesized model (GA/SA → MC) differed significantly between IndSC and IntSC.

In this multigroup analysis, the path (SA → MC) is significantly positive for each of these two SC (IntSC $\beta = 1.171$, $p < 0.001$; IndSC $\beta = 0.644$, $p < 0.001$) (see Table 6). This supports that the relationship between SA and MC is statistically stronger for IntSC than for IndSC. The relationship strength between SA and MC is statistically higher for interdependent than for independent self-construal.

However, as shown in Table 6, the path GA → MC is not significantly different across IntSC and IndSC (the χ^2 difference test was nonsignificant, $\Delta\chi^2_{(2)} = 1.202$, $p = 0.27$). Therefore, as per the result, we cannot reject the constrained model. Thus, SC does not moderate the relationship between GA and MC. Specifically, the relationship strength between GA and MC is statistically equal strong for both interdependent-construal and independent-construal individuals. Therefore, H3(a) is not accepted, H3(b) is accepted, so H3 is partially accepted: The relationship between guilt arousals and message compliance, and shame arousals and message compliance are impacted by individuals' self-construal. Specifically, (a) message compliance from guilt arousal with independent self-construal will exhibit higher than their interdependent self-construal counterparts, (b) message compliance from shame arousal with interdependent self-construal will exhibit higher than their independent self-construal counterparts.

The relationship between emotional appeal and emotional arousal is also marginally affected by moderating effect of self-construal. Some studies have found different groups of self-construal with various assessments (Martin et al., 2013; Park et al., 2011; Nguyen et al., 2020). The findings of the study provide broad supports for the work of previous studies in this area. The present study finds that the relationship between shame arousals and message compliance is more substantial for interdependent self-construals than for independent self-construals. However, the relationship between guilt arousals and compliance is equally strong for both self-construals. The results suggest that self-construal impacts the relationship between emotional arousals and message compliance. It provides further insight when comparing the moderating effect of self-construal

Table 6: The Moderating Analysis of Self-Construal

Path	IntSC (Regression Coefficient)	p	IndSC (Regression Coefficient)	p
SA → MC	1.171	***	0.644	***
GA → MC	No significant effect ($\Delta\chi^2_{(2)} = 1.202$, $p = 0.27$)			

between guilt and shame and contrasting this finding with the moderating effects on message compliance. This means that, even though guilt and shame are both self-conscious emotions when comparing guilt and shame emotionally separately, not all self-conscious emotions are evaluated equally by individuals (Han et al., 2014). These results shed light on when and why guilt and shame have distinct impacts on message persuasion.

5. Conclusion

In the context of health communications, particularly binge drinking, the findings of this study provide an understanding of the underpinning processes that guilt and shame arousals lead to better message compliance. In addition, the results support hypotheses that the extent to which message recipients evoked guilt or shame and their subsequent message compliance are functions of emotion type, regulatory focus, and self-construal of individuals.

From the model proposed by this study, health marketers can evaluate distinct messages. The most effective message will be the one that creates the strongest emotional arousal with target audiences.

The findings of this study have significant practical implications. Guilt and shame as self-conscious emotions commonly link perceptions of the self and are thus particularly persuasive tools for health communicators in addressing a wide range of unhealthy behaviors, such as binge drinking. Messages can focus on threats posed to personal notions of self-integrity, highlighting guilt (e.g., specific behavior) or shame (e.g., the self). Using such message strategies combined with individual differences valued by the message receivers will enhance the effectiveness of self-conscious emotional appeals in practice. Audiences are segmented based on regulatory focus or self-construal, then media programs/channels are selected.

This study has some restrictions that should be considered when applying. First, although the study results can be widely used in the field of anti-drinking, the study only collected research samples in HCMC. So, future research can expand the survey sample to a wider geographical area such as Hanoi, Da Nang, or Can Tho, where there are also many universities.

Second, the research methodology of this study is the nature of the undergraduate sample. However, relevant and appropriate in this study, with limitations on age, gender (only males) and, overall educational attainment, may also limit the generalizability of the study. Hence, future studies are recommended to extend respondents in gender (both males and females) and other age ranges.

Finally, future research is encouraged to examine the effects of guilt and shame on actual behaviors, not simply intentions (compliance), because attitudes and intentions are different from behaviors (Webb & Sheeran, 2006).

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Appendix: Stimulus Advertisements

Guilt stimulus

Khoảnh khắc **CÓ LỖI** trong đời

Nếu **BẠN** nhậu nhẹt say xỉn:

- Bạn cảm thấy **CÓ LỖI** do hành vi uống một cách vô trách nhiệm của mình.
- Bạn có thể bị bắt giữ do những hành động của bạn gây ra!

Nếu bạn uống có trách nhiệm, bạn có thể tránh ầu ẩu đã với bạn bè do hành vi của bạn.

HÃY UỐNG CÓ TRÁCH NHIỆM!

Shame stimulus

Khoảnh khắc **XẤU HỖ** trong đời

Nếu **BẠN** là người nhậu nhẹt say xỉn:

- Bạn cảm thấy **XẤU HỖ** vì bạn uống một cách vô trách nhiệm.
- Bạn sẽ không biết bạn ở đâu khi thức dậy – có thể trong tù?

Nếu bạn uống một cách vô trách nhiệm, bạn có thể tạo hình ảnh xấu trong mắt mọi người.

HÃY UỐNG CÓ TRÁCH NHIỆM!

Text in English

GUILTY Moment of Life

If **YOU** binge drink:

- You should feel **GUILTY** about your irresponsible drinking behavior.
- You could get arrested due to your harmful actions!

If you drink responsibly, you could avoid the likelihood of fighting with friends due to your behavior.

DRINK RESPONSIBLY!

SHAMEFUL Moment of Life

If **YOU** are a binge drinker:

- You ought to be **ASHAMED** of yourself because you drink irresponsibly.
- You won't know where you are when you wake up – may be in jail or hospital?

If you drink irresponsibly, you create a bad image of yourself in the crowd.

DRINK RESPONSIBLY!