HOW SHOULD I FEEL ABOUT THIS? INVESTIGATING THE EMOTIONS AND
PROCESSES INVOLVED IN INDULGING IN GUILTY PLEASURES

LaCount Jay Togans, III

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Dr. Allen McConnell, Director
Dr. Heather Claypool, Reader
Dr. Jeffery Hunger, Reader
Dr. Monica Schneider, Graduate School Representative

ABSTRACT

Using a discrete, functionalist account of emotion, we explored the positive and negative emotions experienced when indulging in guilty pleasures (GPs) and how these outcomes implicate cognitive dissonance and self-presentation processes. Study 1 randomly assigned participants to either reflect on a GP or on their previous morning routine, whereas Studies 2 (student sample) and 3 (general population sample) assessed participants' GPs, emotions experienced when indulging in them, and self-presentation concerns associated with them. Across these studies, we found that GPs elicited the positive emotions of amusement, contentment, and enthusiasm, and the negative emotions of guilt, embarrassment, and shame. Moreover, across studies, participants consistently reported being less likely to share their GPs with audiences who are more interpersonally distant (e.g., strangers, acquaintances, grandparents) than interpersonally close (e.g., friends, immediate family). Taken together, these findings suggest that cognitive dissonance (guilt, shame, amusement) and self-presentation processes (embarrassment) are likely implicated in GP behaviors.

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DEDICATION

To all the beautiful people who have been a part of my academic journey.

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How Should I Feel About This?
Investigating The Emotions and Processes Involved in Indulging in Guilty Pleasures

Guilt is a negative emotion that people feel when they reflect on having engaged in socially unacceptable or immoral behavior (Tangney et al., 1996, 2007). Specifically, this emotional experience is based on appraisals that one has transgressed against a personal moral standard regarding harm (Haidt, 2003). Relatedly, guilt is also considered a moral self-conscious emotion, meaning that whether people experience guilt is a function of their moral values and evaluations of the self. If people believe they have engaged in behavior that runs counter to their moral values or positive self-concept, especially if that behavior caused harm to others, then they should experience guilt. Thus, guilt serves an adaptive function because it motivates people to avoid engaging in immoral behavior (Haidt, 2003). That is, because of the aversive feeling associated with experiencing guilt, people are motivated not to engage in behavior that transgresses their moral values. However, there are instances where people might be drawn to objects or situations that elicit guilt rather than stay away from them, with indulging in guilty pleasures being such an instance.

Guilty pleasures (GPs) refer to instances when someone feels negative affect (i.e., guilt, embarrassment) for enjoying a particular object (e.g., artwork, TV show, activity). People classify objects or activities as a GP because of their personal beliefs (i.e., expectations one holds for oneself, who one aspires to be) and social expectations (i.e., what does one believe *others* believe about this object; Goffin & Cova, 2019). For example, people might consider watching "trashy reality television programs" a GP because they enjoy the ridiculousness of the casts' actions (e.g., hyperbolized interpersonal drama, watching strangers "fall in love" after only a few, brief interactions) while also feeling embarrassed because they believe peers expect them to like more "sophisticated" entertainment.

To date, empirical attention on the psychology of GPs has been limited. Specifically, past work on GPs has either focused on specific GPs, such as listening to ironically-enjoyed music (von den Tol & Roger-Sorolla, 2017), eating unhealthy foods (Elder & Mohr, 2020; Hur & Jang, 2015), impulse shopping (Miao, 2011), or investigating social cognitive processes or outcomes associated with GPs (e.g., Bastian et al., 2012; Goffin & Cova, 2019; Johnson & Ranzini, 2018). The current research aims to contribute to the literature by conducting the first systematic investigation of GPs, including building a taxonomy of types of GPs, understanding the conditions under which people indulge in them, and identifying the potential emotions and processes underlying GP-related behavior.

The current approach is informed by a discrete, functionalist account of emotion, meaning that emotions are viewed as being rooted in cognitive appraisals that result in individual emotions having unique roles or orienting functions (Ekman, 1992; Keltner & Lerner, 2010; Shiota et al., 2014). Specifically, emotions stem from appraisals about the person-environment interaction, specifically as it relates to one's motivations (Keltner & Lerner, 2010; Lazarus, 1991; Smith & Ellsworth, 1985). Put differently, emotions signal to the actor how they should think about a situation and how it informs progress toward their goals. Any appraisal gives rise to particular emotional experiences that orients one about how to act or think in the perceived context. Thus, understanding the discrete emotions experienced when indulging in GPs elucidates how people think about their GPs (i.e., what cognitive processes are involved), which, in turn, should provide insight into GP-related behavior. Accordingly, the current research explores the potential roles of cognitive dissonance and self-presentation processes in experiencing GPs.

Cognitive Dissonance

One possible phenomenon implicated in indulging in GPs is cognitive dissonance. Cognitive dissonance theory proposes that people experience a state of psychological discomfort when they hold inconsistent cognitions or perform counterattitudinal behaviors (Aronson, 1992; Festinger, 1957), and some scholars theorize that the emotion that best describes the affective discomfort felt when experiencing dissonance is guilt. For instance, Klass (1978) proposed that dissonance stemming from the induced compliance paradigm could be due to guilt. In the induced-compliance paradigm, participants are asked to write a counterattitudinal essay, and importantly, their freedom in making this choice is made salient. Thus, participants believe that they are willingly engaging in counterattitudinal advocacy. To the individual, this behavior can be construed as lying, an immoral behavior, resulting in feelings of guilt. Similarly, Stice (1992) argues that guilt and dissonance are similar in that they are both states of negative affect, both require that the actor take personal responsibility for some behavior, and that both states can be reduced via self-affirmation (i.e., affirming oneself as a good, worthy moral agent; see Sherman & Cohen, 2006; Steele, 1988). Indeed, Stice (1992) reported evidence consistent with this hypothesis, finding that participants induced to write a counterattitudinal essay who did not have an opportunity to alleviate their dissonance (via confession) reported feeling more guilt compared to participants that also wrote counterattitudinal essays but did have an opportunity to alleviate their dissonance. More recently, Kenworthy et al. (2011) conducted a meta-analysis of the dissonance literature spanning four decades composed of 113 peer-reviewed articles to identify what variables are most strongly associated with dissonance effect sizes across a variety of dissonance paradigms. Their findings suggest that of all variables considered (e.g., guilt, embarrassment, perceived choice, potential for negative evaluation), perceived guilt was the strongest and most robust predictor of dissonance effect sizes. These findings suggest that guilt is often the emotion at the center of experiencing cognitive dissonance.

Indeed, such an interpretation is consistent with multiple theoretical perspectives of cognitive dissonance. For instance, Cooper and Fazio's (1984) New Look perspective on dissonance posits that people feel dissonance when they assume personal responsibility for causing aversive consequences. As noted previously, these are key ingredients for experiencing guilt (Haidt, 2003; Tangney et al., 1996, 2007). Similarly, Thibodeau and Aronson's (1992) self-concept perspective of dissonance posits that people experience dissonance when they behave or think in a manner that is inconsistent with their positive self-concept (i.e., appearing incompetent or immoral). Such a conceptualization is consistent with what researchers understand about the self-conscious, moral nature of guilt. Specifically, to experience guilt, one must engage in behavior that the actor perceives as being immoral or that runs counter to their own moral standards (Haidt, 2003; Tracy & Robins, 2004).

Dissonance being implicated in GPs is also supported by past GP research. For instance, Bastian et al. (2012) find that people were more likely to indulge in a GP (eating a chocolate bar) following experiences of physical pain. Of importance, these findings only emerged for participants who believed their experience of physical pain was unwarranted. These findings suggest that people might perceive the need for some aversive external circumstance (e.g., stress) to justify indulging in something they feel like they typically would not (i.e., rationalizing engaging in counterattitudinal behavior; McGrath, 2017).

In sum, dissonance might underlie the experience of GPs. People consider something as a GP because of the personal expectations they hold for themselves (Goffin & Cova, 2019). Put differently, people are likely to consider an object or activity a GP to the extent that they derive

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pleasure from engaging in an action involving the GP object that they enjoy but feel that they should not. Hence, to consider something a GP, it (i.e., the object or activity) or its attributes are seen as being incompatible with the positive, competent, and moral self-concept one holds for oneself (Steele, 1988; Taylor & Brown, 1988), and this inconsistency then triggers feelings of guilt (dissonance affect; Aronson & Thibodeau, 1992). Thus, cognitive dissonance could explain what emotions people experience and what concerns they wrestle with when considering to indulge in GPs.

Self-Presentation

Another explanation underlying emotions experienced and concerns people have when considering to indulge in GPs could be self-presentation motivations. Self-presentation involves one trying to control others' impressions of oneself to serve interpersonal goals (e.g., develop and maintain high-quality relationships; Leary & Kowalski, 1990; Schlenker, 2012). Regarding GPs, Goffin and Cova (2019) demonstrated that people are generally concerned with violating social norms for liking a GP. That is, people are concerned about divulging their GP to others because it could reveal that they enjoy something viewed as taboo by others. Accordingly, Goffin and Cova (2019) argue that feeling embarrassment is likely associated with GPs.

Embarrassment is an aversive emotional state in which one feels chagrin following deliberation on the perceived negative appraisal by others or negative appraisal by oneself for transgressions that occur in public contexts (Krishna et al., 2018; Tangney et al., 1996, 2007). Embarrassment is elicited based on appraisals of transgressing against some social convention. Specific triggers of embarrassment include interpersonal interactions (e.g., awkward social encounters, being the positive or negative center of attention), products or services (e.g., bodily or sex related medications), perceived incompetence (e.g., clumsiness, physical appearance), and identity-related issues (e.g., liking controversial public figures; Krishna et al., 2018; Sabini et al., 2000). Embarrassment is similar to guilt and shame, two other negatively valanced self-conscious emotions, in that they are felt when the actor engages in some sort of transgression regarding societal norms that reflects poorly on the self (Tangney et al., 1996; Tracy & Robins, 2004). However, what distinguishes embarrassment from guilt and shame is that in most cases of embarrassment the transgression occurs in the presence of others (Crozier, 2014; Krishna et al., 2018; Tangney et al., 1996) and the transgressions tend to be less severe (i.e., not morally based). Nonetheless, avoiding embarrassment is consistent with self-presentational motivations in that both involve avoiding appearing undesirable to others.

Additionally, self-presentation is multiply determined, in that how people self-present to others is derived from features of the actor's self-concept involving desirable and undesirable identities, social roles, and the audience's values and preferences (Leary & Kowalski, 1990). Although these components all contribute to self-presentation, when considering potential explanations involving GPs, the audience's perceived values seem most pertinent.

Social impact theory (Nowak et al., 1990) suggests that the influence an audience has on self-presentation is a function of the audience's significance to the individual, size, and psychological immediacy. More specifically, audiences that are larger, perceived as more attractive and powerful, and psychologically proximal (as opposed to distant) are more likely to influence self-presentation because these types of audiences are likely to provide individuals with a means for accomplishing goals (e.g., gaining social approval, saving face, increasing social status; Schlenker, 2012). Indeed, past research has demonstrated that people tend to shape their self-presentations to conform to the expectations or values of their audience (e.g., Carnevale et al., 1979; Reis & Gruzen, 1976; von Baeyer et al., 1981; Zanna & Pack, 1975). For instance,

von Baeyer et al. (1981) found that female job applicants are more likely to present themselves in a stereotypically feminine manner when they know the male interviewer holds more traditional gender stereotypes. Per social impact theory, such effects occur because, in this case, the male interviewer is seen as a powerful audience (i.e., he determines whether the applicant is hired). Thus, to appear more desirable in the eyes of the sexist interviewer, female applicants modified their self-presentations to conform to the interviewer's expectations, resulting in a favorable impression from the interviewer. In sum, characteristics of the audience are important to consider regarding self-presentation.

Regarding GPs, there is evidence that people are selective with whom they engage in GP-related behavior. For instance, Johnson and Ranzini (2018) investigated whether having distinct self-presentation motivations was associated with the type of media content (e.g., music, film) people share on social media. To induce these motivations, participants were instructed to reflect on either their actual-self (i.e., who they believe they really are), their own-ideal self (i.e., who they want to look like in front of others, generally), or their other-ideal self (i.e., who they want to look like in front of a specific social ingroup to which they belong). With those instructions in mind, participants listed three songs and three films they would share on Facebook. Participants rated those films and songs in terms of how unique they believed they were, how prestigious they believed the media was, and to what extent they considered the media a GP. They predicted that participants in the actual-self motivation condition would be more likely to classify the media selected as a GP compared to the other two conditions, presumably out of concern for how they would appear to others (i.e., not wanting to disclose a GP to a general or specific audience). However, their findings suggested that, regardless of condition, media selected to share online was rated as relatively low in being classified as a GP. These results suggest that people might view their GPs as private preferences not meant to be shared publicly (e.g., one's Facebook profile). Indeed, research examining common guilty pleasures (e.g., watching "trashy" movies, listening to ironically-enjoyed music) corroborates such an interpretation, finding that these types of activities are often engaged in privately or with close friends (Sarkhosh & Menninghaus, 2015; Sealey, 2023; von den Tol & Roger-Sorolla, 2017).

There is also evidence from the self-presentation and embarrassment literatures suggesting that people choose to share their GPs with select audiences. Because GPs could trigger embarrassment because their attributes signal an undesirable identity to others (Goffin & Cova, 2019), people seem motivated to keep such interests discreet from more-distant others (e.g., strangers, acquaintances). For example, MacDaniel and Davies (1983) showed that embarrassment is felt less intensely when the embarrassing act is witnessed by a friend compared to a stranger, presumably because strangers possess little knowledge of the actor beyond the embarrassing act, resulting in that negative act serving as the only basis for the stranger's evaluation. In contrast, a friend is more likely to perceive the embarrassing act as a momentary mishap and less likely to form an internal attribution from it. Thus, it seems reasonable that GPs are less likely to be revealed to distant others (e.g., stranger) than to close others (e.g., friend).

The Current Research

To date, there has been little empirical attention given to understanding the psychology of GPs (e.g., the emotions people feel, how those experiences affect behavior). The current research explored these issues and examined the roles of cognitive dissonance and self-presentation in indulging in GPs.

People classify objects as GPs based on their personal values (i.e., expectations one holds for oneself, who one aspires to be) and social expectations (i.e., what one thinks *others* believe; Goffin & Cova, 2019). We predicted that the criterion of personal values should be driven by dissonance processes and perceived social expectations should respond to self-presentation processes. That is, if people classify objects as GPs because of their own personal expectations (Goffin & Cova, 2019), enjoying the GP should be seen as incompatible with positive, competent, and moral self-concepts people hold for themselves (Steele, 1988; Taylor & Brown, 1988), with resultant inconsistencies triggering feelings of guilt (dissonance affect; Aronson & Thibodeau, 1992). Additionally, if people classify objects as GPs because of others' social expectations (Goffin & Cova, 2019), GP behavior should be governed by its being seen as undesirable by others, evoking concerns about how such actions reflect poorly on the presented self when GP actions are performed publicly. This reasoning is consistent with research on self-presentation (e.g., Johnson & Ranzini, 2018) and specific GPs such as listening to ironically-enjoyed music (van den Tol & Roger-Sorolla, 2017) or watching "trashy movies" (Sarkhosh & Menninghaus, 2015). Additionally, people tend to feel more intense embarrassment when behaviors are viewed by strangers compared to friends (MacDaniels & Davies, 1983). Thus, we predicted people would be more likely to indulge in their GPs either in private or with close others (e.g., friends) than with distant others (e.g., acquaintances, strangers).

Study 1

Study 1 had three goals. First, it aimed to provide initial evidence for the emotions elicited when indulging in GPs. By definition, GPs generate ambivalent emotional experiences because they are associated with both positive and negative affect (e.g., Goffin & Cova, 2019; Miao, 2011). However, little is known about which discrete emotions underlie the affective experiences associated with GPs. Indeed, recent research on GPs suggests that the negative affect associated with GPs is guilt and embarrassment (Goffin & Cova, 2019), although this claim has not been empirically validated. In addition, there are theoretical reasons to believe that shame could be implicated in GPs. Thus, Study 1 compared guilt, embarrassment, and shame with other negatively valanced emotions not believed to be implicated in experiencing GPs (e.g., anger, sadness).

As noted previously, embarrassment, guilt, and shame are all negatively valanced self-conscious, moral emotions (Haidt, 2003; Tracy & Robins, 2004). That is, these emotions are experienced when one transgresses against some norm, whether personal (guilt and shame) or social (embarrassment), producing a negative self-evaluation. However, these emotions are distinct from each other (Tangney et al., 1996, 2007). For instance, guilt is often felt when people perceive that *a specific behavior they performed* (e.g., lying) has transgressed a personal value, whereas shame is often felt when people perceive *the global self* as transgressing a personal value (e.g., believing oneself to be a liar, a dishonest, untrustworthy person). It follows that chronic or repeated occurrences of the transgression will result in greater feelings of shame than guilt because of more frequent negative self-evaluation (Dickerson et al., 2004; Kemeny et al., 2004), suggesting the actor attributes the transgression as stemming from the self (internal attribution) rather than being an isolated incident (external attribution). As a result, feelings of shame are reported to be more intense than guilt because transgressions are attributed to the global self, rather than a local, context-specific self (Tracy & Robins, 2004). Similarly, shame and guilt differ from embarrassment in that transgressions triggering shame and guilt tend to be more severe (i.e., morally based), and shame and guilt do not require an audience to be felt,

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whereas an audience is necessary to experience embarrassment (Crozier, 2014; Krishna et al., 2018, Tracy & Robins, 2004). Thus, it was predicted that participants would associate their experiences of GP with feelings of embarrassment, guilt, and shame more so than anger and sadness, two negative discrete emotions not believed to be implicated when experiencing GPs. That is, anger is an emotion based on appraisals of one's being offended and sadness is an emotion based on appraisals of irrevocable loss (Lazarus, 1991; Keltner & Lerner, 2010), and neither appraisal is consistent with considering something to be a GP (Goffin & Cova, 2019).

Regarding positive affect, although recent work suggests people indeed experience positive affect when thinking about their GPs (Goffin & Cova, 2019), there are no data investigating the discrete emotions that might be implicated in enjoying GPs. However, based on what is known about the negative affective experience associated with GPs, one could anticipate positive emotions being involved. That is, just as negative self-conscious emotions are experienced when one engages in behavior resulting in negative self-evaluation, positive self-conscious emotions are experienced when one engages in behavior resulting in positive self-evaluation (Tracy & Robins, 2004). For instance, pride is a self-conscious emotion that is characterized by feeling of accomplishment, success, and power, and it signals accomplishments to others (Tracy & Robins, 2004, 2007). If GPs are viewed as transgressing personal and social values (Goffin & Cova, 2019), it is unlikely that a positive self-conscious emotion (e.g., pride) is involved. Accordingly, pride may serve as a useful positive emotion point of comparison relative to other positive emotions anticipated to be associated with GPs.

Specifically, the positive emotions of enthusiasm, amusement, or contentment were considered as candidates involved in GPs. Enthusiasm is elicited based on appraisals of anticipating a reward (Lazarus, 1991) and results in increased goal-approach motivation (Berridge & Kringelbach, 2013; Small et al., 2006). The suggestion that enthusiasm is implicated in GPs would be consistent with past research. For example, Bastian et al. (2012) demonstrated that people are more likely to indulge in GPs (eating chocolate) after experiencing physical pain, and these results emerged only for participants who believed their physical pain was unjustified. In other words, people may be more comfortable indulging in GPs when they are appraised as a reward for experiencing discomforting circumstances. Accordingly, it seemed reasonable to predict that the positive emotion that draws people toward GPs is enthusiasm because they look forward to the content of their GP (e.g., the sweet taste of a high-calorie desert, the sound of a controversial musician's discography) and thus are motivated to approach and indulge in it.

Another positive emotion that could be implicated in GPs is amusement, the emotion experienced when one perceives humorous stimuli (Herring et al., 2011; Ruch, 1993). Amusement is elicited when people perceive incongruity between their expectations and the actual outcome of some event. Objects or ideas that emphasize differences between superficially unrelated concepts (i.e., two ideas that intuitively do not mesh well) are perceived to be more humorous (Hull et al., 2017) and thus more likely to elicit amusement. For instance, jokes elicit amusement because the punchline is incongruous with the joke's set up because the punchline reflects an outcome that was unexpected based on the narrative and context provided by the joke's set up. Similarly, a clown's antics elicit amusement because the overly-animated, clumsy nature of the clown is incongruous with social norms regarding interpersonal interactions (Roberts, 2019). Thus, if GPs involve transgressing personal values and social norms (Goffin & Cova, 2019), it follows that indulging in GPs elicits amusement because it makes accessible the incongruity between the self-concept and characteristics of the GP. Thus, as a means of discounting and downplaying the inconsistency, the actor appraises the incongruity positively,

resulting in amusement. Supporting this interpretation is work finding that humor can offer cognitive distraction from negative stimuli (Strick et al., 2010). Similarly, other research posits that humor and amusement provide a means to cope and reappraise adverse events that trigger negative emotions (Samson et al., 2014). Because GPs likely elicit some negative self-conscious emotion (Goffin & Cova, 2019), it seems reasonable that indulging in GPs elicits amusement to mitigate the negative affect and thus find pleasure in the GP, and these results would be consistent with Goffin and Cova's (2019) findings that most people report no negative affect when thinking about their GPs. Thus, it was predicted that participants would report greater felt amusement than felt pride when thinking about indulging in GPs.

   One final positive emotion that could be involved in GPs is contentment, an emotion that is felt when one is perceiving a pleasant, comforting, familiar stimulus (Lazarus, 1991) that often results in savoring (Lerner et al., 1998; Small & Lerner, 2008). Because GPs involve enjoying a particular aesthetic work or activity (Goffin & Cova, 2019; Miao, 2011), and GPs are viewed as desired rewards (Bastian et al., 2012), it seems reasonable that contentment might be implicated in GPs because people are motivated to enjoy the consumption of their perceived reward. Thus, it was predicted that participants would associate experiencing GPs with greater felt contentment than pride.

   The second goal of Study 1 was to examine individual differences related to cognitive dissonance and self-presentation to discern if they predict GP-related outcomes. For cognitive dissonance, no measure exists that assesses one's propensity to experience cognitive dissonance. However, because of the conceptual overlap between guilt and dissonance (e.g., Kenworthy et al., 2011; Klass, 1978; Stice, 1992), Study 1 had participants complete a measure of guilt proneness (Cohen et al., 2011). In addition, participants completed the Regulatory Focus Questionnaire (RQF; Higgins et al., 2001) to measure the extent to which they are generally promotion or prevention focused. According to regulatory focus theory (Higgins, 1997), being promotion focused reflects one's tendency to allocate more attention toward objects or settings that are likely to provide gains when approaching them, whereas being prevention focused reflects one's tendency to allocate more attention toward avoiding objects or settings that could produce losses. Indeed, Higgins (1997) has advocated for a connection between cognitive dissonance and prevention focus because the discrepancies that underlie the latter often involve one's actual self not living up to moral obligations and duties, which often are involved in experiencing the former. Thus, it was expected that individuals who were more prone to experiencing guilt would be more prevention focused. That is, if one is prone to experiencing guilt (i.e., cognitive inconsistency regarding the self), then should be greater in prevention focus, which will make them less likely to approach GPs because they reflect inconsistencies with their goals (i.e., dissonance).

   Additionally, self-presentation concerns regarding GPs might be rooted in individual differences in public self-consciousness, which is how concerned people are about how they appear to others (Schlenker & Weigold, 1990). Public self-consciousness has been found to be positively associated with shyness, social anxiety, and fear of negative evaluation (Schlenker & Weigold, 1990). Moreover, greater public self-consciousness predicts self-presentations intended to appeal to immediate audiences and concerns with gaining others' approval (Carver & Scheier, 1985). If people lower in public self-consciousness are generally less concerned with how others evaluate them, then they should feel less anticipated embarrassment with disclosing their GPs to people with whom they are not close. In contrast, it was predicted that people greater in public self-consciousness should only feel greater anticipated embarrassment when sharing their GPs

with more distant others compared to closer others (e.g., MacDaniels & Davies, 1983). To test this idea, participants in Study 1 reported the likelihood that they would disclose and indulge in their GPs with a variety of social audiences (e.g., close friends, strangers, parents, in private). Using a multi-sample dataset involving more than 1000 participants, Dibble et al. (2012) provided evidence that different social relationships can be plotted along a perceived closeness continuum, with strangers and casual friends (i.e., acquaintances) being perceived as less close compared to best friends, spouses, and to a lesser extent, family members. Thus, it was predicted that public self-consciousness would be positively associated with GP behavior for close others (e.g., friends, sibling) and in private, but negatively associated with GP behavior for more distant others (e.g., stranger, acquaintance).

Finally, because of the scarcity of data on GPs, a final goal of Study 1 was to explore qualitative characteristics of GPs. Specifically, we examined the GPs people identify and metacognitive perceptions of people's attitudes toward their GPs. Specifically, we investigated the extent to which one's attitudes toward their GPs was characterized by attitudinal ambivalence (i.e., having simultaneous positive and negative reactions to an object; Priester & Petty, 1996) and attitudinal moralization (i.e., the extent to which one's attitude towards an object reflects their moral values; Skitka, 2010). Because GPs generate ambivalent emotional reactions (Goffin & Cova, 2019; Miao, 2011) and because it is likely that GPs elicit the moral emotions of guilt, shame, and embarrassment (Goffin & Cova, 2019), it was predicted that attitudes toward GPs would be characterized by relatively greater ambivalence and moralization.

Method

Participants

One hundred and forty-seven undergraduate students participated in the study for course credit (12.3% male, 84.2% female, 3.5% preferred to self-describe; M_{age} = 19.01, SD = 1.11). Sample size was determined using an a priori sample size analysis (α = 0.05, power = .95) conducted in G*Power (Faul et al., 2007) assuming a small-to-medium effect size (r = .35). One participant was excluded from analyses due to failing an attention check item (Aust et al., 2013), resulting in a final sample of 146 participants.

Materials and Measures

Guilty Pleasures

Participants were randomly assigned to one of two conditions, either the GP or the control condition. Participants in the control condition were asked to recall and describe the events of their previous morning (Bernstein et al., 2008). Following Goffin and Cova (2019), participants in the GP condition were instead provided with a definition of GPs as, "a seemingly paradoxical experience of a work of art (e.g., a movie, a song or musical artist, a painting, a TV show, food, a book): you enjoy it, but at the same time you feel bad about enjoying it." Then, they were asked to identify a GP of theirs and describe *why* they consider it a GP in an open-ended response. Following Sarkhosh and Menninghaus (2015), participants were also asked to report the likelihood to which they would feel comfortable discussing and indulging in their GPs with a variety of social audiences: no one (in private), a close friend, a sibling, a parent, a grandparent, an acquaintance, or a stranger. Item responses ranged from 1 (not likely at all) to 7 (very likely).

To assess the extent to which participants view their GP ambivalently, participants responded to measures of objective and subjective attitudinal ambivalence. Objective ambivalence is the degree to which people acknowledge having both positive and negative evaluations of an object (i.e., to what extent does one have mixed reactions), whereas subjective

ambivalence is the psychological experience (i.e., affective response) of felt conflict or indecision for an object (Priester & Petty, 1996). Objective ambivalence was assessed using two items where participants reported the extent that they had negative (or positive) thoughts toward their GP or their previous morning routine while ignoring any positive (or negative) information, each on a 0 (no negative [positive] thoughts or feelings) to 10 (maximum negative [positive] thoughts or feelings) scale (Priester & Petty, 1996). Objective ambivalence scores were calculated using an established formula: $(POS + NEG) / 2 - |POS - NEG|$, where "POS" and "NEG" indicate responses to each single-valence item (Thompson et al., 1995). These scores could range from -5 to 10, where greater scores reflect more objective ambivalence. Subjective ambivalence was assessed by responses on 11-point scales asking participants about how "conflicted," indecisive," and "mixed" they feel (Priester & Petty, 1996). These items used an 11-point scale, anchored at 1 (feeling no conflict/indecision/mixed feelings) and 11 (feel maximum conflict/indecision/mixed feelings), with the mean response ($\alpha = .91$) indicating greater subjective ambivalence.

Additionally, participants reported the extent to which their attitudes toward their GP or previous morning routine is a reflection of their core moral beliefs and convictions (Skitka, 2010), assessed by a single item measure with response options ranging from 1 (not at all) to 11 (extremely).

Guilt Proneness

Individual differences in guilt proneness were assessed via five items from the Negative Behavioral Evaluation subscale of the Guilt and Shame Proneness Scale (GASP; Cohen et al., 2011). Participants reported the extent to which they would anticipate feeling guilt across a variety of guilt-inducing situations (e.g., "After realizing you have received too much change at a store, you decide to keep it because the salesclerk doesn't notice. What is the likelihood that you would feel uncomfortable about keeping the money?") using a scale ranging from 1 (very unlikely) to 7 (very likely). Their mean response to these items was calculated ($\alpha = .57$), with greater scores reflecting more guilt proneness.

Regulatory Fit

Individual differences in regulatory focus were assessed via the 11-item RFQ (Higgins, 2001). The RFQ assessed the extent to which someone is generally promotion focused (e.g., "Do you often do well at different things that you try?") and prevention focused (e.g., "Not being careful enough has gotten me into trouble at times."), wherein participants respond to individual items on a scale ranging from 1 (never or seldom/certainly false) to 5 (very often/certainly true). Greater scores on the two subscales indicate people who are relatively greater in promotion ($\alpha = .49$) and prevention focus ($\alpha = .75$). However, it should be noted that the construct validity of the RFQ has been questioned. Summerville and Roese (2008) reported evidence that facets of the RFQ, specifically the prevention focus subscale, do not adequately correlate with other widely-used measures of individual differences in regulatory fit (e.g., the General Regulatory Focus Measure; Lockwood et al., 2002). That notwithstanding, the RFQ has previously been used to predict emotional outcomes in previous research (e.g., guilt; Camacho et al., 2003), and to the extent that the RFQ can assess general propensity to experience guilt, the current work should find that it correlates with the GASP (providing evidence of convergent validity).

Public Self-consciousness

Individual differences in public self-consciousness (Fenigstein et al., 1975) were assessed by having participants report the extent they endorse seven statements that capture concern about

others' impressions (e.g., "I usually worry about making a good impression," "I'm concerned about what other people think of me."), indicating responses for each item on a scale ranging from 0 (not like me at all) to 3 (a lot like me). Their mean response ($\alpha = .73$) to these items was calculated, with greater scores reflecting being more concerned with how others view them.

Emotions

Following van Tilburg et al. (2019), participants reported how strongly they felt embarrassment, guilt, shame, anger, sadness, pride, enthusiasm, contentment, and amusement when thinking about their identified GP (GP condition) or about their previous morning routine (control condition), indicating their responses on a scale ranging from 1 (not at all) to 9 (very strongly).

Procedure

Participants began the study by first responding to the items assessing guilt proneness, regulatory fit, and public self-consciousness. These measures were presented in random order to avoid order effects. Next, participants were randomly assigned to the GP or control condition. Afterwards, they responded to the items assessing emotions, ambivalence, perceived morality, and an attention check (i.e., "You are reading this question and therefore will select 'Not important at all'"). These items were also randomly presented to avoid order effects. Finally, participants were thanked for participation and debriefed.

Results

GP Taxonomy

We first examined what types of GPs were identified by participants in the GP condition. A team of three undergraduate research assistants individually coded the GPs based on an a priori coding scheme generated by the lead author. Specifically, these categories were generated based on past GP research (e.g., Bastian et al., 2012; Elder & Mohr, 2020; Hur & Jang, 2015; Miao, 2011; Sarkhosh & Menninghaus, 2015; Sealey, 2023; van den Tol & Roger-Sorolla, 2017) as well as a cursory review of the reported GPs by the lead author. The GP categories were eating or food-related, audiovisual media (e.g., watching or streaming movies or television shows, watching YouTube), music (e.g., a genre of music, a specific musical artist), social media (e.g., Facebook, TikTok), games (e.g., sports, board games, video games), romance or sex-related (e.g., reading erotica, watching pornography), spending money (e.g., gambling, online shopping), or literature. Participants who identified multiple GPs in their response (e.g., relaxing by playing video games or watching Netflix) were placed in a multiple GP category. Finally, those whose GPs did not fit with a pre-determined category were labeled as "other." Interrater reliability was good ($\alpha = .87$).

Table 1 provides data on the most common GPs across the first three studies, and in terms of prevalence, participants listed food-related (e.g., candy, cake, fast food, eating more than usual in one sitting) or some form of audiovisual media (e.g., binge watching, a specific movie or television show, or genre of YouTube videos such as ASMR content), accounting for over half of all GPs disclosed. The most common GPs categorized as "other" related to sleeping or napping (i.e., enjoying the rest, but feeling like the time could be spent more productively) or voyeuristic behaviors (e.g., enjoying following others' interpersonal drama on Facebook, recording people unknowingly on campus and rewatching videos with friends).

Ambivalence and Moralization

To discern the extent that GPs were viewed as ambivalent and moral, an independent samples t-test was conducted to examine mean differences between conditions. As shown in

Table 2, and consistent with predictions, participants who reflected on their GP reported significantly more subjective and objective ambivalence than did control participants. However, contrary to predictions, participants who reflected on their GP did not view their attitude toward their GP as being more rooted in morality compared to control participants' attitudes toward their morning routine.

Emotions

To examine which emotions were elicited when thinking about GPs, an independent samples t-test was conducted comparing mean scores of emotions felt across conditions. As shown in Table 2, and consistent with predictions, participants who reflected on their GP felt significantly more embarrassment, guilt, shame, and amusement, as well as significantly less pride, compared to control participants. However, contrary to predictions, participants who reflected on their GP felt significantly more anger, sadness, and contentment compared to control participants. Also, there were no differences between conditions on felt enthusiasm.

Additionally, a repeated measures ANOVA was conducted among GP condition participants only to examine differences in emotions magnitude among those thinking about indulging in one's GP. The intensity of the nine emotions demonstrated significant variability, $F(8, 1152) = 38.65$, $p < .001$. Post hoc pairwise comparisons (Tukey's HSD test), revealed that the most intense emotions felt were amusement, contentment, enthusiasm, and guilt, with mean scores for these four emotions significantly greater than the mean scores for the remaining five emotions (all $p < .05$). Importantly, no significant differences emerged among those top four emotions. Similarly, shame and embarrassment did not reliably differ from one another. However, felt shame and embarrassment were both greater than felt pride, sadness, and anger.

Self-presentation

To examine the extent to which people indulge in their GPs differently across social audiences, a repeated-measures ANOVA was conducted among the GP condition participants only. As seen in Table 3, and consistent with predictions, participants reported being more likely to indulge in their GPs with audiences composed of closer others, $F(6, 438) = 49.80$, $p < .001$. Post hoc pairwise comparisons revealed that each social audience significantly differed from others (all ps < .05), with the exception being no difference between grandparents and acquaintances ($p = .19$).

Individual Differences

Finally, correlational analyses were conducted to examine whether individual differences in guilt proneness, public self-consciousness, and regulatory fit related to the emotions and self-presentation concerns examined among GP condition participants. First, guilt proneness and regulatory fit were significantly related, such greater guilt proneness predicting more prevention focus ($r = .45$, $p < .001$). However, with respect to emotion, guilt proneness, public self-consciousness, and being promotion focused were not significantly related to any of the emotions examined among GP participants. Most notably, guilt proneness was not related to felt guilt ($p = .40$), nor was public self-consciousness related to felt embarrassment ($p = .94$). In contrast, being prevention focused was the only individual difference that related to any emotions, predicting feeling less pride ($r = -.29$, $p < .05$) and feeling more sadness ($r = .26$, $p < .05$).

Similarly, when examining relations between these individual differences and likelihood of indulging in one's GP with various social audiences, guilt proneness, public self-consciousness, and being more prevention focused was unrelated to sharing behavior for any of

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these audiences. Instead, the only significant relation to emerge was that being more promotion focused predicted less GP indulgence with an acquaintance ($r = -.24$, $p < .05$).

Discussion

In sum, Study 1 provided preliminary evidence for which discrete positive and negative emotions are felt more when indulging in GPs. Specifically, GPs elicited stronger feelings of amusement, guilt, embarrassment, and shame than reflecting on one's daily routine. Similarly, the within-subjects analyses involving the GP condition participants found that the most intense emotions felt when indulging in GPs were the predicted positive emotions of amusement, contentment, and enthusiasm, as well as guilt. These same analyses also provided evidence that pride was not involved in GPs, because pride was felt less when thinking about GPs compared to a control stimulus. Further, although the between-subjects analyses suggested that GPs elicit greater feelings of anger and sadness compared to the control condition, the within-subject analyses indicated that feelings of anger and sadness do not differ from feelings of pride. Taken together, and consistent with predictions, these findings indicated GPs reveal the positive emotions of amusement, contentment, and enthusiasm, and the negative emotions of guilt, embarrassment, and shame.

Relatedly, Study 1 also provided evidence that people's attitudes toward their GPs are characterized by greater ambivalence, both subjective and objective. Thus, consistent with the emotion findings, attitudes toward GPs were characterized by simultaneous positive and negative reactions (objective ambivalence) and people's attitudes toward GPs were characterized by affective discomfort (i.e., mixed feelings, internal conflict, indecision). However, attitudes toward GPs were not a reflection of one's moral beliefs, despite relatively greater levels of moral perception among GP condition participants. These findings were surprising because GPs seem to elicit the moral emotions of guilt, shame, and embarrassment (Haidt, 2003; Tracy & Robins, 2004).

Study 1 also provided evidence that self-presentation processes underlie GP-related sharing behavior. Specifically, results indicated that people were more comfortable indulging in their GPs with audiences that were perceived as interpersonally closer (e.g., friends, family members, in private) compared to audiences that were interpersonally distant (e.g., strangers, acquaintances). However, based on these data alone, it is unclear what might drive these self-presentation concerns.

Finally, Study 1 did not find evidence that individual differences in guilt proneness, public self-consciousness, or regulatory fit were related to the emotions or self-presentational concerns examined. Most notably, guilt proneness and being prevention focused did not predict guilt, nor did public self-consciousness predict embarrassment. These results could be in part explained by the relatively low reliability of some of the measures, namely the GASP and the promotion focus subscale of the RFQ. Indeed, as mentioned previously, there have been documented issues pertaining to the psychometric fidelity of the RFQ (e.g., Summerville & Roese, 2008). Nonetheless, because of the poor reliability and individual differences that did not predict emotions that presumably are closely related to the underlying constructs, these individual differences will not be discussed further.

Study 2

Study 1 provided preliminary evidence into common GPs, the emotions implicated when indulging in GPs, and the self-presentational processes underlying GP-related behavior. To further expand our understanding of GPs, Study 2 had four primary goals. First, it collected a much larger sample focused solely on participants' GPs, increasing the size of the GP taxonomy

pool collected in Study 1. Second, the larger sample also provided an opportunity to replicate the emotion and self-presentation patterns observed among participants in the Study 1 GP condition.

Third, the larger sample and subsequent number of GPs allowed additional analyses that were not adequately powered in Study 1 (e.g., comparing emotional reactions among different types of GPs, exploring relationship between emotion and self-presentation concerns). For instance, because food-related GPs and audiovisual media GPs were the two most commonly reported GPs in Study 1 and are among the most common GPs explored in past research (e.g., Bastian et al., 2012; Elder & Mohr, 2020; Hur & Jang, 2015; Sarkhosh & Menninghaus, 2015; van den Tol & Roger-Sorolla, 2017), it could be insightful to explore potential differences in emotions felt and self-presentation concerns regarding these different GPs.

Finally, to expand our investigation of characteristic of GPs, two additional measures were added to assess frequency and rewardingness of GPs. Indeed, given past research has demonstrated that GPs are more likely to be indulged in following negative circumstances (e.g., Bastian et al., 2012), it seems reasonable to investigate the extent to which GPs are perceived as rewarding. Similarly, gauging how frequently people indulge in their GPs could be useful for understanding people's motivations for indulging in GPs (i.e., are these activities people engage in often or only under certain circumstances?).

Method

Participants

A sample of 311 undergraduate students were recruited to participate in exchange for course credit (26.5% male, 72.1% female, 1.4% preferred to self-describe; $M_{age} = 19.05$, $SD = 1.25$). Sample size was determined using an a priori sample size analysis ($\alpha = 0.05$, power = .95) conducted in G*Power (Faul et al., 2007) assuming a small-to-medium effect size ($r = .35$). Twenty-eight participants were excluded from analyses due to failing an attention check item (Aust et al., 2013), resulting in a final sample of 283 participants.

Materials and Measures

Because Study 2 only investigated people's perceptions of their GPs, all measures from the Study 1 GP condition were included in Study 2. Also, two measures were added to assess more details about GPs. Frequency of indulging in their GP was assessed by asking participants to report how frequently in the last year have they indulged in their GP, with response options including "not at all," "rarely," "occasionally," "often," and "constantly." Second, participants reported the extent to which they viewed their GP as a reward on a scale ranging from 1 (not at all) to 5 (very much).

Procedure

Participants were first asked to bring to mind a GP of theirs and briefly describe why they consider it a GP. Afterwards, they responded to the items assessing emotions, ambivalence, frequency of GP, how rewarding the GP is, and perceived morality. Finally, participants were thanked for their participation and debriefed.

Results

GP Taxonomy

As in Study 1, we first examined the GP types identified by participants. The same team of three undergraduate research assistants individually coded the GPs based on the same coding scheme used in Study 1. As seen in Table 1 and similar to Study 1, the most common GPs were food-related or audiovisual media, accounting for over half of all GPs disclosed.

Emotion

As in Study 1, a repeated measures ANOVA was conducted to examine variability in the magnitude of the emotions reported by participants when thinking about indulging in their GPs. As seen in Table 4, the felt intensity of the nine emotions examined demonstrated significant variability, $F(8, 2248) = 80.23$, $p < .001$. Post hoc pairwise comparisons revealed that the most intense emotions felt were amusement and contentment, and these emotions did not differ from each another ($p = .17$), but their intensities were significantly greater than the remaining seven emotions (all ps $< .05$). Similarly, enthusiasm was more intensely felt than the six remaining emotions. Guilt did not reliably differ from embarrassment ($p = .06$), but it was more intensely felt than shame, anger, pride, or sadness (all ps $< .05$). Similarly, embarrassment and shame did not differ from each other ($p = .15$), but both were more intensely felt than anger, sadness, and pride (all ps $< .05$). In sum, Study 2 replicated the main pattern of results from Study 1, which indicated that the most intense emotions felt when indulging in GPs are amusement, contentment, and enthusiasm, followed by the negative self-conscious emotions of guilt, embarrassment, and shame.

Self-presentation

As in Study 1, a repeated measures ANOVA examined the extent to which people indulge in their GPs with various social audiences. As seen in Table 4, and consistent with Study 1, participants reported being more likely to indulge in their GPs with interpersonally closer audiences, $F(6, 1686) = 141.28$, $p < .001$. Post hoc pairwise comparisons revealed that every social audience differed from each other (all ps $< .05$), with the exception no reliable differences between grandparents and acquaintances ($p = .15$), which completely replicated Study 1.

Emotion and Self-presentation

To further explore the self-presentation findings, we conducted correlational analyses between the emotions felt when thinking about GPs and the reported likelihood of indulging in that GP for each social audience type. As shown in Table 5, embarrassment was found to be negatively related to the likelihood of indulging with all social audiences examined except for in private. Similarly, guilt was only negatively related to indulging in GPs in private settings, but it was unrelated to the likelihood of indulging with friends, family members, acquaintances, or strangers (i.e., settings involving others). Finally, shame was negatively related to indulging in GPs with close friends, siblings, and parents.

Next, we conducted a series of multiple regression analyses to explore which of the nine emotions (predictor variables) uniquely predicted GP-sharing behavior for each of the social audiences examined (criterion variable). As can be seen in Table 6, the only emotion that uniquely predicted sharing behavior with strangers was less embarrassment. Similarly, for all remaining social audiences, two emotions emerged as unique predictors: embarrassment and contentment. These findings indicated that the more embarrassment felt regarding GPs, the less likely people were to share their GPs with the audience. Similarly, the more contentment felt regarding GPs, the more likely people were to share their GPs with the audience. In addition to embarrassment and contentment, enthusiasm also emerged as a unique predictor for close friends, suggesting that not only do people report enjoying indulging in GPs with close friends (contentment), but they also indulge in GPs with close others appears to be an activity that one looks forward to (enthusiasm).

Finally, as seen in Table 6, three emotions emerged as unique predictors for indulging in GPs in private: guilt, shame, and anger. Consistent with the correlational findings, the more guilt people anticipate with their GP, the less likely they were to indulge in private. Conversely, the

pattern for shame was opposite of the correlational findings. That is, the multiple regression analyses found that greater felt shame (rather than lesser) uniquely predicted indulging in private. Finally, surprisingly, anger also emerged a unique predictor of indulging in fewer GPs in private, wherein greater felt anger was associated with greater likelihood of indulging in GPs alone.

Comparing Different Guilty Pleasures

Finally, analyses were conducted examining whether there were different emotional and evaluative responses for different types of GPs. Specifically, because food-related GPs and audiovisual media GPs were the two most commonly reported GPs across the first two studies and are among the most common GPs explored in past research (e.g., Bastian et al., 2012; Elder & Mohr, 2020; Hur & Jang, 2015; Sarkhosh & Menninghaus, 2015; van den Tol & Roger-Sorolla, 2017), we conducted a series of independent samples t-tests comparing mean scores of various dependent variables between these types of GPs. All results for these analyses can be seen in Table 7.

Guilty Pleasure Characteristics.

Food-related GPs and audiovisual media GPs did not significantly differ on perceived moralization, perceiving the GP as a reward, or frequency of indulging. However, as Table 7 reports, these types of GPs differed on both objective and subjective ambivalence. Specifically, food-related GPs were perceived with greater ambivalence (objective ambivalence) and elicited greater feelings of mixed emotions and indecision (subjective ambivalence) than did audiovisual media GPs.

Emotion.

As shown in Table 7, food-related GPs elicited significantly more embarrassment, guilt, shame, anger, and sadness compared to audiovisual media GPs. Conversely, food-related GPs elicited significantly less amusement, contentment, enthusiasm, and pride compared to audiovisual media GPs.

Self-presentation.

Food-related and audiovisual media GPs did not differ on comfortability in indulging in them either in private or with close friends. However, significant differences emerged for the remaining five audiences. Specifically, participants who identified food-related GPs reported feeling more comfortable indulging in their GPs with siblings, parents, grandparents, acquaintances, and strangers compared to participants with audiovisual media GPs.

Discussion

Study 2 replicated the Study 1 findings that the positive emotions elicited when indulging in GPs include amusement, contentment, and enthusiasm, whereas the negative emotions elicited when indulging seem to be guilt and embarrassment. Additionally, Study 2 replicated the Study 1 self-presentation findings that GPs were more likely to be indulged with interpersonally close audiences (e.g., friends, family members, in private) compared to interpersonally more distant audiences (e.g., strangers, acquaintances).

Further, Study 2 provided evidence that these self-presentation concerns can be understood through a discrete, functionalist account of emotion. That is, embarrassment was found to predict lower likelihoods of indulging with all social audiences examined except for in private. Conversely, guilt only predicted less GP indulging in private settings, but it was unrelated to the likelihood of indulging in settings with others present. These findings are consistent with a self-presentation account because embarrassment requires an audience to be felt, whereas audiences are not necessary to experience guilt (Crozier, 2014; Keltner & Lerner, 2010; Krishna et al., 2018; Tangney et al., 1996). Indeed, this interpretation was further

supported by the multiple regression analyses that found that embarrassment was a unique predictor of indulging with others, whereas guilt and shame were unique predictors of indulging in private. Finally, shame predicted less indulging in GPs with close friends, siblings, and parents. Because these three audiences are among the closest of all social audiences examined, it follows that people were likely to experience shame with respect to these specific audiences. That is, the closer one is to others, the more likely one is to consider those others as a part of their self-concept, resulting in perceptions of self-other overlap (Aron et al., 1992; Buchanan & McConnell, 2017). Conversely, enthusiasm emerged as a significant predictor of indulging with one's close friend but not with social audiences. These results indicate that GPs, despite being considered in a negative light because of fear of negative social evaluation, could also strengthen social connection with close others.

Finally, Study 2 also provided evidence that different types of GPs yielded different emotional reactions and self-presentation concerns. Specifically, food-related GPs elicited greater negative affect, less positive affect, and were appraised more ambivalently than audiovisual media GPs. However, results also suggested that food-related GPs were more likely to be indulged in front of more socially distant audiences than were audiovisual media GPs. Thus, despite food-related (compared to audiovisual media) GPs eliciting more negative reactions, people were more willing to share those GPs with more distant audiences.

One limitation of Studies 1 and 2 was the demographic composition of the samples. That is, they were solely composed of undergraduate participants whose gender distribution was predominantly female, potentially limiting generalizability of the observed findings. Thus, Study 3 was conducted to examine whether the emotional and cognitive reactions to GPs observed in Studies 1-2 would be observed in an older, more gender-balanced sample.

Study 3

The primary goal of Study 3 was to replicate Studies 1 and 2 with a non-college student sample. For example, it is possible that the types of GPs identified by college student participants might not generalize to others, especially middle-aged and older adults, because of differences in socialization (i.e., being raised under different sociocultural norms). Similarly, the samples in Studies 1 and 2 was overwhelmingly female, which might influence the nature of GPs described or the cognitive and emotional experienced tied to them. Thus, Study 3 explored the generalizability of the GPs with a more diverse sample.

A second goal of Study 3 was to explore people's motivations for indulging in GPs. Indeed, past research has provided preliminary evidence for motivations underlying having and indulging in GPs such as coping with negative experiences (e.g., Bastian et al., 2012) or lacking self-control (e.g., Miao, 2011), yet these possibilities have not been investigated systematically. In Study 3, we explored a variety of motivations based on past research as well as the qualitative responses provided by participants in Studies 1 and 2 regarding why they consider their GP as such.

Method

Participants

A sample of 208 Prolific users participated in exchange for $1.75 (45.6% male, 54.5% female, 2.5% preferred to self-describe; $M_{age} = 38.02$, $SD = 13.40$). Sample size was determined using an a priori sample size analysis ($\alpha = 0.05$, power = .95) conducted in G*Power (Faul et al., 2007) assuming a small-to-medium effect size ($r = 0.35$). Six participants were excluded from analyses due to failing an attention check item (Aust et al., 2013), resulting in a final sample of 202 participants.

Materials and Measures
Motivation

Motivation to indulge in GPs was assessed using a series of self-report items. Specifically, participants were provided several reasons for why one might indulge in their GP: boredom, seeking social interaction with others, being tired or lacking energy, feeling overwhelmed, it being a planned reward, it being an uncontrollable habit, coping with a negative self-view, or alleviating stress. These motivations were selected based on past research as well as the qualitative responses provided by participants in Studies 1 and 2 regarding their perceptions of their GPs (e.g., Bastian et al., 2012; Goffin & Cova, 2019; Miao, 2011; Sealey, 2023). Participants reported the extent to which each reason leads them to indulge in their identified GP using a scale ranging from 1 (does not apply to me at all) to 7 (applies to me a lot).

Procedure

As in Studies 1 and 2, participants were asked to bring to mind a guilty pleasure of theirs and briefly describe why they consider it a guilty pleasure. Afterwards, they responded to the items assessing emotions, ambivalence, frequency, how rewarding their GP is, perceived morality, and motivations for indulging. Finally, participants were thanked for participation and debriefed.

Results

GP Taxonomy

As in Studies 1 and 2, we first examined what types of GPs were identified among our participants. A new coding team consisting of two graduate research assistants coded the GPs using the same coding scheme as Studies 1 and 2. Interrater reliability was good ($\alpha = .93$). As seen in Table 1, like the previous studies, the most common GPs were food-related and audiovisual media, accounting for more than half of the GPs disclosed.

Emotion

As in Studies 1 and 2, a repeated measures ANOVA was conducted to examine differences in emotions felt when thinking about indulging in GPs. As seen in Table 8, the felt intensity of the nine emotions examined demonstrated meaningful variability, $F(8, 2178.289) = 63.03$, $p < .001$. Post hoc pairwise comparisons revealed that the most intense emotions felt were amusement and contentment, with these emotions not differing from each other ($p = .94$), but their means scores were significantly greater than the seven other emotions ($ps < .05$). Similarly, enthusiasm and guilt did not differ from each other ($p = .67$), but these two emotions were more intensely felt compared to the other five emotions ($ps < .05$). Embarrassment was felt more intensely than shame, anger, pride, and sadness, ($ps < .05$). Finally, shame was more intensely felt than anger, sadness, and pride ($ps < .05$).

Self-presentation

As in Studies 1 and 2, a repeated measures ANOVA was conducted to examine the extent to which people indulge in GPs with various social audiences. As seen in Table 8, and consistent with Study 1, participants reported being more likely to indulge in their guilty pleasures with audiences that were interpersonally closer, $F(6, 1686) = 141.28$, $p < .001$. However, there were two differences in these findings compared to Studies 1 and 2. Specifically, in Study 3 participants reported grandparents as being the social audience with whom they were least likely to share GPs, and post hoc pairwise comparisons revealed that participants were equally likely to share GPs with grandparent as much they were with a stranger ($p = .37$). Also, participants in

Study 3 reported being just as likely to share GPs with parents as they were with an acquaintance ($p = .20$).

Emotion and Self-presentation

As in Study 2, we conducted multiple regression analyses simultaneously regressing the nine emotions to predict GP-sharing behavior across the social audiences examined. As seen in Table 9, we did not replicate the pattern observed in Study 2. For instance, none of the emotions uniquely predicted sharing GPs with a stranger, and the only emotion that uniquely predicted sharing with an acquaintance was less embarrassment. Similarly, the only emotion uniquely predictive of sharing with parents was greater enthusiasm, whereas sharing with grandparents was uniquely predicted by greater enthusiasm and greater embarrassment. Indulging with a close friend revealed results somewhat consistent with Study 2, such that less embarrassment and greater contentment were once again unique predictors, however, so too was greater amusement and less pride. The remaining two social audiences (siblings and in private) showed the greatest deviation from Study 2. Greater sharing GPs with siblings was uniquely predicted by more shame and less guilt, whereas in Study 2 it was uniquely predicted by less embarrassment and greater contentment. Similarly, indulging in private was uniquely predicted by less sadness and less pride, whereas in Study 2 it was uniquely predicted by greater shame and anger and less guilt.

Motivations

Finally, a repeated measures ANOVA was conducted to examine mean differences of the motivations for indulging in GPs. As seen in Table 8, the motivations examined demonstrated significant variability, $F(8, 2178.289) = 63.03, p < .001$. Post hoc pairwise comparisons revealed that the greatest motivation for indulging in GPs was relieving stress, which was greater than the other eight motivations ($ps < .05$). Although not as strong as reliving stress, results indicated that people indulge in GPs to alleviate boredom or as a planned reward, with these two motivations not differing from each other ($p = .88$) but being greater than the other five motivations examined (feeling overwhelmed, feeling tired, it being an uncontrollable habit, coping with a negative self-view, and facilitating social interaction; $ps < .05$).

Discussion

In sum, Study 3 replicated Study 1 and 2 in that the positive emotions elicited when indulging in GPs include amusement, contentment, and enthusiasm, whereas the negative emotions elicited when indulging were guilt and embarrassment. Additionally, Study 3 partially replicated Study 1's self-presentation findings that GPs were more likely to be indulged with interpersonally close audiences compared to interpersonally distant audiences. However, there were two notable differences regarding self-presentation in Study 3 compared to Studies 1-2. Specifically, there were no differences on likelihood of indulging in one's GP between strangers and grandparents as well as parents and acquaintances. These findings could be an artifact of the older sample in Study 3 such that it is possible that some participants' older relatives (parents, grandparents) may no longer be alive or interacted with frequently, and thus participants reflected this by responding with the lowest possible response option because they are not as likely to indulge with those audiences. Nonetheless, these findings suggest that there are self-presentational concerns in sharing GPs with others as a function of interpersonal closeness.

Regarding understanding these self-presentation concerns via discrete emotion theory, the Study 3 findings were different from those of Study 2 because there were fewer discernable patterns of emotions elicited across the various social audiences. One potential explanation for these differences is that negative self-conscious emotions tend to be reported less frequently and

felt less intensely in older adults than in younger adults (Henry et al., 2018). These cohort differences stem from, in part, older adults avoiding negative situations more regularly than younger adults (Birditt & Fingerman, 2005). Thus, these cohort differences in experiencing embarrassment, guilt, and shame coupled with the aforementioned possibility of some social audiences not being as relevant to our older sample, might make drawing conclusions from these differences difficult.

Finally, Study 3 provided preliminary insight into the primary motivations people have for indulging in GPs. That is, our results suggest that the leading motivator for indulging in GPs is relieving stress. Indeed, this finding would be consistent with past research demonstrating that GPs are more likely to be indulged in following negative circumstances (e.g., experiencing unjustified physical pain; Bastian et al., 2012).

Internal Meta-analysis

To ensure sufficient statistical power for the fixed effects and to more appropriately gauge the magnitude of our findings on the relations between emotions and self-presentation, we conducted a "mini meta-analysis" of the multiple regression analyses from Studies 2 and 3 (Goh et al., 2016). For this analysis, the standardized beta-coefficients were used as effect sizes, which were then pooled together and weighted based on their precision (standard error, sample size) to estimate overall effect sizes for each emotion and social audience (Card, 2015). The newly calculated beta-coefficients and standard errors were then used to calculate a Z-score for the relation between each emotion and social audience, with Z-scores equal to or greater than 1.96 indicating a significant relationship. These results are presented in Table 10.

Regarding indulging in one's GP with strangers, embarrassment predicted less sharing, whereas shame predicted more sharing. Further, consistent with Study 2, for all remaining social audiences involving others, two emotions emerged as significant predictors: embarrassment and contentment. These results showed that the less embarrassment and the more contentment people feel regarding their GP, the more likely they are to share it with that audience. In addition to embarrassment and contentment, enthusiasm also emerged as a significant predictor of sharing their GPs more with close friends and family members. Amusement emerged as a significant predictor for sharing with grandparents and friends but in different directions, such that greater amusement predicted lesser likelihood of sharing with grandparents but greater likelihood of sharing with friends. Shame emerged as a significant predictor for sharing with siblings, such that greater shame was associated with greater likelihood of sharing. Pride emerged as a significant predictor for sharing with close friends, such that less pride was associated with greater likelihood of sharing.

Finally, as seen in Table 10, six emotions emerged as significant predictors for indulging in one's GP in private: amusement, contentment, enthusiasm, pride, guilt, and shame. Consistent with Study 2, greater guilt was associated with less likelihood of indulging in private, whereas greater shame was associated with greater likelihood of indulging in private. Additionally, consistent with the other social audiences, greater contentment, enthusiasm, and amusement was associated with greater likelihood of indulging in private, whereas lesser pride was associated with greater likelihood of sharing.

To summarize, this meta-analysis provided an opportunity to synthesize findings across Studies 2 and 3 to discern the relationship between emotions felt and indulging in GPs in different social settings. Specifically, it found that when indulging with others, embarrassment is the most consistent predictor across contexts, such that greater embarrassment is associated with lesser likelihood of sharing one's GP with someone else. These findings indeed suggest self-

presentation to be involved, as both self-presentation and embarrassment are derived from taking into consideration the values and preferences of a social audience (Leary & Kowalski, 1990; Krishna et al., 2018). Similarly, these results also indicate that contentment, enthusiasm, and to a lesser extent, amusement, are the positive emotions most likely driving positive feelings when indulging. Finally, an entirely different emotional profile emerges for indulging in private (compared to with others), such that indulging in private elicits greater guilt and shame and less pride. Because these are all self-conscious emotions (Tracy & Robins, 2004, 2007), it suggests that indulging in private might elicit greater degrees of self-evaluation via self-awareness than does indulging with others.

General Discussion

Past research has suggested that people classify something as a GP based on two criteria: personal beliefs (i.e., GPs run counter to who one aspires to be) and social norms (i.e., one expects to be judged negatively for liking the GP; Goffin & Cova, 2019). However, beyond this finding, there has been no systematic investigation into GPs in psychological research. In the current work, we conducted the first comprehensive examination of GPs, including building a taxonomy of GPs, investigating the emotions elicited when indulging in them, and identifying the processes underlying GP-related behavior.

Because GPs are ambivalent emotional experiences (Goffin & Cova, 2019; Miao, 2011), we used a discrete, functionalist account of emotion to predict which positive and negative emotions would be experienced when indulging in GPs (Ekman, 1992; Frijda, 1988, 1993; Keltner & Lerner, 2010; Lazarus, 1991; Shiota et al., 2014; Smith & Ellsworth, 1985). Across three studies, we observed that GPs elicit the positive emotions of amusement, contentment, and enthusiasm, and the negative self-conscious emotions of guilt, embarrassment, and shame. Moreover, we observed that of all emotions examined, the most intensely felt were the aforementioned positive emotions. These results are consistent with Goffin and Cova's (2019) findings that nearly half of their participants reported experiencing no negative feelings when thinking about their GP. Accordingly, the current results provide insight into why people are drawn to GPs. Specifically, enthusiasm draws people toward their GPs because they look forward to the content of those objects or activities (e.g., Bastian et al., 2012; Miao, 2011), whereas the positive emotions of contentment and amusement underlie feelings of pleasure and savoring that comes from indulging in the GP.

Based on this emotional profile, we can speculate on what processes underlie GP-related behavior. Because GPs involve fear of negative social evaluation (Goffin & Cova, 2019), we assumed that self-presentation processes influence GP-sharing behavior. Consistent with these predictions, across all three studies we found that people were more likely to share their GPs with audiences perceived as interpersonally closer. Further, analyses examining which emotions uniquely predicted sharing behavior indicated that these self-presentation concerns were a function of anticipated embarrassment. That is, the more one anticipates feeling embarrassed for liking their GP, the less likely they are to share their GP with others, suggesting that people are engaging in self-presentation as a means of maintaining a positive public persona (Goffman, 1967; Ting-Toomey, 2004). This finding is consistent with past research exploring people's sharing behavior regarding specific GPs (e.g., sharing GP-media on social media, watching trash movies), demonstrating that GPs are most likely enjoyed either in private or with close friends (e.g., Johnson & Ranzini, 2018; Sarkhosh & Menninghaus, 2015; von den Tol & Roger-Sorolla, 2017). Thus, self-presentation processes are indeed implicated in GPs.

Because people classify interests as GPs because they seem inconsistent with their desired self-concepts (Goffin & Cova, 2019), we predicted that cognitive dissonance processes might underlie GPs as well. Although we did not test cognitive dissonance directly, our findings are consistent with this possibility. For instance, guilt was consistently the most intensely felt negative emotion observed in all three studies, which is noteworthy because past work finds that guilt is the discrete emotion that is conceptually closest to dissonance affect (e.g., Kenworthy et al., 2011; Klass, 1978; Stice, 1992). Relatedly, we observed that guilt and shame, rather than embarrassment, were unique predictors of indulging in GPs when in private, findings consistent with dissonance theory as well as a discrete, functionalist account of emotion. That is, when people indulge in GPs in private, they cannot attribute their negative affect to others' appraisals, resulting in self-attributions of the negative affect (i.e., appraising counterattitudinal behavior with respect to their self-concepts; Aronson & Thibideau, 1992; McGrath, 2017; Crozier, 2014; Keltner & Lerner, 2010; Krishna et al., 2018; Tangney et al., 1996).

Moreover, Study 1 provided evidence that GPs were associated with greater perceptions of subjective and objective attitudinal ambivalence than everyday experiences, meaning that participants reported intense simultaneous positive and negative reactions to their GP (objective ambivalence) and that their attitudes toward their GP as characterized by mixed emotions and internal conflict (subjective ambivalence). Attitudinal ambivalence is conceptually similar to cognitive dissonance in that both outcomes are characterized by felt discomfort when holding conflicted thoughts (i.e., simultaneous positive and negative reactions to a stimulus; Luttrell & Sawicki, 2020; Priester & Petty, 1996). Accordingly, it seems reasonable that dissonance processes are implicated in GPs, though additional work should more directly examine this possibility.

Our findings also provide insights into the types of GPs people have, and most importantly, the meaningful variability in people's emotional and cognitive experiences tied to their GPs. Across all studies, the most common GPs were food-related or audiovisual media (e.g., binge watching, movies, television shows, YouTube videos), accounting for more than half of all GPs disclosed. When comparing these two types of GPs on emotional reactions, food-related GPs elicited more negative emotional responses and less positive emotional responses than did audiovisual media GPs. These findings might relate to attitudes toward food, eating behavior, and body image. Indeed, past work has shown that eating or even imagining indulgent food elicits feelings of guilt, especially for those who are dieting or are more health-conscious (Elder & Mohr, 2020; Hur & Jang, 2015). Additionally, despite food-related GPs eliciting more negative than positive affect compared to audiovisual media GPs, food-related GPs were more likely to be shared with more distant (rather than closer) audiences in Study 2. These results are paradoxical given the general self-presentation patterns observed across all GPs, such that one would expect GPs that elicit more positive affect (audiovisual media) would be more likely to be shared with more distant audiences than GPs that elicit more negative affect (food). These findings highlight that not all GPs are appraised the same, in that the general pattern of emotions elicited and subsequent consequences (e.g., self-presentation) observed might vary depending on the type of GP involved. Indeed, our participants identified a wide variety of GPs spanning multiple domains (e.g., playing video games, drug use, sleeping), and it is unlikely that all of these GPs are appraised homogenously. For example, one might suspect that GPs that are more morally-charged (e.g., pornography, drug use) might elicit different emotional responses and self-presentation patterns than GPs that are not as morally-charged (e.g., watching reality television) despite both having self-presentational concerns. Thus, further research should

examine how people react to various types of GPs to discern the variability in downstream consequences associated with each kind.

Finally, Study 3 explored people's motivations for indulging in GPs. Our findings suggest that the biggest motivator for indulging in GPs is relieving stress, consistent with past GP research (e.g., Bastian et al., 2012). These findings provide insight into why people choose to approach and engage in activities they feel like they should not and how they navigate their conflicted feelings. For example, this work finds evidence consistent with the role of cognitive dissonance when indulging in GPs because it seems that people might require some external justification for indulging in the activity (e.g., stress following a long day's work) to rationalize why they engage in the activity. Admittedly, these conclusions await further investigations to replicate and deepen our understanding of these outcomes.

Limitations

One limitation of the current work is that although GPs were characterized by mixed emotion experiences, we did not actually examine how people navigate feeling both positive and negative emotion simultaneously. Although examining correlations between positive and negative emotions (e.g., amusement and guilt, contentment and embarrassment) can provide preliminary insights into how these felt emotions relate to one another, it is insufficient for determining how the positive and negative emotions interact with one another in creating the emotional experience of indulging in one's GP (Larsen et al., 2017). Thus, future work would benefit from exploring how the positive and negative emotions implicated in GPs interact with one another (i.e., what is the time course or sequence of emotions felt when indulging) to fully gauge the dynamic affective experience involved when indulging in GPs (Miao, 2011). For example, because amusement and humor support coping with negative affect (e.g., Samson et al., 2014; Strick et al., 2010), it seems reasonable that felt amusement could serve as a form of dissonance (guilt) reduction that then facilitates felt enthusiasm and contentment (i.e., people look forward to savoring the content of the GP).

Another limitation is that these findings are culturally bound to the United States. Indeed, there are many ways in which culture might moderate emotional reactions and self-presentation concerns involving GPs. For example, many cultures differ in the extent to which they foster more independent or more interdependent self-construals (Markus & Kitayama, 1991, 2010). More independent cultures (e.g., United States, Germany, France) foster a sense of self predicated on autonomy, self-expression, and uniqueness, whereas more interdependent cultures (e.g., South Korea, Japan, China) view the self as predicated on social connectedness, maintaining intragroup harmony, and conformity (Vignoles et al., 2016). This continuum of self-construal leads to many interesting questions for future research. For instance, when considering something to be a GP (Goffin & Cova, 2019), people from independent cultures might place more emphasis on the personal beliefs criterion (i.e., considering how the GP is at odds with who they want to be as an individual), whereas people from interdependent cultures might place more emphasis on the social criterion (i.e., considering how the GP is at odds with societal or group norms). These respective appraisals could explain potential cultural differences in the emotions people experience when indulging in GPs in private compared to being in the presence of others. Indeed, Kitayama et al. (2004) demonstrated that Japanese participants (more interdependent self-construal) only experienced cognitive dissonance when their counterattitudinal behavior implicates their social relationships, whereas American participants (more independent self-construal) experienced dissonance primarily when their counterattitudinal behavior implicates their individual sense of self. Thus, it could be that those from interdependent cultures might

only experience negative affect (dissonance) for indulging in their GPs with others but not in private (unless close others are made salient while indulging).

Another possible cross-cultural difference might involve considering cultural tightness-looseness, which refers to the strength of norms and the toleration of deviation from those norms in a given culture (Gelfand et al., 2011). Strength of norms refers to unwritten rules and societal pressures to abide by culture expectations, whereas tolerance refers to the severity of punishments that individuals experience for violating norms (Li et al., 2017). Because GPs can evoke negative social evaluation because of violating social norms (Goffin & Cova, 2019), it seems reasonable that self-presentation concerns might be more salient in tighter cultures (e.g., China, South Korea, Germany) than in looser cultures (e.g., United States, Ukraine, New Zealand; Gelfand et al., 2011). Thus, future research should consider cultural-level values as a vehicle for exploring cross-cultural differences in GP-related outcomes.

Future Directions

In addition to the aforementioned future research directions, the current findings suggest additional areas for exploration. Of all the inherent motivations underlying human behavior, the psychological need to belong is arguably most critical (Baumeister & Leary, 1995). To maintain self-esteem and social connection, people engage in behavior that draws others toward them and avoid actions that repel others (Leary, 2005; Leary et al., 1995). Thus, it is perhaps not surprising that we found that participants reported a greater likelihood of indulging in their GPs with closer others, presumably because such audiences would be less likely to render internal attributions for embarrassing behavior (MacDaniel & Davies, 1983). Moreover, our findings indicate that enthusiasm predicts indulging in GPs with close friends, suggesting that sharing one's potentially embarrassing passions with close others may foster affinity and belonging (e.g., Feinberg et al., 2012). For instance, learning that a close friend shares a unique interest might encourage greater self-other overlap (Aron et al., 1992), deepening social connections. Relatedly, individual differences in rejection sensitivity might moderate the observed self-presentation findings, such that people who are more sensitive to rejection might be less likely to share GPs with others, even close others, due to heightened fears of social exclusion (Adyuk et al., 2008; Leary, 2005). These outcomes would suggest that people's attitudes toward their GPs are a function of their perceived social utility, such that in some situations GPs can be seen as a barrier to belonging (e.g., sharing GPs with strangers), whereas in other settings GPs can be seen as a means of fostering closeness (e.g., sharing GPs with friends or family). Indeed, observing evidence that GPs have inherent social utility would be intriguing, albeit counterintuitive, in light of the current findings that fostering social connection was the lowest rated motivation for indulging in GPs in Study 3. Nonetheless, exploring belonging's role in GP-related behavior seems warranted.

Similarly, pluralistic ignorance may play an important role in understanding GP embarrassment and its consequences on belonging. Pluralistic ignorance refers to the collective misperception of the magnitude or direction of social norms (Prentice & Miller, 1996; Sargent & Newman, 2021). With respect to GPs, it could be that people anticipate negative social evaluations for liking a GP even if in reality people share those same interests. Indeed, more than half of GPs reported in the current work were food-related or some form of audiovisual media. People report feeling anticipated embarrassment for these GPs, but because they are commonly liked interests, the basis for this anticipated embarrassment might be misplaced because of pluralistic ignorance. This possibility has implications for belonging because sensitivity to rejection (i.e., apprehension about being judged negatively and being ostracized because of it) often prevents disclosures and sharing that could foster social connection (e.g., icebreaker

activities involving disclosing GPs to strangers; Dunn et al., 2007; Epley & Schroeder, 2014). Moreover, work on the spotlight effect (e.g., Gilovich et al., 2000) anticipates that people frequently overestimate the extent to which others attend to their behaviors, suggesting that anticipated embarrassment concerns for GPs might often be misplaced or greatly overestimated. Thus, pluralistic ignorance may affect people's disclosure of GPs in ways that are socially disadvantageous, and future work should explore the extent to which GP-related behaviors may be governed by self-defeating social concerns.

Another avenue for future research would be to explore differences between indulging in GPs in private compared to in the presence of others. The current work found that people are more likely to indulge alone rather than with others, and that indulging alone elicits different emotions (e.g., guilt, shame, pride) compared to indulging with others (e.g., embarrassment). These findings suggest several interesting lines for future research. For example, pride, guilt, and shame are self-conscious emotions, suggesting that indulging alone involves a significant degree of self-evaluation via self-awareness. That is, recognizing one has met or exceeded one's personal standards results in pride, whereas recognizing one has performed below their personal standards results in guilt, shame, and embarrassment (Tangney et al., 1996, 2007; Tracy & Robins, 2004). This pattern of emotions suggests that indulging alone might have implications for self-esteem. Past self-esteem research demonstrates that self-evaluations characterized by greater attitudinal ambivalence (i.e., having simultaneous positive and negative evaluations of the self) are more susceptible to social influence because of the weaker nature of ambivalent attitudes (DeMarree et al., 2011). In light of the current attitudinal ambivalence findings, it could be that when indulging in GPs privately, people possessing more ambivalent self-evaluations (compared to those with less self-ambivalence) might be more susceptible to viewing themselves more negatively because of the negative appraisal of the GP, perhaps even more so if the GP is morally charged (e.g., drug use, pornography). Such results would suggest that GPs, despite appearing to be a coping mechanism for stressful events, could have negative consequences such as fostering negative self-evaluations depending on the context in which the activity is performed (in private vs. with others).

Conclusion

Three studies provided evidence that GPs are characterized by more than just guilt and pleasure. Specifically, GPs elicit discrete positive emotions including amusement, enthusiasm, and contentment, and discrete negative emotions including guilt, embarrassment, and shame. Accordingly, the current work provided insights into the cognitive, emotional, and motivational processes underlying GP-related behavior, most notably self-presentation and cognitive dissonance processes. These findings shed light on potential functions that GPs provide, and the current work establishes taxonomies that can guide future work in an area that has not received much empirical attention (cf., Goffin & Cova, 2019; Sealey, 2023). In sum, the current work elucidates why people are drawn to activities that also produce discomfort, and more important, it explores how these interests and desires serve a variety of functions ranging from relieving stress to fostering social connection. As with many social phenomena, GPs reveal that human behaviors and their consequences are complex and nuanced, and appreciating how people navigate a world of mixed feelings sheds important light on people's aspirations, fears, and social connections.

References

Aron, A., Aron, E. N., & Smollan, D. (1992). Inclusion of Other in the Self Scale and the structure of interpersonal closeness. *Journal of Personality and Social Psychology, 63,* 596-612. https://doi.org/10.1037/0022-3514.63.4.596

Aronson, E. A. (1992). The return of the repressed: Dissonance theory makes a comeback. *Psychological Inquiry, 3*, 303–311. https://doi.org/10.1207/s15327965pli0304_1

Aronson, E. A. (1997). The theory of cognitive dissonance: The evolution and vicissitudes of an idea. In C. McGarty & S. A. Haslam (Eds.), *The message of social psychology: Perspectives on mind in society* (pp. 20–35). Oxford, UK: Blackwell.

Aust, F., Diedenhofen, B., Ullrich, S., & Much, J. (2013). Seriousness checks are useful to improve data validity in online research. *Behavioral Research Methods, 45*, 527-535. DOI: 10.3758/s13428-012-0265-2

Ayduk, O., Gyurak, A., & Luerssen, A. (2008). Individual differences in the rejection-aggression link in the hot sauce paradigm: The cause of rejection sensitivity. *Journal of Experimental Social Psychology, 44,* 775-882. doi: 10.1016/j.jesp.2007.07.004

Bastian, B., Jetten, J., & Stewart, E. (2012). Physical pain and guilty pleasures. *Social Psychological and Personality Science, 4,* 215-219. DOI: 10.1177/1948550612451156

Baumeister, R. F., & Leary, M. R. (1995). The need to belong: Desire for interpersonal attachments as a fundamental human motivation. *Psychological Bulletin, 117*, 497–529. https://doi.org/10.1037/0033-2909.117.3.497

Bernstein, M. J., Young, S. G., Brown, C. M., Sacco, D. F., & Claypool, H. M. (2008). Adaptive responses to social exclusion: Social rejection improves detection of real and fake smiles. *Psychological Science, 19,* 981-983. https://doi.org/10.1111/j.1467-9280.2008.02187.x

Berridge, K. C., & Kringelbach, M. L. (2013). Neuroscience of affect: Brain mechanisms of pleasure and displeasure. *Current Opinion in Neurobiology, 23,* 294-303. http://dx.doi.org/10.1016/j.conb.2013.01.017

Buchanan, T. M., & McConnell, A. R. (2017). Family as a source of support under stress: Benefits of greater breadth of family inclusion. *Self and Identity, 16*, 97-122. http://dx.doi.org/10.1080/15298868.2016.1226194

Camacho, C. J., Higgins, E. T., & Luger, L. (2003). Moral value transfer from regulatory fit: What feels right is right and what feels wrong is wrong. J*ournal of Personality and Social Psychology, 84*, 498–510. https://doi.org/10.1037/0022-3514.84.3.498

Card, N. A. (2015). *Applied meta-analysis for social science research*. Guilford Press.

Carnevale, P. J. D., Pruitt, D. G., & Britton, S. D. (1979). Looking tough: The negotiator under constituent surveillance. *Personality and Social Psychology Bulletin, 5*, 118-121. https://doi.org/10.1177/014616727900500126

Carver, C. S., & Scheier, M. F. (1985). Aspects of self and the control of behavior. In B. R. Schlenker (Ed.), *The self and social life* (pp. 146-174). New York: McGraw-Hill.

Cohen, G. L., Aronson, J., & Steele, C. M. (2000). When beliefs yield to evidence: Reducing biased evaluation by affirming the self. *Personality and Social Psychology Bulletin, 26,* 1151-1164. https://doi.org/10.1177/01461672002611011

Cohen, T. R., Wolf, S. T., Panter, A. T., & Insko, C. A. (2011). Introducing the GASP scale: A new measure of guilt and shame proneness. *Journal of Personality and Social Psychology, 100,* 947-966. DOI: 10.1037/a0022641

Cooper, J., & Fazio, R. H. (1984). A new look at dissonance theory. In L. Berkowitz (Ed.). *Advances in experimental social psychology* (pp. 229–266). Orlando, FL: Academic Press.

Crozier, W. R. (2014). Differentiating shame from embarrassment. *Emotion Review, 6*, 269–276. https://doi.org/10.1177/1754073914523800

DeMarree, K. G., Rios Morrison, K., Wheeler, S. C., & Petty, R. E. (2011). Self-ambivalence and resistance to subtle self-change attempts. P*ersonality and Social Psychology Bulletin, 37,* 674-686. DOI: 10.1177/0146167211400097

Dibble, J. L., Levine, T. R., & Park, H. S. (2012). The unidimensional relationship closeness scale (URCS): Reliability and validity evidence for a new measure of relationship closeness. *Psychological Assessment, 24,* 565-572. DOI: 10.1037/a0026265

Dickerson, S. S., Gruenewald, T. L., & Kemeny, M. E. (2004). When the social self is threatened: Shame, physiology, and health. *Journal of Personality, 72,* 1191-1215. DOI: 10.1111/j.1467-6494.2004.00295.x

Dunn, E., Biesanz, J., Human, L., & Finn, S. (2007). Misunderstanding the affective consequences of everyday social interactions: The hidden benefits of putting one's best face forward. *Journal of Personality and Social Psychology, 92,* 990–1005. https://doi.org/ 10.1037/0022-3514.92.6.990.

Ekman, P. (1992). An argument for basic emotions. *Cognition and Emotion*, *6*, 169–200. https://doi.org/10.1080/02699939208411068

Elder, R. S., & Mohr, G. S. (2020). Guilty displeasures: How imagined guilt dampens consumer enjoyment. *Appetite, 1¸* 104641. DOI: 10.1016/j.appet.2020.104641

Elliot, A. J., & Devine, P. G. (1994). On the motivational nature of cognitive dissonance: Dissonance as psychological discomfort. *Journal of Personality and Social Psychology, 67,* 382–394. https://doi.org/10.1037/0022-3514.67.3.382

Epley, N., & Schroeder, J. (2014). Mistakenly seeking solitude. *Journal of Experimental Psychology: General, 143,* 1980–1999. https://doi.org/10.1037/a0037323.

Faul, F., Erdfelder, E., Lang, A.–G., & Buchner, A. (2007). G*Power 3: A flexible statistical power analysis program for the social, behavioral, and biomedical sciences. *Behavior Research Methods, 39,* 175–191. https://doi.org/10.3758/BF03193146

Fenigstein, A., Scheier, M. F., & Buss, A. H. (1975). Public and private self-consciousness: Assessment and theory. *Journal of Consulting and Clinical Psychology, 43*, 522-527. https://doi.org/10.1037/h0076760

Festinger, L. (1957). *A theory of cognitive dissonance*. Stanford, CA: Stanford University Press.

Frijda, N. H. (1988). The laws of emotion. *American Psychologist, 43,* 349–358. http://dx.doi.org/10.1037/0003-066X.43.5.349

Frijda, N. H. (1993). The place of appraisal in emotion. *Cognition and Emotion, 7,* 357–387. http://dx.doi.org/10.1080/02699939308409193

Gelfand, M. J., Raver, J. L., Nishii, L., Leslie, L. M., Lun, J., Lim, B. C., ...Aycan, Z. (2011). Differences between tight and loose cultures: A 33-nation study. *Science, 332,* 1100–1104. DOI: 10.1126/science.1197754

Gilovich, T., Medvec, V. H., & Savitsky, K. (2000*). Journal of Personality and Social Psychology, 78*, 211-222. DOI: 10.1037//0022-3514.78.2.211

Goffin, K., & Cova, F. (2019). An empirical investigation of guilty pleasures. *Philosophical Psychology, 32,* 1129-1155. https://doi.org/10.1080/09515089.2019.1646897

Goffman, E. (1967). Interaction ritual; Essays on face-to-face behavior. Garden City, N.Y: Doubleday.

Goh, J. X., Hall, J. A., & Rosenthal, R. (2016). Mini meta-analysis of your own studies: Some arguments on why and a primer on how. *Social and Personality Psychology Compass, 10,* 535-549. https://doi.org/10.1111/spc3.12267

Haidt, J. (2003). The moral emotions. In R. J. Davidson, K. R. Scherer, & H. H. Goldsmith (Eds.), *Handbook of affective sciences* (pp. 852– 870). Oxford, England: Oxford University Press.

Herring, D. R., Burleson, M. H., Roberts, N. A., & Devine, M. J. (2011). Coherent with laughter: Subjective experience, behavior, and physiological responses during amusement and joy. *International Journal of Psychophysiology, 79,* 211-218. doi:10.1016/j.ijpsycho.2010.10.007

Higgins, E. T. (1997). Beyond pleasure and pain. *American Psychologist, 52*, 1280–1300. https://doi.org/10.1037/0003-066X.52.12.1280

Higgins, E. T., Friedman, R. S., Harlow, R. E., Idson, L. C., Ayduk, O. N., & Taylor, A. (2001). Achievement orientations from subjective histories of success: Promotion pride versus prevention pride. *European Journal of Social Psychology, 31*, 3–23. https://doi.org/10.1002/ejsp.27

Hull, R., Tosun, S., & Vaid, J. (2017). What's so funny? Modelling incongruity in humor production. *Cognition and Emotion, 31,* 484-499. https://doi.org/10.1080/02699931.2015.1129314

Hur, J., & Jang, S. (2015). Anticipated guilt and pleasure in a health food consumption context. *Internal Journal of Hospitality Management, 48,* 113-123. http://dx.doi.org/10.1016/j.ijhm.2015.04.015

Johnson, B. K., & Ranzini, G. (2018). Click here to look clever: Self-presentation via selective sharing of music and film on social media. *Computers in Human Behavior, 82*, 148-158. https://doi.org/10.1016/j.chb.2018.01.008

Keltner, D., & Lerner, J. S. (2010). Emotion. In S. Fiske & D. Gilbert (Eds.), *The handbook of social psychology* (5th ed., pp. 312–347). Hoboken, NJ: Wiley.

Kemeny, M. E., Gruenewald, T. L., & Dickerson, S. S. (2004). Shame as the emotional response to the threat to the social self: Implications for behavior, physiology, and health. *Psychological Inquiry, 15,* 153-160. https://www.jstor.org/stable/20447221

Kenworthy, J. B., Miller, N., Collins, B. E., Read, S. J., & Earleywine, M. (2011). A trans-paradigm theoretical synthesis of cognitive dissonance theory: Illuminating the nature of discomfort. *European Review of Social Psychology, 22,* 36–113. https://doi.org/10.1080/10463283.2011.580155

Kitayama, S., Snibbe, A. C., Markus, H. R., & Suzuki, T. (2004). Is there any "free" choice? Self and dissonance in two cultures. *Psychological Science, 15,* 527-533. DOI: 10.1111/j.0956-7976.2004.00714.x

Klass, E. T. (1978). Psychological effects of immoral actions: The experimental evidence. *Psychological Bulletin, 85,* 756-771. https://doi.org/10.1037/0033-2909.85.4.756

Krishna, A., Herd, K. B., & Aydinoglu, N. Z. (2018). A review of consumer embarrassment as a public and private emotion. *Journal of Consumer Psychology, 25,* 476–486. DOI: 10.1002/jcpy.1086

Larsen, J. T., Hershfield, H., Stastny, B. J., & Hester, N. (2017). On the relationship between positive and negative affect: Their correlation and their co-occurrence. *Emotion, 17,* 323-336. DOI: 10.1037/emo0000231

Lazarus, R. S. (1991). Progress on a cognitive-motivational-relational theory of emotion. *American Psychologist, 46,* 819-834. https://doi.org/10.1037/0003-066X.46.8.819

Li, R., Gordon, S., & Gelfand, M. J. (2017). Tightness–looseness: A new framework to understand consumer behavior. *Journal of Consumer Psychology, 27*, 377-391. https://doi.org/10.1016/j.jcps.2017.04.001

Leary, M. R. (2005). Sociometer theory and the pursuit of relational value: Getting to the root of self-esteem. *European Review of Social Psychology, 16,* 75-111. DOI: 10.1080/10463280540000007

Leary, M. R., & Kowalski, R. M. (1990). Impression management: A literature review and two-component model. *Psychological Bulletin, 107,* 34-37. https://doi.org/10.1037/0033-2909.107.1.34

Leary, M. R., Tambor, E. S., Terdal, S. K., & Downs, D. L. (1995). Self-esteem as an interpersonal monitor: The sociometer hypothesis. *Journal of Personality and Social Psychology, 68*, 518 – 530. https://doi.org/10.1037/0022-3514.68.3.518

Lerner, J. S., Goldberg, J. H., & Tetlock, P. E. (1998). Sober second thoughts: The effects of accountability, anger, and authoritarianism on attributions of responsibility. *Personality and Social Psychology Bulletin, 24*, 563–574. https://doi.org/10.1177/0146167298246001

Lockwood, P., Jordan, C. H., & Kunda, Z. (2002). Motivation by positive and negative role models: Regulatory focus determines who will best inspire us. *Journal of Personality and Social Psychology, 83*, 854–864. https://doi.org/10.1037/0022-3514.83.4.854

Luttrell, A., & Sawicki, V. (2020). Attitude strength: Distinguishing predictors versus defining features. *Social and Personality Psychology Compass, 14*, 1-16. https://doi.org/10.1111/spc3.12555

MacDonald, L. M., & Davies, M. F. (1983). Effects of being observed by a friend or stranger on felt embarrassment and attributions of embarrassment. *The Journal of Psychology, 113,* 171-174. https://doi.org/10.1080/00223980.1983.9923571

Markus, H. R., & Kitayama, S. (1991). Culture and the self: Implications for cognition, emotion, and motivation. *Psychological Review, 98,* 224–253. https://doi.org/10.1037/0033-295X.98.2.224.

Markus, H. R., & Kitayama, S. (2010). Cultures and selves: A cycle of mutual constitution. *Perspectives on Psychological Science, 5,* 420–430. https://doi.org/10.1177/1745691610375557

McGrath, A. (2017). Dealing with dissonance: A review of cognitive dissonance reduction. *Social and Personality Psychology Compass, 11*, 1-17. https://doi.org/10.1111/spc3.12362

Miao, L. (2011) Guilty pleasure or pleasurable guilt? Affective experience of impulse buying in hedonic-driven consumption. *Journal of Hospitality & Tourism Research, 1,* 79-101. DOI: 10.1177/1096348010384876

Nowak, A., Szamrej, J., & Latané, B. (1990). From private attitude to public opinion: A dynamic theory of social impact. *Psychological Review, 97,* 362-376. https://doi.org/10.1037/0033-295X.97.3.362

Prentice, D. A., & Miller, D. T. (1996). Pluralistic ignorance and the perpetuation of social norms by unwitting actors. In M. P. Zanna (Ed.), *Advances in experimental social*

psychology, Vol. 28, pp. 161–209). Academic Press. https://doi.org/10.1016/S0065-2601(08)60238-5

Priester, J. R., & Petty, R. E. (1996). The gradual threshold model of ambivalence: Relating the positive and negative bases of attitudes to subjective ambivalence. *Journal of Personality and Social Psychology*, *71,* 431-449. http://dx.doi.org/10.1037/0022-3514.71.3.431.

Reis, H. T., & Gruzen, J. (1976). On mediating equity, equality, and self-interest: The role of self-presentation in social exchange. *Journal of Experimental Social Psychology, 12*, 487-503. https://doi.org/10.1016/0022-1031(76)90079-2

Roberts, A. (2019). *A philosophy of humor.* London: Palgrave Macmillan.

Ruch, W. (1993). Exhilaration and humor. In M. Lewis & J. M. Haviland (Eds.), *Handbook of emotions* (pp. 605 – 616). New York: Guilford Publications.

Sabini, J., Slepmann, M., Stein, J., & Meyerowitz, M. (2000). Who is embarrassed by what? *Cognition and Emotion, 14,* 213-240. https://doi.org/10.1080/026999300378941

Sargent, R. H., & Newman, L. S. (2021). Pluralistic ignorance research in psychology: A scoping review of topic and method variation and directions for future research. *Review of General Psychology, 25,* 163-184. https://doi.org/10.1177/10892680219951

Sarkhosh, K., & Menninghaus, W. (2016). Enjoying trash films: Underlying features, viewing stances, and experiential response dimensions. *Poetics, 57,* 40e54. https://doi.org/10.1016/j.poetic.2016.04.002

Samson, A., Glassco, A., Lee, I., & Gross, J. (2014). Humorous coping and serious reappraisal: Short-term and longer-term effects. *Europe's Journal of Psychology, 10,* 571–581. DOI:10.5964/ejop.v10i3.730

Sealey, J. (2023). What consistent themes inform individual's constructions of activities as guilty pleasures? A thematic analysis of gambling, shoplifting and consuming pornography. *Current Psychology.* https://doi.org/10.1007/s12144-023-04794-9

Schlenker, B. R. (2012). Self-presentation. In M. R. Leary & J. P. Tangney (Eds.), Handbook of self and identity (pp. 542-570). Guilford Press.

Schlenker, B. R., & Weigold, M. F. (1990). Self-consciousness and self-presentation: Being autonomous versus appearing autonomous. *Journal of Personality and Social Psychology, 59,* 820-828. https://doi.org/10.1037/0022-3514.59.4.820

Sherman, D. K., & Cohen, G. L. (2006). The psychology of self-defense: Self-affirmation theory. In M. P. Zanna (Ed.), *Advances in experimental social psychology,* Vol. 38, (pp. 183–242). Elsevier Academic Press.

Shiota, M. N., Neufeld, S. L., Danvers, A. F., Osborne, E. A., Sng, O., & Yee, C. I. (2014). Positive emotion differentiation: A functional approach. *Social and Personality Psychology Compass, 8,* 104–117. https://doi.org/10.1111/spc3.12092

Skitka, L. J. (2010). The psychology of moral conviction. *Social and Personality Psychology Compass, 4*, 267–281. https://doi.org/10.1111/j.1751-9004.2010.00254.x

Small, D. A., Lerner, J. S., & Fischoff, B. (2006). Emotion priming and spontaneous attributions for terrorism: Americans' reactions in a national field experiment. *Political Psychology, 27*, 289–298. DOI: 10.1111/j.1467-9221.2006.00007.x

Small, D. A., & Lerner, J. S. (2008). Emotional policy: Personal sadness and anger shape judgments about a welfare case. *Political Psychology, 29,* 149–168. https://doi.org/10.1111/j.1467-9221.2008.00621.x

Smith, C. A., & Ellsworth, P. C. (1985). Patterns of cognitive appraisal in emotion. *Journal of Personality and Social Psychology, 48,* 813–838. http://dx.doi.org/10.1037/0022-3514.48.4.813

Steele, C. M. (1988). The psychology of self-affirmation: Sustaining the integrity of the self. In L. Berkowitz (Ed.). *Advances in experimental social psychology* (pp. 261–302). San Diego, CA: Academic Press.

Steele, C. M., & Liu, T. J. (1983). Dissonance processes as self-affirmation. *Journal of Personality and Social Psychology, 45*, 5–19. https://doi.org/10.1037/0022-3514.45.1.5

Stice, E. (1992). The similarities between cognitive dissonance and guilt: Confession as a relief of dissonance. *Current Psychology: Research & Reviews, 11,* 69–77. https://doi.org/10.1007/BF02686829

Strick, M., Holland, R., Van Baaren, R., & Knippenberg, A.V. (2010). Humor in the eye tracker: Attention capture and distraction from context cues. *The Journal of General Psychology, 137*, 37–48. DOI: 10.1080/00221300903293055

Summerville, A., & Roese, N. J. (2008). Self-report measures of individual differences in regulatory focus: A cautionary note. *Journal of Research in Personality, 42,* 247-254. https://doi.org/10.1016/j.jrp.2007.05.005

Tangney, J. P., Miller, R. S., Flicker, L., & Barlow, D. H. (1996). Are shame, guilt, and embarrassment distinct emotions? *Journal of Personality and Social Psychology*, *70*, 1256-1269. DOI: 10.1037/0022-3514.70.6.1256

Tangney, J. P., Stuewig, J., & Mashek, D. J. (2007). Moral emotions and moral behavior. *Annual Review of Psychology, 58,* 345-372. doi: 10.1146/annurev.psych.56.091103.070145

Taylor, S. E., & Brown, J. D. (1988). Illusion and well-being: A social psychological perspective on mental health. *Psychological Bulletin, 103,* 193-210. https://doi.org/10.1037/0033-2909.103.2.193

Ting-Toomey, S. (2004). The matrix of face: An updated face-negotiation theory. In W. Gudykunst (Ed.), *Theorizing about intercultural communication* (pp. 71-92). Thousand Oaks, CA: Sage

Thibodeau, R., & Aronson, E. (1992). Taking a closer look: Reasserting the role of the self-concept in dissonance theory. *Personality and Social Psychology Bulletin, 18*, 591-602. https://doi.org/10.1177/01461672921850

Thompson, M. M., Zanna, M. P., & Griffin, D. W. (1995). Let's not be indifferent about (attitudinal) ambivalence. In R. E. Petty, & J. A. Krosnick (Eds.), *Attitude strength: Antecedents and consequences* (pp. 361–386). Mahwah, NJ: Erlbaum.

Tracy, J. L., & Robins, R. W. (2004). Putting the self into self-conscious emotions: A theoretical model. *Psychological Inquiry*, *15*, 103–125. https://doi.org/10.1207/s15327965pli1502_01

Tracy, J. L., & Robins, R. W. (2007). Emerging insights into the nature and function of pride. *Current Directions in Psychological Science, 16,* 147-150. https://doi.org/10.1111/j.1467-8721.2007.00493.x.

van den Tol, A. J. M., & Giner-Sorolla, R. (2017). Listening to ironically-enjoyed music: A self-regulatory perspective. *Psychology of Music, 45,* 321e337. https://doi.org/10.1177/0305735616658

van Tilburg, W. A. P., Bruder, M., Wildschut, T., Sedikides, C., & Göritz, A. S. (2019). An appraisal profile of nostalgia. *Emotion, 19*, 19-36. https://doi.org/10.1037/emo0000417

Vignoles, V. L., Owe, E., Becker, M., Smith, P. B., Easterbrook, M. J., Brown, R., González, R., Didier, N., Carrasco, D., Cadena, M. P., Lay, S., Schwartz, S. J., Des Rosiers, S. E., Villamar, J. A., Gavreliuc, A., Zinkeng, M., Kreuzbauer, R., Baguma, P., Martin, M., … Bond, M. H. (2016). Beyond the 'east–west' dichotomy: Global variation in cultural models of selfhood. *Journal of Experimental Psychology: General, 145*, 966–1000. https://doi.org/10.1037/xge0000175

von Baeyer, C. L., Sherk, D. L., & Zanna, M. P. (1981). Impression management in the job interview: When the female applicant meets the male (chauvinist) interviewer. *Personality and Social Psychology Bulletin, 7,* 45-51. https://doi.org/10.1177/014616728171008

Zanna, M. P., & Pack, S. J. (1975). On the self-fulfilling nature of apparent sex differences in behavior. *Journal of Experimental Social Psychology, 11,* 583-591. https://doi.org/10.1016/0022-1031(75)90009-8

Table 1

Guilty Pleasure Taxonomy Based on Self-reported Guilty Pleasures in Studies 1-3

Category	Study 1		Study 2		Study 3		All Studies	
	n	%	*n*	%	*n*	%	*n*	%
Eating or food-related	21	28.4	77	27.2	67	33.2	165	26.1
Watching TV, movies, YouTube	21	28.4	87	30.7	49	24.3	157	24.9
Music	10	13.5	26	9.2	17	8.4	53	8.4
Using social media	6	8.1	18	6.4	11	5.4	35	5.5
Sports, board or video games	0	0	12	4.2	14	6.9	26	4.1
Romance or sex-related	0	0	12	4.2	4	2.0	16	2.5
Spending money	2	2.7	5	1.8	6	3.0	13	2.1
Literature	1	1.4	2	0.7	5	2.5	8	1.3
Multiple categories	2	2.7	9	3.2	3	1.5	14	2.2
Other	11	14.9	31	11.0	25	12.4	67	10.6
No guilty pleasure	0	0	4	1.4	1	0.5	5	0.8

Note: Study 1 *n* = 74 undergraduates, Study 2 *n* = 283 undergraduates, Study 3 *n* = 202 Prolific users, All studies *n* = 559

Table 2

Descriptives and Between-condition Differences on Emotions and GP Characteristics in Study 1

Dependent Variable	GP	Control	*t*	*Cohen's d*	*p*
Emotions					
Amusement	5.38 (2.55)	3.38 (2.36)	4.93	.82	.001
Contentment	4.90 (2.40)	5.82 (2.41)	2.29	.38	.02
Enthusiasm	4.88 (2.27)	4.64 (2.58)	0.59	.10	.56
Pride	2.55 (1.89)	4.41 (2.74)	4.79	.80	.001
Embarrassment	3.54 (2.23)	1.57 (1.06)	6.81	1.13	.001
Guilt	4.49 (2.48)	2.04 (1.85)	6.73	1.12	.001
Shame	3.63 (2.40)	1.96 (1.76)	4.78	.79	.001
Anger	2.49 (1.98)	1.65 (1.30)	3.02	.50	.001
Sadness	3.05 (2.28)	2.15 (1.85)	2.61	.43	.01
Characteristics					
Subj. Ambiv.	5.73 (2.01)	3.43 (2.24)	6.55	1.08	.001
Obj. Ambiv.	3.23 (2.47)	1.45 (3.00)	3.91	.65	.001
Morality	5.31 (2.70)	6.10 (2.57)	1.80	.30	.07

Note. *df* = 143. *SD*s in parentheses.

Table 3
Descriptive statistics for self-presentation in Study 1

Dependent Variable	M	SD
In Private	6.26	1.46
Close Friend	5.81	1.59
Sibling	5.47	1.73
Parent	4.69	1.97
Grandparent	4.00	2.18
Acquaintance	3.66	2.05
Stranger	2.96	2.13

Table 4
Descriptive statistics for key variables examined in Study 2

Dependent Variable	M	SD
Emotions		
Amusement	5.54	2.69
Contentment	5.31	2.41
Enthusiasm	5.01	2.58
Pride	2.87	2.09
Embarrassment	3.67	2.50
Guilt	4.01	2.65
Shame	3.49	2.40
Anger	2.17	2.04
Sadness	2.62	2.28
GP Characteristics		
Subj. Ambiv.	4.98	2.62
Obj. Ambiv.	2.33	3.35
Morality	4.85	2.94
Reward	2.97	1.24
Frequency	3.33	0.87
Self-presentation		
In Private	6.05	1.78
Close Friend	5.39	1.93
Sibling	5.12	2.05
Parent	4.57	2.26
Grandparent	3.73	2.33
Acquaintance	3.54	2.10
Stranger	2.93	2.11

Table 5

Correlations among emotions and GP-sharing behavior for each social audience type in Study 2

Variable	In Private	Close friend	Sibling	Parent	Grandparent	Acquaint.	Stranger
1. Amusement	.18**	.22**	.22**	.16**	.01	.17**	.03
2. Contentment	.20**	.27**	.30**	.26**	.19**	.18*	.08
3. Enthusiasm	.20**	.26**	.24**	.19**	.14*	.13*	.05
4. Pride	-.01	.05	.10	.10	.10	.11	.14*
5. Embarrassment	.00	-.25**	-.23**	-.26**	-.17**	-.31**	-.16**
6. Guilt	-.12*	-.05	-.03	-.07	.08	-.04	.02
7. Shame	-.03	-.16**	-.13*	-.16**	-.01	-.12	.03
8. Anger	-.17**	-.11	-.12*	-.10	-.01	.01	.07
9. Sadness	-.08	-.13*	-.07	-.10	-.02	-.04	.03

$n = 282$; * $p < .05$, ** $p < .01$.

Emotion	Private			Friend			Sibling			Parent			Grandparent			Acquaint.			Stranger		
	β	SE	p	β	SE	p	β	SE	p	β	SE	p	β	SE	p	β	SE	p	β	SE	p
Amusement	1.00	0.05	0.19	0.04	0.05	0.60	0.04	0.06	0.58	-0.03	0.06	0.66	**-0.17**	**0.07**	**0.02**	0.07	0.06	0.36	-0.05	0.06	0.55
Contentment	0.12	0.05	0.08	**0.17**	**0.05**	**0.01**	**0.22**	**0.06**	**0.00**	**0.21**	**0.06**	**0.00**	**0.18**	**0.07**	**0.01**	**0.15**	**0.06**	**0.03**	0.09	0.06	0.21
Enthusiasm	0.13	0.05	0.09	**0.16**	**0.06**	**0.03**	0.12	0.06	0.13	0.08	0.07	0.26	0.14	0.07	0.07	0.00	0.06	0.97	0.00	0.06	0.98
Pride	-0.12	0.05	0.05	-0.07	0.06	0.28	-0.01	0.06	0.83	0.01	0.07	0.92	0.06	0.07	0.32	0.02	0.06	0.75	0.11	0.07	0.08
Embarrassment	-0.01	0.05	0.95	**-0.23**	**0.05**	**0.00**	**-0.22**	**0.06**	**0.00**	**-0.24**	**0.07**	**0.00**	**-0.24**	**0.07**	**0.00**	**-0.36**	**0.06**	**0.00**	**-0.27**	**0.06**	**0.00**
Guilt	**-0.19**	**0.06**	**0.03**	0.08	0.06	0.37	0.08	0.07	0.34	0.04	0.08	0.65	0.12	0.08	0.17	-0.01	0.07	0.89	-0.07	0.07	0.48
Shame	**0.23**	**0.08**	**0.02**	0.01	0.08	0.96	0.01	0.09	0.96	-0.02	0.10	0.81	0.06	0.10	0.56	0.01	0.09	0.45	0.20	0.09	0.06
Anger	**-0.16**	**0.07**	**0.04**	0.00	0.07	0.99	-0.07	0.08	0.36	0.02	0.09	0.85	0.05	0.09	0.57	0.12	0.08	0.13	0.10	0.08	0.21
Sadness	0.07	0.07	0.42	-0.01	0.07	0.94	0.08	0.07	0.34	0.02	0.08	0.85	-0.05	0.09	0.59	0.03	0.08	0.70	-0.02	0.08	0.85

*Table 6. Multiple regression analyses beta weights examining which of the emotions explored in Study 2 predict GP-sharing behavior with different audiences. **p < .05***

Table 7

Descriptive statistics and Between-condition Comparisons for Food-related and Audiovisual Media (AVM) GPs in Study 2

Dependent Variable	Food	AVM	*t*	*Cohen's d*	*p*
Emotions					
Amusement	4.05 (2.41)	6.86 (2.11)	7.92	1.25	.001
Contentment	5.06 (2.23)	5.85 (2.46)	2.14	.33	.03
Enthusiasm	4.14 (2.41)	5.48 (2.52)	3.47	1.45	.001
Pride	2.38 (1.90)	3.03 (2.02)	2.14	1.00	.03
Embarrassment	4.10 (2.80)	3.17 (2.01)	2.47	.39	.02
Guilt	5.56 (2.54)	2.64 (1.97)	8.27	1.24	.001
Shame	4.70 (2.56)	2.53 (1.75)	6.41	1.00	.001
Anger	2.87 (2.63)	1.59 (1.29)	4.04	.63	.001
Sadness	3.45 (2.56)	1.98 (1.59)	4.50	.53	.001
GP Characteristics					
Subj. Ambiv.	6.11 (2.70)	3.77 (2.15)	6.16	.96	.001
Obj. Ambiv.	2.95 (3.56)	1.55 (3.35)	2.59	1.09	.01
Morality	4.45 (2.86)	4.59 (2.80)	.30	.80	.77
Reward	3.05 (1.19)	2.94 (1.20)	.59	.09	.56
Frequency	3.30 (.83)	3.14 (.77)	1.29	.20	.20
Self-presentation					
In Private	5.94 (1.85)	6.21 (1.54)	.31	.16	.31
Close Friend	5.73 (1.66)	5.45 (1.68)	1.07	.17	.29
Sibling	5.79 (1.67)	5.09 (1.83)	2.54	.40	.01
Parent	5.38 (1.94)	4.59 (2.21)	2.42	.38	.02
Grandparent	5.17 (1.95)	3.15 (2.11)	6.34	.99	.001
Acquaintance	4.03 (2.15)	3.31 (1.97)	2.23	.35	.03
Stranger	3.61 (2.29)	2.24 (1.72)	4.36	.68	.001

Note. *df* = 162, SDs in parentheses

Table 8
Descriptive statistics for key variables examined in Study 3

Dependent Variable	M	SD
Emotions		
Amusement	5.16	2.63
Contentment	5.17	2.34
Enthusiasm	4.75	2.50
Pride	2.68	2.04
Embarrassment	4.07	2.48
Guilt	4.62	2.44
Shame	3.78	2.42
Anger	2.07	1.82
Sadness	2.63	2.18
GP Characteristics		
Subj. Ambivalence	5.47	2.43
Obj. Ambivalence	2.71	3.03
Perceived Morality	4.92	3.04
Reward	3.13	1.19
Frequency	3.36	0.76
Self-presentation		
In Private	6.06	1.72
Close Friend	5.09	1.85
Sibling	4.32	2.12
Parent	3.61	2.27
Grandparent	2.75	2.04
Acquaintance	3.39	1.99
Stranger	2.89	2.00
Motivations		
Stress Relief	4.74	1.82
Planned Reward	4.12	2.08

Boredom	4.15	2.18
Feeling Overwhelmed	3.54	2.16
Being Tired	3.26	2.09
Uncontrollable Habit	3.25	2.04
Negative Self-view	2.77	2.04
Social Interaction	2.48	1.86

Emotion	Private			Friend			Sibling			Parent			Grandparent			Acquaint.			Stranger		
	β	SE	p	β	SE	p	β	SE	p	β	SE	p	β	SE	p	β	SE	p	β	SE	p
Amusement	0.09	0.05	0.30	**0.20**	**0.06**	**0.02**	0.01	0.07	0.95	-0.04	0.07	0.67	-0.11	0.07	0.22	0.03	0.07	0.71	0.07	0.07	0.41
Contentment	0.16	0.06	0.06	**0.17**	**0.07**	**0.04**	0.09	0.08	0.28	0.10	0.08	0.24	0.05	0.08	0.56	0.12	0.07	0.19	0.06	0.08	0.49
Enthusiasm	0.04	0.07	0.66	0.07	0.07	0.47	0.12	0.08	0.22	**0.24**	**0.09**	**0.01**	**0.21**	**0.08**	**0.04**	-0.03	0.07	0.77	-0.20	0.08	0.85
Pride	**-0.37**	**0.07**	**0.00**	**-0.24**	**0.08**	**0.01**	-0.07	0.09	0.44	-0.06	0.10	0.11	-0.06	0.09	0.47	0.03	0.08	0.70	-0.03	0.09	0.70
Embarrassment	-0.08	0.07	0.42	**-0.25**	**0.07**	**0.01**	-0.13	0.09	0.19	-0.14	0.09	0.09	**-0.24**	**0.08**	**0.02**	**-0.23**	**0.08**	**0.03**	-0.19	0.08	0.06
Guilt	-0.01	0.07	0.95	-0.07	0.07	0.49	**-0.23**	**0.09**	**0.02**	-0.17	0.09	0.09	-0.04	0.08	0.70	0.10	0.08	0.32	0.06	0.08	0.57
Shame	0.14	0.09	0.25	0.16	0.10	0.21	**0.33**	**0.11**	**0.01**	0.17	0.12	0.17	0.20	0.11	0.12	0.04	0.11	0.77	0.14	0.11	0.27
Anger	0.18	0.09	0.06	0.16	0.10	0.11	-0.01	0.12	0.94	0.06	0.12	0.53	0.13	0.11	0.20	-0.11	0.11	0.26	0.02	0.11	0.85
Sadness	**-0.23**	**0.08**	**0.03**	0.01	0.09	0.92	-0.08	0.11	0.45	0.09	0.11	0.43	-0.01	0.10	0.92	0.20	0.10	0.06	0.05	0.10	0.65

Table 9. Multiple regression analyses examining which of the emotions explored in Study 3 predict GP-sharing behavior with different audiences. **p < .05**

Emotion	Private			Friend			Sibling			Parent			Grandparent			Acquaint.			Stranger		
	β	SE	z	β	SE	z	β	SE	z	β	SE	z	β	SE	z	β	SE	z	β	SE	z
Amusement	0.10	0.04	2.69	0.11	0.04	2.75	0.03	0.05	0.60	-0.03	0.05	-0.75	-0.14	0.05	-2.83	0.05	0.05	1.16	0.00	0.05	0.02
Contentment	0.14	0.04	3.55	0.17	0.04	4.18	0.17	0.05	3.61	0.17	0.05	3.55	0.12	0.05	2.35	0.14	0.05	3.01	0.08	0.05	1.65
Enthusiasm	0.10	0.04	2.45	0.12	0.05	2.68	0.12	0.05	2.50	0.14	0.06	2.54	0.17	0.05	3.23	-0.01	0.05	-0.28	-0.07	0.05	-1.50
Pride	-0.20	0.04	-5.03	-0.13	0.05	-2.73	-0.03	0.05	-0.57	-0.04	0.06	-0.69	0.01	0.06	0.27	0.02	0.05	0.49	0.06	0.06	1.04
Embarrassment	-0.03	0.04	-0.83	-0.24	0.04	-5.82	-0.19	0.05	-3.85	-0.21	0.06	-3.87	-0.24	0.05	-4.56	-0.31	0.05	-6.53	-0.24	0.05	-5.03
Guilt	-0.11	0.05	-2.50	0.02	0.05	0.36	-0.04	0.06	-0.67	-0.05	0.06	-0.88	0.04	0.06	0.71	0.04	0.05	0.72	-0.01	0.05	-0.26
Shame	0.19	0.06	3.18	0.07	0.06	1.10	0.14	0.07	1.99	0.06	0.08	0.75	0.12	0.07	1.67	0.02	0.07	0.32	0.18	0.07	2.53
Anger	-0.03	0.06	-0.58	0.05	0.06	0.92	-0.05	0.07	-0.77	0.03	0.07	0.48	0.08	0.07	1.18	0.04	0.06	0.62	0.07	0.06	1.12
Sadness	-0.06	0.05	-1.14	0.00	0.06	-0.04	0.03	0.06	0.57	0.04	0.06	0.68	-0.03	0.07	-0.48	0.10	0.06	1.54	0.01	0.06	0.12

Table 10. Meta-analysis examining which of the emotions explored in Studies 2 and 3 predict GP-sharing behavior. **p < .05**