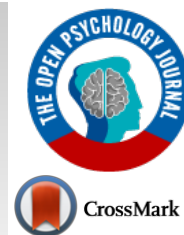




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RESEARCH ARTICLE

Feeling of Shame and Guilt in Recovering Addicts: A Qualitative Study

Neda Gohari Derakhshandeh¹, Shahriar Shahidi^{1,*} and Saeed Ghanbari¹

¹Department of Psychology, Faculty of Education and Psychology, Shahid Beheshti University, Tehran, Iran

Abstract:

Background:

The aim of this study was to determine the feelings of shame and guilt in recovering addicts.

Methods:

This qualitative study was conducted on 15 men recovering from substance use who referred to the Narcotics Anonymous Association centers. The participants were selected using the purposive sampling method. Data were collected using semi-structured interviews and analyzed by Colaizzi's seven-step method.

Results:

The results revealed that the experience of shame from the participants' perspective takes the form of two main themes, the description of shame (which itself includes five sub-themes: physical, mental, emotional, substantial, and metaphorical manifestations of shame) and the factors triggering the experience of shame (which itself includes six sub-themes: personal appearance, cognitive, behavioral, family, social, and peer factors). The results also showed that the experience of guilt is formulated in terms of two main themes, the description of guilt (which itself includes five sub-themes: physical, mental, emotional, substantial, and metaphorical manifestations of guilt) and the factors triggering the experience of guilt (which itself includes three sub-themes: cognitive, behavioral, and social factors).

Conclusion:

The description of the experience of shame and guilt and their triggering factors shows similarities in some aspects and differences in some aspects. The results of the study can be used in substance use studies and in educational, therapeutic, and rehabilitation settings.

Keywords: Addiction, Shame, Experience of shame, Experience of guilt, Guilt, Colaizzi's seven-step method.

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1. INTRODUCTION

Addiction is a mental and physical inability to stop using a drug, activity, or substance that persists despite the injury and may take the form of increasing cravings beyond the person's control. Addiction affects not only all aspects of the addicted person's life but also all people in contact with the addicted person, causing costs to the individual and the family [1]. According to various studies, the prevalence of addiction has increased in different strata. Some reports indicate that the number of people suffering from drug abuse has doubled in recent years. According to the report of the Secretary General of the Drug Control Headquarters, the number of addicts is 280 million people worldwide and 2 million and 800 thousand

people in Iran [2].

Fortunately, some addicts decide to quit after some time and enter treatment for various reasons, such as financial pressures, family factors, physical discomfort, and cultural and social pressures. During the recovery period, the learning disorder gradually disappears, but some factors cause addiction relapse [3]. Several studies have shown that examining emotional problems in substance abuse clients is important because people recovering from substance abuse experience different levels of shame and guilt than the general population [4]. Freud [5] considered the two emotions of shame and guilt as one and focused on the cognitive concept of guilt in the context of conflicts between ego and superego. A number of post-Freudian theorists have explicitly attempted to distinguish between shame and guilt [6]. Lewis [7] distinguishes between shame and guilt by focusing on the difference in their roles. He

* Address correspondence to this author at the Department of Psychology, Faculty of Education and Psychology, Shahid Beheshti University, Tehran, Iran, E-mail: s-shahidi@sbu.ac.ir

distinguishes between concern for self and concern for behavior in such a way that the experience of shame is directly related to the self, whereas guilt focuses on behavior. Furthermore, according to the theory of Dearing *et al.* [8], shame is related to the perception that one is flawed in the eyes of oneself or others, whereas guilt is the result of a negative action that has caused harm. In one study, Merritt [9] examined the importance of shame and guilt in recovery from addiction. In this study, guilt and shame are considered two different emotions that are equally important in recovery from addiction, and it is difficult to distinguish between them. Lisansky Gomberg [10], in a study of women recovering from alcohol abuse, noted that shame and guilt can be caused by internal or external sources such as disapproval and rejection. Ehrmin [11] also examined mothers' unresolved feelings of shame and guilt in a study aimed at examining their needs. This study showed that they felt shame and guilt due to the lack of quality of the maternal role and regret for what happened during the addiction and the suffering they caused to the family and children. Matendechere [12] also examined the relationship between self-forgiveness and the risk of relapse to addiction. The results showed that in external shame, the person is humiliated by others, that external shame can be caused by negative experiences with caregivers, leading to self-blame, and that parenting with rejection and authoritarianism are other factors that contribute to the experience of shame and guilt. According to the study of Subhani *et al.* [13], shame was one of the most important factors in the analysis of women's narratives that alcohol abuse causes them personal and social crises, and the person feels fear, guilt and shame. With the increase of alcohol abuse, physical, psychological, and social problems arise for the person, and alcohol abuse increases to escape anxiety and shame.

The background study indicates that examining the experience of shame and guilt during the recovery process from addiction holds significant theoretical importance. Previous studies have not adequately captured how individuals in recovery experience these two emotions. Furthermore, some studies have treated shame and guilt as interchangeable, while others have explored them separately, leading to contradictory

findings. Therefore, the objective of this study is to investigate the mechanisms behind the experience of shame and guilt in individuals recovering from substance abuse. The outcomes of this research can contribute to refining existing theories on the experience of these emotions and provide a comprehensive perspective on their similarities and differences. Additionally, understanding these emotions from the perspective of those undergoing treatment can enhance the effectiveness of therapists' diagnostic and intervention strategies.

2. METHODS

The present study utilized a qualitative approach and employed the phenomenological method. The phenomenological method is a systematic and subjective endeavor aimed at uncovering the meanings behind individuals' everyday experiences. This method draws inspiration from the philosophy of phenomenology and the works of thinkers such as Edmund Husserl, Heidegger, and Sartre. Its objective is to provide a description of the essence of a specific experience by delving into the lived experiences of individuals. This description encompasses both the "what" and the "how" of the experience [14]. The sample for this study consisted of 15 male individuals in recovery from substance abuse who sought assistance from Narcotics Anonymous centers in Hamedan. The participants were selected using the purposive sampling method. Sampling and interviewing continued until theoretical saturation was reached. Including criteria were "recovery from substance use," "experience of shame and guilt," "age between 18 and 60 years," and "at least one relapse to substance use". Exclusion criteria included "the person's mental and physical condition prevents continuation of the interview" and "insufficient cooperation during the study period". Data were collected using semi-structured interviews. Two examples of interview questions were "What does shame look like to you?" and "What made you feel guilty?". On average, interviews lasted 70 minutes. Interviews were conducted and recorded by a master's student in psychology, and eventually, all audio files were transcribed verbatim. Data collection and implementation took place from September 2021 to March 2022. Colaizzi's seven-step method was used for data analysis.

Table 1. Characteristics of the study population.

Number	Age (Year)	Education	Marital Status	Drug Abuse Duration (year)	Addiction Relapse	Recovery Period (years)	Addiction to?
1	36	BSc	Single	4	2 or 3	9	Opium and alcohol
2	52	Diploma	Married	17	3 or 4	10	Opium, Opium Juice, Chars, Cannabis, Crack Cocaine
3	36	Middle school	Married	15	1	4	Opium, Opium Juice
4	47	Diploma	Married	17	More than 10	14	Opium, Opium Juice, Chars, Heroin, Crack Cocaine
5	37	Middle school	Married	10	4	11	Cigarette, Alcohol, Opium, Opium Juice, Cannabis, Crack Cocaine
6	46	associate degree	Married	7	More than 10	17	Opium, Chars, Alcohol
7	43	BSc	Single	14	More than 10	14	Opium, Opium Juice, Heroin
8	41	Primary school	Married	13	More than 10	15	Opium, Crack Cocaine, Crystal
9	39	Middle school	Married	2	5 or 6	12	Opium, Crystal
10	58	Middle school	Married	20	More than 10	18	Opium, Opium Juice, Heroin

(Table 3) contd.....

Number	Age (Year)	Education	Marital Status	Drug Abuse Duration (year)	Addiction Relapse	Recovery Period (years)	Addiction to?
11	30	Middle school	Married	14	More than 10	1	Opium, Alcohol, Heroin, Crack Cocaine, Crystal
12	44	Diploma	Married	9	More than 10	8	Chars, Tramadol
13	49	Middle school	Married	15	More than 10	13	Opium, Heroin, Crack Cocaine,
14	30	Middle school	Married	8	1	1	Opium, Chars, Alcohol, Crystal, Cannabis
15	48	Middle school	Married	20	More than 10	12	Opium, Opium Juice

Informed consent was obtained from participants, and the study was approved by the Ethics Committee of Shahid Beheshti University Research (ethics code: IR.SBU.REC.1400.036). To meet the qualitative characteristics of the study, the criteria of credibility, confirmability, and dependability were used in this study. Efforts were made to select participants with as diverse experiences as possible to gain credibility, and participant review of interview transcripts and study results was also used. In addition, this study used experts in qualitative methods as external observers for the coding and data analysis process. To meet the criteria of confirmability, the results of this study were compared and explained with the theoretical and scientific background. With regards to the criterion of dependability, an attempt was made to explain the details of the research measures, the data collection method and the analysis carried out in the research process by mentioning details (Table 1).

3. RESULTS

Graph 1 contains the main themes, subthemes and key issues that emerge from the phenomenological analysis of shame in men recovering from substance use.

As shown in Graph 1, the results of the phenomenological analysis of shame in men recovering from substance use led to the formation of the main themes "the description of shame" and "the factors triggering the experience of shame". The description of the feeling of shame is about expressing the state and type of feeling that a person experiences. This main theme consists of five subthemes, namely "physical manifestation of shame", "mental manifestation of shame", "emotional manifestation of shame", "substantial manifestation of shame", and "metaphorical manifestation of shame". The physical manifestation of shame refers to the physical and physiological changes, such as weeping and sweating, that occur when a person feels the sensation of shame. In this regard, case number 7 mentioned, "body trembling, sweating, voice breaking, and lowering of the head are signs of shame," and case number 2 stated, "It made me feel very bad, and now when I talk about it, I have a lump in my throat, and it gives me a very bad feeling of shame and embarrassment". The mental manifestation of shame are thoughts such as lust and thoughts of revenge, and mental reasons that a person regurgitates in his mind while feeling shame. In this context, Case 2 said, "I wonder how much I hurt people and why did God do this to me?" Why should I be here now? At that time, I didn't blame myself at all". The emotional manifestation of shame is the way a person sees and feels about themselves, such as feeling victimised, feeling superfluous at the time of the shame experience, which the participant uses to describe themselves. Case 1 said, "It's

like feeling like a parasite and a burden, that you're dependent, incompetent, and worthless." For example, I didn't steal, and I didn't cheat, but I still felt like a parasite and worthless, and these things reinforced my shame. The substantial expression of shame is the perception and thinking about the nature of the feeling of shame, such as the painful feeling, and the feeling of embarrassment. In this regard, Case 2 said, "It gave me a very bad feeling of shame and embarrassment," or Case 4 said in one word, "embarrassment." The metaphorical manifestation of shame is the description of the experienced feeling on the basis of external appearance, by which the person tries to make the experienced feeling concrete and objective for the listener. Case 3 compared this feeling as follows: "It's like a monster that when you are involved in these moments, it completely weakens you and takes possession of your soul, mind, and body. It is like a monster that has a grip on you". You get crushed, you fall asleep, and you cannot do anything Case 5 also said, "Shame is like a candle that you light, it melts, melts and ends, and nothing is left of you."

Another main theme is the factors that trigger the experience of shame. The purpose of this theme is to examine the situations in which a person experiences the feeling of shame. This main theme consists of six subthemes, which are "appearance factors of the person", "cognitive factors of the person", "behavioral factors of the person," "family factors," "peer factors," and "social factors". By the appearance factors of a person are meant facial features, clothing, and physical features such as intoxication and dusk that cause a person to feel shame. In this context, Case 13 said, "The fire fell on the clothes and made holes, and we were forced to walk with the holes in the clothes, and the reason for the burns was known to everyone, or when I was intoxicated and dozing and did not know what was going on. "I would hold it up, and that would bring shame". A person's cognitive factors are self-inflicted thoughts such as self-blame and self-reproach that lead to a person's experience of shame. Case 4 said in this context, "My parents visited my brother who had an accident at the rehabilitation center, and died together. I felt ashamed and said to myself why should we consume that my parents go there, have an accident and die". Behavioral factors of a person include actions such as destruction and mistreatment, the act itself or the memory of which causes a person to feel shame. Case 2: "One night when I was taking, I fell asleep and a table next to me caught fire under my hand, and I woke up and saw that it caught fire and set everything on fire". Case 15 stated, "I sold the milk voucher for my baby, and since my recovery, every time I see a nursing baby, I remember how cruel I was as a father when I sold vouchers and bought groceries because of my hangover". Family factors include reactions from the

family and the environment, such as labeling, distrust, and personality assassinations that caused feelings of shame. In this context, Case 3 said, “I became a character assassin in many places, for example, my mother talks to my father. He used to say that the son of so-and-so made so-and-so what a heartless person he is... I took those words to heart because I was a consumer myself. I said, they tell me that”. Case 4 brought up this experience, “My sister comes to visit me in jail and says your hair will be as white as your teeth. You are going to get out of here. He used to say that I could not stand on my own two feet anymore, and he used to brag and choose others over me, and I did not have the courage to tell him what I had to say. Peer factors are feedback such as reprimands and humiliation from a person's friends that cause him or her to feel ashamed. In this regard, Case 3 said, “For example, I often

became short-tempered in sports. My teammates would tell me to look at what alcohol does to me. For example, when I got objects thrown at me on the football field, I felt ashamed because I had been drinking”. By social factors, we mean the factors and feedback such as judgment, comparison, and rejection by society and culture that caused the feeling of shame in the person. Case 1 said, “We live in a small town, and I come from a respectable family. The biggest pain I suffered was being judged by my family. When my life changed, I felt I had questioned my family's honor,” and Case 2 described this situation, “The prison guard came and kicked me. Zed said your eyes are blind, and your teeth are soft. You take drugs, eat, kill, and see how you are. I was writhing in pain, and that's when I felt ashamed again”.



Graph 1. Main themes, subthemes and key issues that emerge from the phenomenological analysis of shame.



Graph 2. Main themes, subthemes and Key issues that emerge from the phenomenological analysis of guilt.

Graph 2 contains the main themes, subthemes and key points that emerge from the phenomenological analysis of men's guilt in recovery from substance use. Phenomenological analysis of guilt feelings of men recovering from substance use led to the formation of the main themes "the description of guilt" and "the factors triggering the experience of guilt". The first main theme is the description of the feeling of guilt. The purpose of describing the feeling of guilt is to express the state and nature of the feeling experienced by a person. This theme consists of 5 subthemes, namely, "Physical manifestation of guilt," "Mental manifestation of guilt," "Emotional manifestation of guilt," "Substantial manifestation of guilt," and "Metaphorical manifestation of guilt". The physical manifestation of guilt refers to physiological states, such as body tremors, that occur when a person feels guilt. Case 6 expressed his physical state in an experience as follows, "It bothered me so much. I was shaking so much you cannot believe it. My son is 20 years old now, and everything I do for him, he has not made up for one-tenth of what I did because of his illness, which caused the child to wet himself". The mental

manifestation of guilt means thoughts such as self-blame or other-blame that a person has in his mind during guilt; for example, Case 2 said about his inner thoughts and dialogues during guilt, "It's not my fault, it's other's fault. It's my parents' fault for creating this atmosphere and these conditions for me. It's the country's fault, and in this country, it can't be any other way. In the past, I always blamed others, but I didn't accept anything myself. The emotional manifestation of guilt is the way a person feels about himself, such as self-hatred and a sense of emptiness during the experience of guilt. For example, Case 2 mentioned, "I felt embarrassed and ashamed, combined with depression," or Case 3 stated, "I felt empty and how much I, as the oldest child in the family, had no pain.". The substantial manifestation of guilt is the perception and mentality of the person who feels guilty, like a bad and negative feeling. Case 4 pointed out a word: "bad feeling," and case 5 said, "The energy is spent, and I am not bored for a while". The point of the metaphorical appearance of guilt is to describe the feeling of guilt in terms of an external appearance in order to clarify the experience for the hearer. Case 4, in

response to the question, "What do you compare the feeling of guilt to?" He said, "It's like the glue you put on a wound, and the wound is visible. When I saw that side, he made me feel guilty, or he talked, or I went to the place where I felt guilty." Case 5 also said, "Feeling guilty is like digging your own grave, and it's like slowly digging your own grave with a spoon until you find yourself in it, and that's it." It's as if guilt is a gradual death.

The second main theme is the triggering factors for the experience of guilt. This theme means in what situations and under what conditions a person experienced guilt. This main theme consists of three subthemes, which are: "cognitive factors of the person", "behavioral factors of the person," and "social factors". Cognitive factors are the mental preoccupation with the consequences of harm that produce feelings of guilt. Case 5 said, "I feel guilty and blame myself because my children are nervous, lack confidence, and distance themselves from people." Case 3 also expressed the following: "... I did not work on the wall; for example, I did not cut the rebar so I could go quickly. My mind is always busy, and I feel guilty that there is a family living in this house, and if an earthquake comes, which child will be destroyed?". A person's behavioral factors signify the act itself or a practical memory, such as stealing, humiliating, and infecting others through substance use, causing them to feel guilt; for example, Person 11 said, "The greatest harm was done to my family. My family did not know about drugs, and I brought drugs, and my wife or mother planted them, and since I was forced to do it, I felt guilty." Respondent number 13 also said in this context, "I took money from someone's pocket and he noticed it but did not tell me. I felt guilty. Social factors are those types of feedback from society, such as assaults on personality and not belonging to the norm in society, that cause a person to feel guilt. Case 2 said, "The teasing they threw at me, their attempts at character assassination, their appearance and behavior showed that I was regressing." This happened mainly in the family and in the community. In the community and among neighbors, I had low self-esteem and felt guilty". Case 10 also stated, "I was an athlete, and my students were part of society; when they see their role model go astray, I feel guilty for ruining their beliefs".

According to what has been said, each of the cases experienced the feeling of shame and guilt in a unique way, which suggests that feelings of shame and guilt are two different feelings but similar in some aspects. Indeed, each of these persons experienced feelings of shame or guilt in certain situations and interactions, depending on the feedback from those around them. It appeared that personal appearance factors, such as "intoxication and drowsiness," elicited the experience of shame in some participants, but none of the participants pointed to appearance signs as a factor that elicited the experience of guilt. When examining the cognitive and behavioral factors that cause the experience of shame and guilt, several testimonials mentioned that some situations caused both feelings of shame and guilt. In two dimensions, family factors and peer factors were mentioned as triggers for experiencing shame, but in none of the cases were family and peer factors mentioned as triggers for experiencing guilt. Regarding social factors, respondents reported more

experiences of social factors triggering feelings of shame than feelings of guilt. When describing feelings of shame and guilt, the experience of feeling of shame seemed to have more and more specific physical signs than feeling of guilt. These individuals frequently pointed to negative instances and conditions in the emotional and substantial expression of feelings of shame and guilt. In addition, respondents attempted to use metaphors to describe the feeling they were experiencing. These people recovering from substance use often describe these two feelings as negative and painful, which has caused some consequences and effects on various aspects of their lives.

4. DISCUSSION

The aim of the present study was to determine the experience of shame and guilt in men recovering from substance use. The results revealed the dimensions of shame experience as perceived by the participants in terms of two main themes describing the feeling of shame, including five subthemes "Physical manifestation of shame," "Mental manifestation of shame," "emotional manifestation of shame," "substantial manifestation of shame," and "metaphorical manifestation of shame." The factors that trigger the feeling of shame include six subthemes: "appearance factors of the person," "cognitive factors of the person," "behavioral factors of the person," "family factors," "peer factors," and "social factors". The results also showed that the experience of guilt in the form of two main themes to describe guilt includes five subthemes: "physical manifestation of guilt," "mental manifestation of guilt," "emotional manifestation of guilt," "substantial manifestation of guilt," and "metaphorical manifestation of guilt." The factors that trigger guilt include three subthemes: "cognitive factors of the person," "behavioral factors of the person," and "social factors".

One of the most important findings of the study was the occurrence of symptoms and physical manifestations such as pouting, crying, sweating, trembling of the voice, and lowering of the head during the shame experience in some participants. This finding is consistent with the research findings of Kaufman [15]. Vikan *et al.* [16] also mentioned signs such as avoiding eye contact, turning the head, looking down, and blushing. To explain this result, it can be said that experiencing an emotion probably causes physiological changes in the body and that some of these physical symptoms caused by experiencing emotions are acquired under the influence of learning culture. According to Tomkins' theory [17], the experience of feeling shame is inevitable in every human being. He suggests that signs of shame include lowering the head, avoiding eye contact, and blushing. This finding can be explained by the idea that experiencing any emotion likely leads to physiological changes in the body, and the more intense the feeling, the more pronounced and noticeable the symptoms become. It appears that some of these physical signs and somatic manifestations associated with shame are influenced by cultural learning. Therefore, it is likely that the description of shame can vary across cultures and situations, with different physical expressions and signs.

Another finding of this study was the description of the

experienced feeling of shame through emotional expressions. For example, while experiencing shame, a person has a negative image of himself and describes himself as a burden and a parasite. This finding is consistent with the study results of Edelman [18]. To explain this finding, it can be said that the emotional manifestation of the person during the shame experience helps the person to recognize the feeling they are experiencing and is a kind of internal feedback to themselves. According to Tracy and Robins [19], these self-evaluations, commonly characterized as negative, tend to remain consistent over time and can have significant repercussions [20]. It appears that the acceptability or non-acceptance of a particular emotion influences the formation of a person's imagination and self-concept. Consequently, individuals assess themselves based on their experiences, and it can be argued that a person's internal perception of themselves is influenced by the emotions they encounter.

Based on research, one factor that can lead to feelings of shame in individuals recovering from substance use is cognitive factors. Spontaneous thoughts that involve self-blame and blaming oneself for the experiences of others can trigger feelings of shame. This finding is consistent with the research of O'Connor and Weiss [21], which suggests that mental thoughts and beliefs can significantly impact emotional and mental states. It is possible that individuals in recovery from substance use may ruminate on thoughts that involve self-destruction or harming others, thereby fueling their feelings of shame. The impact of human thoughts, beliefs, and cognitions on emotions, feelings, and behavior has been highlighted in theories such as Beck's cognitive theory and Ellis' rational and emotional behavioral therapy theory.

Another factor that can provoke feelings of shame is family factors. Feedback and sarcasm from family members, as well as being judged by them, can cause individuals to experience shame. This finding is consistent with the research of Sheff [22], which suggests that interpersonal sensitivities are related to the experience of shame. It is possible that poor quality family relationships increase the likelihood of experiencing shame [23]. Additionally, a lack of empathy in family relationships may trigger feelings of shame. When individuals experience empathy, they feel accepted in their families and are not judged, resulting in less shame [24]. The findings suggest that having family members or close friends with substance use disorder is one of the family factors that can trigger the experience of shame. This finding is consistent with Sawyer *et al.*'s [24] research, which demonstrated that parental substance use can lead to feelings of shame. One possible explanation for this finding is that addiction within the family can negatively impact the quality of interpersonal relationships, which can, in turn, lead to a decrease in overall relationship quality and an increased likelihood of experiencing shame. Additionally, feelings of inferiority and being different from others, which may stem from poor quality family relationships, can be another factor that triggers the experience of shame. The way in which families interact with and evaluate individuals can significantly impact their self-evaluation and the emotions they experience.

According to different findings of this study, one of the

factors that affect the experience of shame is a set of behavioral factors. Probably, the person's actions at the time of occurrence or the memory of the action can cause a feeling of shame in the person. This finding is consistent with Smith *et al.* [25] study. For example, the injury or lack of work toward self, family, and society causes a sense of shame in some people recovering from substance use. This finding is consistent with the study by Meehan *et al.* [26]. It is likely that the actions taken by a person under the control of using a substance, which he or she is unable to stop, cause him or her to feel shame. Acting in contradiction with cultural values may also be one of the behavioral factors that trigger the feeling of shame. This result is consistent with the research findings of Kaufman [27]. To explain this result, it can be said that a behavior in a particular culture can cause a feeling of shame. For example, in some cultures and situations, the act of substance use itself may be influenced by the values of the particular group and culture, leading to feelings of shame. This finding is consistent with the results of Khantzian and Albanese's [28] study, which showed that the inability to avoid substance use can lead to feelings of shame. This suggests that individuals who struggle with substance use may experience shame as a result of feeling powerless to control their behavior, which can negatively impact their self-esteem and overall well-being. It can be said that a person who is under the control of substances experiences a sense of inferiority as a result of their inability to avoid substance use, which itself is the cause of experiencing shame [24]. As a result, it likely creates a cyclical process of substance abuse, leading to feelings of shame and a sense of drowning in this emotion [27]. Furthermore, the relapse of consumption may cause an individual to re-experience feelings of shame [29].

The research findings suggest that receiving critical reactions and being blamed by friends and colleagues can be significant sources of shame for some participants in recovery from substance use. This finding is consistent with Akhtar's [30] study on sensitivity to criticism, particularly from peers. According to his view, the experience of shame is closely tied to evaluation by others, especially peers, and the disruption of self-continuity. It seems that when a person is criticized and blamed by their friends and peers, they are more likely to feel shame. This finding underscores the importance of the role that friends and peers play in eliciting emotional experiences, particularly the experience of shame, among individuals in recovery from substance use, similar to the role of family in this process.

In addition to other factors that trigger the experience of shame, social factors can also be mentioned. Humiliation and insult from society and the feeling of being labeled may be social factors that cause feelings of shame in some people recovering from substance use. This finding is consistent with the study of Gray [31]. In fact, it can be said that probably the way of labeling has an impact on how a person evaluates his or her situation. Based on the study by Ashford *et al.* [32], it appears that the type of label used has an impact on the level of shame, such that the use of an affected person's label may lead to a higher level of recovery and less shame. According to Li *et al.*'s [33] study, it appears that in collectivist societies, evaluation and validation by others are highly valued, and as a

result, there is a greater likelihood of experiencing shame caused by social factors. When a person is negatively evaluated by others, it can fuel self-criticism and self-hatred, both of which can be associated with the experience of shame [34]. Direda's [35] research suggests that safe interactions with individuals in recovery, without judgment or labeling, can be effective in addressing feelings of shame. Therefore, the fear of being labeled and the subsequent stimulation of shame can serve as barriers to recovery. Based on the results, it is possible to mention being known in small towns as one of the social factors for experiencing shame. This result is consistent with the study of Poole and Isaac [33 - 36]. They found that the possibility of experiencing shame in small towns is caused by the risk of being known and judged by others. Therefore, living in small towns likely increases the possibility that others will learn of and disclose the person's substance use, which increases the feeling of shame.

The experience of feeling guilty was associated with rumination and self-evaluation in some participants, and people were mentally engaged in questioning. This finding is consistent with Lewis's [7] statements about self-appraisal in relation to the experience of guilt. Based on his study, it can be said that the experience of guilt is likely to be associated with negative self-evaluation that is attributable to a particular behavior. It appears that while experiencing guilt, a person is constantly engaging in thoughtful "but and if," which may increase the feeling of guilt. It is likely that during the experience of guilt, a person's thoughts and beliefs are formed in relation to the cause of guilt, and they tend to revolve around that issue. These thoughts are often negative, leading the person to evaluate themselves negatively and potentially become consumed by rumination and self-blame, resulting in feelings of guilt.

As another result of the study, we can mention cognitive factors as one of the driving factors of guilt. Spontaneous thoughts and worries, as well as blaming others for their experiences, can trigger feelings of guilt in some individuals recovering from substance use. This finding is consistent with research by O'Connor and Weiss [21] on the presence of pathological beliefs associated with guilt. This finding can be explained by the presence of pathogenic beliefs related to the harm caused to others, which appear to be a major contributing factor to the experience of guilt among individuals in recovery from substance use [21]. It is likely that the beliefs and thoughts of people recovering from substance use have influenced their feelings and behavior; therefore, it appears that a person's beliefs and thoughts, including thoughts and worries, are self-defeating and that blaming others for their experiences triggers the feeling of guilt.

Behavioral factors such as irresponsibility and substance use in the family and environment can also be mentioned as factors that trigger guilt. This result is consistent with the study of Meehan *et al.* [26] about the possibility of feeling guilt after a harmful behavior. To explain this result, it can be said that the possibility of feeling guilt occurs when a person is confronted with the harm done to others or imagines the possibility of harm to others and believes himself or herself to be guilty. Other behavioral factors that trigger feelings of guilt

include harm and abuse inflicted on a spouse. This finding is consistent with Bybee's [37] study. Based on his study, it seems that any kind of harm, or neglect, towards the people around can trigger the feeling of guilt in a person. In other words, neglecting the well-being and comfort of others in social relationships can potentially lead to feelings of guilt. Moreover, the type and style of culture can also play a role in determining the behaviors that trigger the experience of guilt. For instance, in some cultures like Japan, the experience of guilt may stem from a lack of responsibility or success [38], while in others, such as Chinese culture, the inability to fulfill obligations can lead to feelings of guilt, as duties towards family and others are highly valued [39]. In the context of our own culture, it appears that factors such as causing harm to others and facing the consequences of that harm can trigger feelings of guilt among some individuals in recovery from substance use.

According to studies, social factors such as personality murders and destruction by others can be factors in a person's experience of guilt. Also, violating cultural norms and being considered an inappropriate role model in society can cause a person to develop feelings of guilt. This result is consistent with the study of Triandis *et al.* [40]. It can be said that a person who is humiliated and reprimanded by the community evaluates himself as a wrongdoer and considers himself responsible to the community; therefore, he may judge himself as a negative role model in society and develop feelings of guilt.

CONCLUSION

Overall, the results of the present study showed that each person recovering from substance use experiences the two feelings of shame and guilt in unique ways and simultaneously in some similar dimensions. The results showed that the experience of shame was more recognized in individuals recovering from substance use, and they felt more comfortable talking about this feeling, but it appears that guilt was more prevalent in individuals recovering from substance use. In the study of the factors that trigger the experience of shame and guilt, it was found that some situations cause the invocation of both feelings, and the person experienced both feelings at the same time, but in some situations, they only experience the feeling of shame or guilt. Based on the research data, it can be concluded that certain behavioral factors can cause a person to experience both shame and guilt, with potential consequences. However, family factors and feedback tend to elicit feelings of shame, but not guilt. Similarly, personal appearance factors and peer influences may only lead to feelings of shame, without inducing guilt. Therefore, it appears that shame and guilt are experienced differently by individuals and have distinct dimensions. The results of the present study show the importance of investigating and studying the feelings of people recovering from substance use; because knowing the experiences of people recovering from substance use and the factors that trigger these two feelings helps to increase the knowledge about these two feelings, especially in the cultural field.

LIMITATIONS

In this study, while respecting the qualitative criteria for conducting the study, in addition to explaining the general findings, considerations were made regarding the nature of the experience of shame and guilt and the comparison and confrontation of these two feelings in men recovering from substance use. However, this study is not without limitations. One of the limitations of this study is the generalizability of the findings, and the results of this study reflect only the experiences of the participants in this study and can be generalized to individuals and groups. Other limitations of this study include the lack of female informants and the resulting lack of representation of their experiences in the results. It is suggested that future studies examine the dimensions of shame and guilt among women and different age groups. It is also recommended that the results of the present study be used to develop, modify, and improve educational, therapeutic, and rehabilitative interventions in the field of addiction.

ETHICS APPROVAL AND CONSENT TO PARTICIPATE

The study was approved by the Ethics Committee of Shahid Beheshti University Research (ethics code: IR.SBU.REC.1400.036).

HUMAN AND ANIMAL RIGHTS

This study did not involve the use of animals. All procedures performed in studies involving human participants were conducted in accordance with the ethical standards of the institutional and/or research committee, as well as the 1975 Declaration of Helsinki, which was revised in 2013.

CONSENT FOR PUBLICATION

Informed consent was obtained from all the participants.

AVAILABILITY OF DATA AND MATERIAL

All the data and supporting information is provided within the article.

STANDARDS OF REPORTING

COREQ guidelines were followed.

FUNDING

None.

CONFLICT OF INTEREST

The authors declare no conflict of interest, financial or otherwise.

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