

# Influence of Guilt and Shame on Self-Esteem and Recovery Motivation in Substance Use Disorder: A Narrative Review

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## Abstract

Substance Use Disorder (SUD) is not only a behavioural challenge but also an emotionally complex condition shaped by persistent guilt and shame. Guilt reflects remorse for specific actions, whereas shame targets the self, generating global self-devaluation. This narrative review explores how these self-conscious emotions influence self-esteem and recovery motivation among individuals with SUD. Evidence suggests that chronic shame undermines self-worth, weakens hope, and increases relapse risk, while adaptive guilt can facilitate accountability, treatment engagement, and readiness for change. Self-esteem emerges as a mediating factor, bridging emotional experiences and recovery motivation. Interventions that promote self-compassion, emotional differentiation, and behavioural accountability can reduce toxic shame, stabilize self-esteem, and enhance sustained recovery. The review highlights the need for emotionally informed treatment strategies that address both internal experiences and behavioural change to improve recovery outcomes.

**Keywords:** Substance Use Disorder, Guilt, Shame, Self-Esteem, Recovery Motivation, Narrative Review

## Introduction

Substance Use Disorder (SUD) is often framed as a problem of behavioral control and physical dependence. Yet, beyond repeated use and relapse cycles, addiction encompasses a profound emotional experience. Individuals with SUD frequently contend with persistent guilt over past actions and a pervasive sense of shame about their self-identity, which can undermine self-worth and hinder recovery motivation.

Tangney and Dearing (2002) provide a clear distinction: **guilt** is typically linked to specific behaviors (“I did something wrong”), whereas **shame** reflects negative evaluations of the self (“I am a bad person”). In the context of addiction, this distinction has critical implications. While guilt can motivate corrective action and accountability, chronic shame tends to erode self-esteem, reduce hope, and impede engagement with recovery efforts.

Understanding how these self-conscious emotions interact with self-esteem and influence recovery motivation is crucial for designing interventions that address not only behavior but also the underlying emotional vulnerabilities of people with SUD.

## Objectives of the Research

1. To examine how guilt and shame influence self-esteem in individuals with Substance Use Disorder.
2. To explore theoretical models linking self-esteem with recovery motivation.
3. To investigate how guilt-proneness and shame-proneness affect readiness for change, treatment adherence, and relapse susceptibility.

## Research Methodology

A **narrative review** approach was chosen due to the complex and interwoven nature of emotional experiences in addiction. Constructs such as guilt, shame, self-esteem, and recovery motivation are context-dependent, culturally influenced, and variably assessed, making narrative synthesis more suitable than meta-analysis for conceptual integration.

Relevant studies were identified through PubMed, PsycINFO, Scopus, Web of Science, Google Scholar, and IndMED using keywords including *guilt*, *shame*, *self-esteem*, *recovery motivation*, *readiness to change*, *relapse*, and *Substance Use Disorder*. Inclusion criteria were: adult populations with SUD, assessment of guilt/shame, evaluation of self-esteem, measurement of recovery motivation (e.g., SOCRATES, URICA), and reports of relapse or treatment outcomes. Studies published between 1990 and 2025 were included.

Data extracted included:

- Types and intensity of guilt and shame
- Levels of global self-esteem
- Motivational readiness and engagement
- Treatment adherence and relapse patterns

Methodological quality was considered using CASP and STROBE criteria, ensuring psychological relevance and clinical applicability.

## Results and Discussion

### Guilt, Shame, and Self-Esteem

Evidence consistently shows that people with SUD experience high levels of both guilt and shame. These emotions often arise from interpersonal conflicts, social stigma, moral self-judgment, and legal or occupational consequences. Chronic exposure to such stressors can gradually erode self-esteem, fostering internalized self-criticism and negative self-perception (Luoma et al., 2012).

**Shame** is particularly detrimental because it targets the self rather than specific behaviors. Individuals who internalize shame tend to experience global self-devaluation, withdrawal, and avoidance coping strategies. Empirical studies indicate that shame-proneness predicts lower self-esteem, increased depressive symptoms, and higher relapse risk (Dearing et al., 2005). In this way, shame functions as a psychological barrier, diminishing confidence in one's capacity to engage meaningfully in recovery.

### Adaptive Role of Guilt

In contrast, guilt can be constructive if it remains focused on specific actions rather than the self. Individuals who experience guilt without descending into self-condemnation are more likely to acknowledge harmful behaviors, take responsibility, and engage with treatment. Adaptive guilt has been associated with increased readiness for change and proactive participation in recovery programs, highlighting its motivational potential.

### Self-Esteem as a Mediator

Self-esteem appears to act as a bridge between emotional experiences and motivational outcomes. Chronic shame undermines self-esteem, reducing perceived efficacy and hope. Low self-esteem, in turn, weakens intrinsic motivation to pursue recovery, even when individuals are cognitively aware of the need for change.

Conversely, interventions that foster **self-compassion, emotional differentiation, and cognitive restructuring** can restore self-esteem, strengthen motivation, and decrease relapse vulnerability. A balanced emotional approach that mitigates shame while promoting adaptive guilt can improve both psychological well-being and recovery outcomes.

### Conclusion

Recovery from SUD is not solely a behavioral or physiological process; it is also an emotional reconstruction of self. Persistent shame can create cycles of avoidance, low self-worth, and relapse, whereas adaptive guilt can facilitate responsibility and behavioral correction. Self-esteem mediates this dynamic, determining whether individuals pursue recovery or succumb to avoidance behaviors. Effective treatment requires addressing these self-conscious emotions directly. By differentiating between guilt and shame, reducing toxic shame, and rebuilding stable self-esteem, clinicians can support sustained recovery and holistic psychological healing.

### Implications for Practice

- Routine assessment of guilt-proneness and shame-proneness using validated tools such as **GASP**
- Evaluation of global self-esteem (e.g., **RSES**)
- Assessment of recovery motivation (e.g., **SOCRATES, URICA**)
- Integration of **self-compassion and shame-reduction interventions**
- Cognitive restructuring targeting maladaptive self-beliefs
- Motivational Enhancement Therapy for readiness and engagement
- Relapse prevention programs incorporating emotional regulation strategies

By integrating emotional care with behavioral interventions, recovery becomes not only achievable but sustainable, fostering renewed self-worth and long-term well-being.

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