



## On the importance of distinguishing shame from guilt: Relations to problematic alcohol and drug use

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### Abstract

Previous research has demonstrated that shame-proneness (the tendency to feel bad about the self) relates to a variety of life problems, whereas guilt-proneness (the tendency to feel bad about a specific behavior) is more likely to be adaptive. The current analyses sought to clarify the relations of shame-proneness and guilt-proneness to substance use problems in three samples with differing levels of alcohol and drug problem severity: college undergraduates (Study 1  $N=235$ , Study 2  $N=249$ ) and jail inmates (Study 3  $N=332$ ). Across samples, shame-proneness was generally positively correlated with substance use problems, whereas guilt-proneness was inversely related (or unrelated) to substance use problems. Results suggest that shame and guilt should be considered separately in the prevention and treatment of substance misuse.

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An important consideration of any successful treatment is determining useful and effective focal points for intervention. Many of the known correlates of substance abuse fall into the category of “static” characteristics such as genetic predisposition, early

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temperament, and enduring personality traits such as novelty-seeking (Hesselbrock, Hesselbrock, & Epstein, 1999). Although these factors are important for understanding the development and prevention of substance abuse, static factors do not represent a point of intervention once an individual has developed a substance-related problem. Dynamic factors, including social environment, peer influences, and emotional correlates of substance abuse such as anxiety and depression, are more likely targets for treatment intervention. Among the emotional factors implicated in substance use problems, the tendency to experience shame is mentioned often, typically in conjunction with discussions of treatment (e.g., Fossum & Mason, 1986; Potter-Efron, 2002). For example, Fossum and Mason (1986) propose that “addiction and shame are inseparable” (p. xiii) and contend that confronting shame in the context of a supportive therapeutic relationship is vital to the process of recovery. There is little empirical evidence, however, to support the presumed relationship between shame-proneness and drug or alcohol problems.

In everyday language, the terms “shame” and “guilt” often are used interchangeably to describe emotions that are considered to be detrimental and best avoided. However, much research has demonstrated that shame and guilt are distinct emotions with different implications for motivation and adjustment (see Tangney & Dearing, 2002). As defined by Helen Block Lewis (1971), shame involves a global negative feeling about the *self* in response to some misdeed or shortcoming, whereas guilt is a negative feeling about the specific *event*, rather than about the self. For example, a shame-prone individual who is reprimanded for being late to work after a night of heavy drinking might be likely to think, “I’m such a loser; I just can’t get it together,” whereas a guilt-prone individual would more likely think, “I feel badly for showing up late. I inconvenienced my co-workers.” Feelings of shame can be painful and debilitating, affecting one’s core sense of self (Lewis, 1971; Lindsay-Hartz, de Rivera, & Mascolo, 1995), and may invoke a self-defeating cycle of negative affect and substance abuse as the individual struggles to dampen this painful feeling with drugs or alcohol. In comparison, feelings of guilt, although painful, are less disabling than shame and are likely to motivate the individual in a positive direction toward reparation or change (Baumeister, Stillwell, & Heatherton, 1995).

Using this critical self/behavior distinction between shame and guilt, research has shown that shame-prone individuals are vulnerable to a variety of difficulties, including psychological problems (Tangney, Burggraf, & Wagner, 1995), difficulties with anger (Hoglund & Nicholas, 1995), and low self-esteem (Woien, Ernst, Patock-Peckham, & Nagoshi, 2003). Because the focus of shame is on the defective self, this painful emotion also has the effect of impairing empathy, which can result in a host of interpersonal difficulties (Leith & Baumeister, 1998).

In contrast to shame-proneness, proneness to shame-free guilt is positively correlated with adaptive characteristics, such as enhanced empathy (Leith & Baumeister, 1998) and constructive responses to anger (Tangney, 1995), and generally is unrelated to psychological symptoms (Tangney et al., 1995). As compared to their less guilt-prone peers, guilt-prone individuals are inclined to take responsibility for their actions, rather than

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