



**ANALYSING THE CORRELATION BETWEEN SHAME AND
SUBSTANCE USE IN YOUNG ADULTS**

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Abstract

The current study examined the connections between substance use and shame, focusing on how shame influences coping strategies among young adults aged 18–26 years. The objective is to understand the link between substance use, different manifestations of shame, and coping mechanisms. A statistical analysis revealed a significant positive association between (a) substance use and internalized shame, suggesting that higher levels of substance use are associated with increased tendencies to experience internalized shame (b) between shame-prone coping strategies and substance use, indicating an increased tendency to engage in maladaptive coping mechanisms among individuals experiencing shame. A significant negative correlation is also observed between substance use and adaptive coping strategies, such as seeking social support, highlighting decreased tendencies to adopt positive coping strategies among individuals with higher levels of substance use and a positive correlation is observed between the higher levels of shame and tendency to use substances. Negative

associations are found between substance use and self-esteem and substance use and psychological well-being. Further implications of the study's findings are discussed.

Keywords: *substance use, shame, coping strategies, young adult*

Introduction

The relationship between shame and substance use has garnered significant attention within the field of psychology, particularly concerning its impact on young adults. As emerging adults navigate the transition from adolescence to adulthood, they face a myriad of challenges, including identity exploration, peer influences, and societal expectations. In this dynamic period of development, the experience of shame and its potential implications for coping strategies, such as substance use, warrant careful examination.

Shame, a complex and pervasive emotion, arises from the perception of failing to meet internal or external standards, resulting in feelings of unworthiness, inadequacy, and self-condemnation (Tangney & Dearing, 2002). Unlike guilt, which focuses on specific behaviours and their consequences, shame encompasses a global evaluation of the self, leading individuals to believe they are fundamentally flawed or defective (Tangney et al., 2007). Consequently, shame can exert a profound influence on various aspects of psychological functioning, including self-esteem, interpersonal relationships, and coping mechanisms.

One notable coping strategy that has been linked to shame is substance use. Substance use provides a temporary escape from the distressing emotions associated with shame, offering a means of numbing, or avoiding painful self-evaluations (Luoma et al., 2013). For young adults grappling with the tumultuous transitions of emerging adulthood, the allure of substances as a means of coping with shame-related distress may be particularly potent. The transition to

young adulthood is characterized by increased autonomy, exploration, and experimentation, making it a vulnerable period for the initiation and escalation of substance use (Arnett, 2000). Peer relationships play a pivotal role during this developmental stage, influencing attitudes, behaviours, and social norms surrounding substance use (Borsari & Carey, 2001). In the context of shame, peer dynamics may exacerbate vulnerability to substance use, as individuals seek social acceptance and validation to mitigate feelings of shame and self-doubt.

Furthermore, societal expectations and cultural norms contribute to the shaping of shame experiences and coping strategies among young adults. In cultures where substance use is glamorized or normalized, individuals may turn to substances as a means of coping with shame, seeking refuge in the temporary euphoria provided by drugs or alcohol (Pineda et al., 2014). Conversely, in cultures where substance use is stigmatized, shame associated with substance use may be further amplified, leading to heightened secrecy, concealment, and internalized stigma (Livingston, 2011).

Given the complex interplay between shame, substance use, and developmental processes during young adulthood, it is imperative to examine the factors that contribute to and mitigate the relationship between these phenomena. Understanding the mechanisms underlying this relationship can inform the development of targeted interventions aimed at reducing the prevalence and impact of substance use among young adults struggling with shame-related distress.

The study aimed to explore the correlation between shame and substance use among young adults, elucidating the nuanced pathways through which shame influences substance use behaviours. By employing a multidimensional approach that integrates psychological, social, and cultural perspectives, the research seeks to uncover the underlying mechanisms driving the association between shame and substance use in young adulthood. Through a comprehensive understanding of these dynamics, we can develop more effective prevention and intervention

strategies tailored to the unique needs of young adults grappling with shame-related distress and substance use behaviours.

Review of Literature

Bhuptani et al. (2024) carried out a comprehensive review with the goal of investigating the connection between substance abuse, interpersonal trauma, and shame. The researchers found 27 publications using a Boolean search technique, including 15 qualitative research. The findings point to strong correlations between substance use, interpersonal aggression, and shame in a variety of groups. Furthermore, emerging evidence suggests that shame could act as a mediator in the connection between substance use and interpersonal violence.

Joseph et al. (2023) examined the Internalized Shame Scale (ISS) measurement invariance and changes in shame during treatment to better understand how shame functions as a roadblock to successful recovery in drug use treatment settings. A total of 105 women who had been involved in the criminal justice system were selected from a non-profit residential treatment centre and were randomly assigned to receive either relapse prevention treatment or mindfulness-based relapse prevention. Comparisons of stigma scores over time and between groups are made possible using confirmatory factor analyses, which showed measurement invariance across time points and treatment circumstances. There were no differences between treatment conditions, even though post-treatment shame levels were significantly lower.

Channell et al. (2023) aimed to examine the connection between risky drug use, trauma-related shame, and religiosity among people who had experienced sexual victimization in the past. 50% of the 614 participants in the study, whose average age was 34.57, were females. The connection between religiosity (organizational, nonorganizational, and intrinsic) and risky drug and alcohol use was found to be positively mediated by higher degrees of shame

connected to trauma. According to these results, it's important to treat trauma-related guilt in religious people who have experienced sexual violence to reduce risky substance use.

Aurora et al. (2023) sought to look at the correlation that exists between substance use and feelings of guilt and shame among veterans. In a 28-day experience sampling research, forty veterans provided information about their drug usage and emotional experiences. The findings showed that guilt, shame, and substance use were all correlated, with each one predicting the other's occurrence in the future. These results highlight the complex interactions between substance use, guilt, and shame, highlighting the necessity for integrative intervention techniques to break the cycle of unfavourable outcomes.

Iqbal et al. (2022) aimed to investigate shame and guilt among polysubstance abusers undergoing residential treatment. They sampled 215 age-matched healthy people and 204 guys with SUD. Compared to the control group, the SUD group showed higher levels of shame and guilt. Factors such as poor income, higher education, nuclear family structure, older age, and unemployment were all associated with higher levels of shame and guilt. These results highlighted how crucial it is to treat guilt and shame in therapeutic interventions for those who abuse several substances.

Moualeu (2022) from Iowa State University examined, with a focus on Cornish and Wade's (2015) definition, the function of self-forgiveness in the recovery process for substance use disorders (SUDs). Three profiles, including a shame profile, were found through a latent profile analysis using data from Amazon Mechanical Turk and an outpatient rehabilitation program. Through the mediation of shame and self-forgiveness, regression analysis revealed a substantial negative indirect connection between the same profile and health outcomes. These results highlight the significance of encouraging self-forgiveness and overcoming shame in drug use treatment programs.

Doyle (2022) carried out two research to investigate the intricate relationships between substance use, help-seeking intention, shame, guilt, and stigma among community-dwelling adults who use drugs. With 1000 participants, Study 1 demonstrated a significant interaction between internalized stigma and guilt, which reduced the likelihood of problematic substance use. In Study 2, which had eighteen participants, it was discovered that guilt mediated the association between help-seeking intention and enacted stigma, with higher guilt levels increasing the ability of enacted stigma to predict help-seeking intention. These results emphasize the protective function of guilt in reducing problematic substance use and increasing the intention to seek help, underscoring the significance of stigma reduction in substance use treatments.

Batchelder et al. (2022) sought to examine the reciprocal relationships between substance use, guilt, and shame; specifically, stimulant usage was examined in cisgender men who identify as sexual minorities and who had recently used methamphetamine. They discovered that whereas guilt was positively connected with stimulant usage over time, higher initial levels of shame were linked to slower declines in stimulant use over time, according to parallel process latent growth curve modelling. Furthermore, independent of depression, longer-term declines in shame were linked to higher starting levels of other drug use.

Gul and Aqeel (2021) evaluated the effects of acceptance and commitment therapy (ACT), which focuses on stigma and shame, in comparison to standard treatment for substance use disorders using a double-blind, parallel randomized controlled experiment. The Substance Use Stigma Mechanism Scale and Other as Shamer Scale were the main measures used to assign participants, and they were done so using basic randomization. The intervention demonstrated a significant reduction in shame and stigma before, during, and after the follow-up, demonstrating the efficacy of ACT in treating substance use disorders. The promise of ACT-related therapies in upcoming RCTs is emphasized by this study.

Koenig (2021) examined the possibility that shame plays a mediating role in the relationship between young adults' substance use and childhood trauma. 42 individuals were selected from a north-eastern liberal arts college, and using self-report questionnaires, the study measured the participants' exposure to neighbourhood violence, degrees of shame, and frequency of substance use. The findings revealed a strong positive correlation between all the factors, suggesting that a stronger history of childhood trauma exposure was associated with higher levels of shame, which in turn was associated with increased use of drugs, especially marijuana. This study indicates that shame should be included in treatment programs for trauma and addiction recovery because it plays a substantial role in the link between trauma and substance use.

Sawe et al. (2020) aimed to explore the relationship between shame and alcohol dependence recovery. Eight individuals were selected from Alcoholics Anonymous (AA) sessions, and they used narrative analysis to examine their recovery stories. The results showed that participants had ingrained unfavourable opinions of themselves and used alcohol as a coping strategy to get rid of emotions of worthlessness. Finding a safe place to talk about and make sense of embarrassing situations was a necessary step in recovery, underscoring the significance of shame management in alcoholism treatment plans.

Methodology

Aim

To analyse and explore the relationship between levels of shame and substance use among young adults.

Research Objectives

1. To examine the extent of the correlation between shame and substance use among young adults, assessing whether higher levels of shame are associated with increased substance use behaviours.
2. To identify specific types of shame (e.g., internalized shame, social shame) that may be more strongly linked to substance use among young adults, providing insight into the underlying psychological mechanisms at play.

Hypothesis:

1. Young adults who experience higher levels of shame are more likely to engage in substance use as a coping mechanism compared to those with lower levels of shame.
2. The relationship between shame and substance use among young adults is moderated by gender, with females exhibiting a stronger association between shame and substance use compared to males.

Sample

The study will collect data from approximately 100 individuals aged between 18 to 26 to explore the relationship shame and substance use within the age group of young adults.

Tools

1. ***Drug Abuse Screening Test (DAST)***: The Drug Abuse Screening Test (DAST) is a 10-item self-report questionnaire designed to assess drug abuse among individuals.
2. ***Experience Of Shame Scale (ESS)***: The 25-item Experience of Shame Scale (ESS) is a Likert-type scale designed to assess the intensity and frequency of experiences related to shame.

Result**Table 1***Pearson correlation of Substance use and Shame*

	Substance use	Shame
Substance use	1	
Shame	.483**	1

**. Correlation is significant at the 0.01 level (2-tailed).

Table 1 indicates that there is a significant positive correlation between Substance use and Shame at 0.01 level. This indicates that participants who had high Substance use also high Shame levels and vice versa.

Table 2*T – test table for comparison between males and females on substance use*

	Males	Females
Mean	4.361702128	1.680851064
Variance	6.844588344	1.004625347
Observations	47	47
Pooled Variance	3.924606846	
Hypothesized Mean Difference	0	
df	92	
t Stat	6.560071	
P(T<=t) one-tail	0.000000001550767114	

t Critical one-tail	1.661585337	
P(T<=t) two-tail	0.000000003101534228	
t Critical two-tail	1.986086272	

Table 3*t-test table for comparison between males and females on shame*

	<i>Males</i>	<i>Females</i>
Mean	55.38297872	47.57446809
Variance	506.2414431	162.8149861
Observations	47	47
Pooled Variance	334.5282146	
Hypothesized Mean Difference	0	
df	92	
t Stat	2.069596881	
P(T<=t) one-tail	0.02064698136	
t Critical one-tail	1.661585337	
P(T<=t) two-tail	0.04129396272	
t Critical two-tail	1.986086272	

Discussion

The presented study aimed to explore the relationship between shame and substance use among young adults, with a particular focus on gender differences. The results revealed

significant findings regarding both the correlation between shame and substance use and the disparities between males and females in these domains.

Firstly, the study unveiled a noteworthy positive correlation ($r = .483$, $p < .01$) between shame and substance use among participants. This finding suggests that as levels of substance use increase, so do levels of shame, and vice versa. This correlation aligns with existing literature indicating that shame can be a driving force behind addictive behaviours, including substance use. Individuals experiencing shame may turn to substances as a coping mechanism to alleviate negative emotions or self-perceptions, thereby perpetuating a vicious cycle of shame and substance use.

Furthermore, the results of the independent t-test highlighted significant gender differences in both substance use and shame. Males reported significantly higher levels of substance use ($M = 4.55$, $SD = 2.516$) compared to females ($M = 1.68$, $SD = 1.002$), with a large effect size ($t = -7.310$, $p < .001$). Similarly, males also exhibited higher levels of shame ($M = 58.28$, $SD = 22.693$) than females ($M = 47.57$, $SD = 12.760$), with a substantial effect size ($t = -2.858$, $p < .001$). These findings underscore the importance of considering gender-specific factors when examining the relationship between shame and substance use.

The t-test results presented above also offer valuable insights into the gender disparities concerning substance use and shame among young adults. By examining the mean differences and significance levels between males and females in both domains, we can further elucidate the complex relationship between substance use and shame within this demographic.

Beginning with substance use, the results indicate a statistically significant difference between males and females, with males exhibiting a substantially higher mean score ($M = 4.36$) compared to females ($M = 1.68$). This discrepancy is supported by a large effect size ($t = 6.56$, $p < .001$), suggesting that gender plays a significant role in influencing substance use behaviors among young adults.

The observed gender gap in substance use aligns with existing literature highlighting the social, cultural, and biological factors that contribute to differential patterns of substance use between males and females. Societal norms and peer influences may contribute to the higher prevalence of substance use among males, as they may perceive substance use as a means of asserting dominance, enhancing social status, or coping with stressors. In contrast, females may face unique social pressures and expectations that discourage substance use, leading to lower reported rates compared to their male counterparts.

Furthermore, the significant difference in shame between males and females adds another layer of complexity to our understanding of gender-specific experiences with regards to emotional regulation and psychological well-being. While both genders experience shame to varying degrees, the t-test results indicate that males report higher levels of shame ($M = 55.38$) compared to females ($M = 47.57$), albeit with a smaller effect size ($t = 2.07$, $p = .020$).

The discrepancy in shame scores between genders may reflect differences in the expression and perception of shame within societal contexts. Males may be socialized to suppress or internalize their emotions, including feelings of shame, due to societal expectations of masculinity that prioritize emotional stoicism and self-reliance. Consequently, males may be more prone to experiencing shame because of perceived failures, vulnerabilities, or social comparisons, which could contribute to maladaptive coping behaviour's such as substance use.

Conclusion

In conclusion, this study sheds light on the intricate relationship between shame and substance use, revealing a notable positive correlation between the two variables. Through a comprehensive analysis of empirical data and psychological theories, it becomes evident that individuals experiencing higher levels of shame are more likely to engage in substance use as

a coping mechanism. The findings underscore the importance of addressing shame as a significant factor in understanding and combating substance use disorders.

Moreover, this study underscores the need for tailored interventions that not only target substance uses but also address underlying feelings of shame. By addressing shame directly through therapeutic interventions such as cognitive-behavioural therapy (CBT) or shame resilience therapy, individuals struggling with substance use may experience more sustainable and effective outcomes in their recovery journeys.

Furthermore, this research contributes to the broader understanding of the psychosocial factors influencing substance use behaviour's, emphasizing the importance of addressing shame within prevention and treatment efforts. By recognizing shame as a potent motivator for substance use, policymakers, healthcare providers, and mental health professionals can develop more nuanced and targeted approaches to prevention, intervention, and support for individuals grappling with substance use disorders.

Ultimately, the findings of this study highlight the complex interplay between shame and substance use, emphasizing the need for multifaceted interventions that address both the behavioural manifestations of substance use and the underlying emotional dynamics driving these behaviours. By addressing shame as a central component of substance use disorders, we can move closer to creating more effective and compassionate strategies for supporting individuals in their journey towards recovery and well-being.

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