

EXPERIENCES OF SHAME, GUILT, SELF-LABELING, AND PERCEIVED STIGMA AMONG RELAPSING METHAMPHETAMINE USERS: A QUALITATIVE EXPLORATION OF PSYCHOLOGICAL WELL-BEING AND RECOVERY

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Abstract

Methamphetamine users have a complicated psychological process of relapse that depends on various emotional and social factors. The current qualitative research was an attempt to investigate the journey of shame, guilt, self-labeling, and perceived stigma in the lives of relapsing methamphetamine users in Pakistan rehabs. The semi-structured interviews were carried out with purposive sampling strategy where only the respondents who had experience of relapse after treatment were included. The thematic analysis showed that there are two higher order themes: internalized negative self-perceptions and psychosocial barriers to recovery. Minor themes were the feeling of worthlessness, self-blame, social rejection fear, and lack of social interaction. These experiences led to emotional distress and further susceptibility to further substance use. The results indicate that stigma-related emotions are important to relapse and recovery. The treatment of the shame, guilt, and stigma by using the psychological interventions could help to improve the treatment results and contribute to the long-term recovery of people with substance use disorder.

Keywords: *Methamphetamine, Relapse, Shame and Guilt, Perceived Stigma*

Introduction

The issue of methamphetamine use disorder is a priority of the global population in terms of high prevalence, chronicity, and high rates of relapses despite treatment involvement (Klein et al., 2024). The untiring cycle of recovery and relapse often puts people with the methamphetamine use disorder at the crossroads of complicated psychological mechanisms, including self-aware feelings of shame and guilt, self-identifying, and stigma. Despite the broad scholarly interest in relapse in stimulant use in general, comparatively little qualitative research has been done to understand how these inner experiences influence psychological well-being and recovery trajectories in methamphetamine users in particular.

Shame and guilt are self-conscience feelings that are linked to a self-assessment by comparison with moral norms and socialization anticipation. Whereas guilt is caused by negative judgments about particular actions (one feels bad about what one has done), shame is a more universal and refers to negative judgments about the self (one feels bad about who he is) (Snoek, 2021). Shame, in particular, may be exceptionally rampant in the setting of substance misuse since being addicted is socially unacceptable and is often construed as a moral issue as opposed to a health issue. The root of this interpretation is in the fact that there is a strong social tendency to equate drug use with weak, criminal, or morally turp, which adds not only external judgment but also internalized self-denunciation (El Hayek et al., 2024).

Additional stressors that increase the suffering of people with substance use disorders include perceived stigma, defined as a person having a negative attitude, stereotyping or discriminative views about the person in question, due to their condition (Panda, 2020). Self-stigma, also known as internalized stigma, also includes the internalization of this external prejudice as dealing with an individual those results in lower self-image, lower mental well-being, and obstacles to treatment (Ma et al., 2024). These modes of stigma are not abstract constructs to relapsing methamphetamine users: they are embodied in lived experience of social marginalization, lack of supportive social support and extremely negative self-criticism during the process of relapse.

Qualitative inquiry is in a special position to examine these delicate internal and contextual experiences. As one reads the stories of Methamphetamine users, it is easy to see that shame and guilt can be entangled with self-labeling which is the process where one creates self-depreciating labels such as addict- failure-junkie and reinforces the negative self-concepts making it difficult to overcome. To illustrate, as it has been demonstrated that guilt can encourage reparative action and positively influence behavior change, pure shame may reenergize self-destructive behavior because it can decrease self-efficacy and hope (Snoek, 2021).

Psychological constructs Interplay is of particular importance to consider in the recovery context. Recovery is not only limited to abstinence, but it also includes psychological healing, reintegration into the social circle, and self-development. However, relapse, or a relapse in this case, i.e., the usage of the substance after some time of abstinence, in most instances provokes or intensifies the feelings of shame and perceived stigma, which can lead to a vicious cycle of relapse because of the negative emotions and consequent greater feelings of shame, thus undermining their psychological capacity (Klein et al., 2024). The persistence of this cycle points to a major gap in substance use literature - specifically the necessity to have an integrative framework that will describe the role of self-conscious feelings and perceived stigma in the psychological well-being and relapse of methamphetamine users.

The available qualitative literature highlights the fact that persons in the recovery process can continue to face shame due to social stigma and internalized ethical dilemma (Derakhshandeh, 2023). According to the phenomenological research of Derakhshandeh, addicts in the recovery phase have complex expressions of shame and guilt that occur due to interpersonal criticism and labeling in the society and affects their stories of recovery significantly. The results of such investigations help to understand the emotional context under which a relapse takes place and the need to focus on both internal and behavioral-based interventions.

Alongside, studies on substance use stigma, in general, reveal the role of negative attitudes in the society in terms of delayed treatment seeking, low self-esteem, and avoidance of health services (Panda, 2020; El Hayek et al., 2024). Even though this literature historically cuts across different forms of substance use, it is evident how it is applicable to methamphetamine use since the

stimulants tend to draw large amounts of social stigma and in many ways can be viewed as particularly deviant forms of addiction (Recovery Research Institute, 2025). The outcome will be a two-fold burden that individuals would have to negotiate both the internal emotional landscape of the feeling of shame and guilt and the external demands of the perceived stigma by the family, communities, and health systems.

The current article fills this gap by placing the role of relapse in meth addicts in a context of an integrated concept of emotional experience, identity, and social perception. The model is a prospective system of influencing psychological well-being by means of shame and guilt, labeling oneself, and perceived stigma as a system that affects the recovery outcomes. Using the modern qualitative knowledge and putting it into the context of a larger theoretical framework of the psychology of addiction and stigma theory, this work contributes to the better comprehension of the subjective, lived experience of relapsing methamphetamine users.

The study of these dynamics is not merely academic, but it has dramatic implications on clinical practice. Any therapeutic interventions that do not take into account self-conscious feelings and perceived stigma would put core barriers to recovery at risk of remaining unmet. To support sustainable recovery pathways, integrative approaches that become responsive to identity restructuring, emotion regulation, and social reintegration are required. This article therefore preconditions a qualitative investigation, which will not only define these mental processes, but will also map out possible routes of intervention and policy change.

Significance of the Study

The importance of this study lies in the fact that it examines the lived experiences of the shame, guilt, self-labeling and perceived stigma among relapsing methamphetamine users, which are essential psychological determinants of relapse, and recovery. The Methamphetamine addiction is an emerging issue of mass health in Pakistan, but the research on the subject has little qualitative data on the emotional and identity related experiences of the relapsing individuals. This research can also be useful to the current literature because it considers self-conscious feelings and stigma and offers a detailed explanation of the psychological obstacles to recovery.

Research Questions

- What is your experience of being ashamed of their addiction and relapse?
- What do you feel about the guilt about their use of substances and its effects?
- What is your perception and internalization of self-labels on addiction?
- What is your perception of stigma in family, the society, and people?
- What is the relationship between shame, guilt, self-labeling, and perceived stigma and psychological wellbeing and recovery?

Literature Review

The consumption of Methamphetamine has become a major world health issue, and the effects of addiction on individuals in a relapse state are extensive in psychological, social, and emotional aspects. Recent data indicate that the emotional distress linked to the use of methamphetamine is frequently intense and includes such factors as shame, guilt, self-labeling and perceived stigma, which are harmful to the psychological health and recovery rates of the users (Falchuk et al., 2024). The concept of stigma has been described as one of the key obstacles to recovery because the patient with a substance use disorder tends to absorb the negative attitudes in the society and develops low self-esteem, hopelessness, and heightened susceptibility to relapses (Bouzoubaa et al., 2024). Such psychological experiences are especially relevant to relapsing methamphetamine

users, who tend to have problems with reconstructing their identities and regulating their emotions after the treatment.

Research conducted in different parts of the world has always shown that stigma is an essential factor in defining recovery processes among the users of methamphetamine. As an illustration, qualitative results showed that patients with a lived experience of methamphetamine use often said they felt judged, rejected, and discriminated by healthcare providers and the wider society, which led to feelings of shame and decreased help-seeking behavior (Forchuk et al., 2024). On the same note, Livingston et al. (2020) discovered that internalized stigmatization among substance users was closely linked to high rates of depressive symptoms, low levels of treatment adherence, and unsatisfactory recovery outcomes. Emotional experiences such as shame and guilt, which closely relate to each other, have also been revealed the important psychological factors that affect relapse. Luoma et al. (2021) have indicated that shame is one of the contributors to avoidance, emotional isolation, and substance reuse as a dysfunctional coping behavior. Although occasionally linked to the reparative motivation, guilt can lead to the worsening of psychological distress in case of its interaction with stigma and self-dismissal (Dearing et al., 2021).

Self-labeling which is described as the internalisation of stigmatized social identities like addict has been identified as a key determinant of recovery. Through a study conducted by Earnshaw et al. (2020), it was established that people, who associate themselves strongly with stigmatized labels, have more psychological distress and less motivation to recover. Such bad identity development supports the sense of worthlessness and continues the circles of addiction. On the same note, Matthews et al. (2022) concluded that self-labeling is associated with social withdrawal, reduction in self-efficacy, and higher risk of relapse amongst substance users. This evidence emphasizes that it is necessary to work with the identity-related psychological processes to overcome the addiction.

In addition, emotional dysregulation and relapse behavior have been associated with shame and guilt. A longitudinal study by Heilig et al. (2021) discovered that those who had persistent shame had high relapses because they had more emotional stress and maladaptive methods of coping. Similarly, Kim et al. (2022) also noted that among methamphetamine users, guilt and shame were predictors of psychological distress and poor recovery outcomes. These emotional experiences tend to cause avoidance behaviors, secrecy and poor treatment adherence, which only makes the recovery difficult.

Drug use and meth addiction have become widespread in the Pakistani context and especially among young people. A qualitative study in Khyber Pakhtunkhwa found that methamphetamine users were under a high social stigma, relationship disintegration, and isolation, which adversely affected their psychological health (Jan et al., 2023). Likewise, a systematic review conducted in Pakistan revealed that stigmatization was of the strongest cause of relapse, whereas the social rejection and adverse family attitudes enhanced the emotional distress in substance users (Anam and Asmat, 2023). These results suggest that stigma is a central barrier towards recovery in Pakistani society.

In the same way, a study carried out in South Punjab emphasized that emotional distress, social pressure, and the absence of emotional support were closely related to the use of methamphetamine, which led to the recurrence of the substance and relapse (Shahzad et al., 2024). The findings support the significance of psychological and social factors in maintaining addictions. Moreover, the withdrawal of methamphetamine has been linked to a high level of psychological

symptoms, such as depression, aggression, irritability, and emotional instability that present further risks of relapse (Jan et al., 2022). Such emotional upheavals can increase the sense of shame and guilt, and this power strengthens the circle of addiction.

Furthermore, a study of students in Punjab showed that the use of methamphetamines was linked to psychological distress, confusion of identity, and isolation (Ansar et al., 2024). These results indicate that emotional and social reasons are imperative in substance use commencement and recurrence. Religious and cultural values tend to condemn the moral aspects of Pakistani substance users and contribute to worsening the feelings of shame and self-blame (Khan et al., 2021). This cultural situation can also make recovery and emotional adaptation more difficult.

Recent research in the international arena has focused on the significance of perceived stigma in recovery hindrance. Indicatively, Tsai et al. (2020) established that perceived stigma was a significant predictor of relapse and decreased psychological well-being in substance users. Equally, Treloar et al. (2021) have indicated that stigma is a contributor to social exclusion and psychological distress, and this adversely influences recovery. According to a study by Yang et al. (2022), it was also found that stigma contributes to internalized shame, loss of identity and reduced treatment engagement.

The recent evidence also points out the effects of stigma on psychological well-being. Volkow et al. (2021) state that stigma is one of the factors resulting in emotional distress, depression, and low levels of recovery among substance users. On the same note, McGinty et al. (2020) reported that stigma has a negative impact on social support and access to treatment, which adversely affects the outcome of recovery. These results indicate how important the psychological and social factors are in the recovery of addicts.

Altogether, the literature suggests that the major psychological factors influencing the methamphetamine relapse and recovery are shame, guilt, self-labeling, and perceived stigma. Such emotional experiences lead to psychological distress, identity disruption, as well as decreased treatment engagement. Both the literature on native and non-native research indicates that it is crucial to consider stigma and emotional responses in addiction treatment. Nonetheless, the relationships between shame, guilt, self-labeling, and perceived stigma in Pakistan are not well studied, and the qualitative research on the lived experience of relapsing methamphetamine users is limited to date. Accordingly, the objective of the current research is to investigate these psychological experiences to get better insights and guide culturally relevant intervention models.

Methodology

The study under consideration adopted a qualitative research design based on phenomenological approach in examination of the lived experiences of shame, guilt, self-labeling, and the perceived stigma in relapsing methamphetamine users. The group of participants was recruited using purposive sampling in the rehabilitation centers of Punjab, Pakistan, because this method can be used to select people that have had a first-hand experience with the phenomenon under study. The sample was 8-12 adults who had relapsed in using methamphetamine and had at least one attempt to have a treatment. Semi-structured and in-depth interviews were used to ensure that the data were collected in the Urdu language and so that the participants feel comfortable and can express themselves. Interviews were conducted in a time span of 40 to 60 minutes and taped with the permission of the participants. The interview guide was based on emotional experiences, self-perceptions, stigma experiences and recovery challenges. Thematic analysis was employed to analyze data through following the six steps process described by Braun and Clarke, which consisted of familiarization, coding, theme development, review, definition, and reporting.

Credibility was established to create trustworthiness by the use of member checking and confidentiality and the maintenance of ethical standards were provided through informed consent and anonymity of the study participants.

Results

This study was aimed at investigating the lived experiences of shame, guilt, self-labeling, and perceived stigma in relapsing methamphetamine users and their effect on psychological well-being and recovery. Interpretation of the interview data was conducted thematically leading to the development of themes.

Table 01

Superordinate Themes, Subordinate Themes, and Codes for Experiences of Relapsing Methamphetamine Users

Codes	Subordinate Themes
1) Feeling useless	1) Feelings of worthlessness
2) Feeling ashamed of self	2) Loss of self-respect
3) Feeling inferior	3) Negative self-perception
4) Regret hurting family emotionally	4) Regret over family harm
5) Regret wasting money on drugs	5) Regret over financial loss
6) Guilt for breaking recovery promises	6) Regret over relapse
7) Calling self addict	7) Addict identity
8) Seeing self as failure	8) identity as failure
9) Feeling permanently damaged	9) Loss of positive identity
10) Lack of family trust	10) Family stigma
11) Feeling judged by society	11) Social judgment
12) Avoiding social interaction	12) Social withdrawal
Superordinate Themes:	
1) Internalized shame	
2) Persistent guilt	
3) Negative self-labeling and identity disturbance	
4) Perceived social stigma and social isolation	

Discussion

The current qualitative research investigated the internalized shame experiences, perceived persistent guilt, negative self-labeling, and perceived social stigma experiences of the relapsing methamphetamine users and its effects on the psychological wellness and recovery. These results helped to confirm the hypothesis that hypothesized relapse methamphetamine users undergo high levels of shame and guilt, self-labeling and perceived stigma, which have adverse impact on their psychological health and recovery. Four superordinate themes were found, which reflected the issue of emotional and social difficulties of relapse in a complex way.

The internalized shame was the first superordinate theme that exposed that the participants developed feelings of worthlessness, loss of self-respect, and negative self-perception. Participants claimed that they perceived themselves as inferior and morally flawed which had a negative impact on their identity and their emotional state. These results are aligned with the existing literature that states that shame is closely connected with low self-esteem, depression, and vulnerability to relapse in substance users (Luoma et al., 2021). Shame is a universal negative self- assessment and in most cases, it results in emotional distress and avoidance tendencies (Snoek, 2021). Likewise,

Kim et al. (2022) discovered that people who were in the recovery phase after using methamphetamine were deeply ashamed, and this affected their own self-confidence and motivation to recover. Moral and social standards can contribute to the enhancement of shame, which, in turn, leads to the deterioration of psychological health in the Pakistani cultural environment, where the issue of substance use is highly stigmatized.

The second higher-level theme was the persistent guilt, which indicated the remorse of the participants in this regard, the destruction of family members, spending money and breaking vows in recoveries. In comparison to shame, guilt was mostly associated with certain actions and not the self. This result is consistent with that of Dearing et al. (2021), who stated that guilt is linked to the awareness of harmful actions and can even foster change motivation. Correspondingly, Luoma et al. (2021) observed that guilt could aid recovery under the condition of the promotion of responsibility and reparative behaviors. However, in the case of a chronic guilt, it can cause an additional emotional distress and lead to the risk of relapse. The current evidence indicates that guilt has a two-fold effect, as it is the cause of distress as well as the reason to get better.

The negative self-labeling and identity disturbance theme was the third superordinate one, which indicated that the participants personalized the stigmatized identities like addict and failure and this caused identity disturbance and hopelessness. The result corresponds to the self-stigma framework, according to which label internalization results in decreased self-worth and recovery motivation (Earnshaw et al., 2020). Matthews et al. (2022) additionally stated that self-labeling is harmful to psychological well-being and tries to strengthen the cycle of addiction. This can cause identity disruption thereby making the individuals unable to establish a positive recovery identity that is vital in long-term recovery.

The fourth superordinate theme, which was the perceived social stigma and social isolation, indicated that the participants felt rejected, judged, and not trusted by family and other people in the society. The experiences led to social withdrawal and emotional distress. This is in line with past studies on the subject that perceived stigma is a significant challenge to addiction recovery and treatment participation (Volkow et al., 2021). Equally, Yang et al. (2022) established that stigma leads to identity loss, social isolation and poor mental health outcome in substance users. Pakistan also suggests that indigenous research shows that social stigma adds to the psychological distress and increase chances of relapse among the drug users (Jan et al., 2023). These results emphasize the need to deal with stigma during addiction treatment.

Generally, the results support the study hypothesis and indicate that shame, guilt, self-labeling, and perceived stigma have a negative impact on psychological well-being and recovery among relapse methamphetamine users. Those emotional and social experiences provide obstacles to recovery and lead to relapse.

Practical Implications

The results have a number of significant practical implications. To enhance emotional control and self-acceptance, first, psychological interventions and delivery of shame and guilt-reducing programs, including cognitive behavioral therapy, compassion-focused therapy, and acceptance-based interventions should be included in the treatment programs of addiction (Luoma et al., 2021). Second, self-labeling and identity reconstruction should be treated, and people should be helped to create a positive identity of recovery. Third, the educational and support programs on family should be introduced to overcome the stigma and enhance family relationships. Fourth, the community awareness programs need to be established that will help decrease social stigma and

encourage the acceptance of people in the recovery. Such interventions can enhance psychological health and healing.

Limitations and Suggestions

This research has a number of limitations. To begin with, the sample was limited as it was only rehabilitation centers in Punjab that might not be generalizable. Second, the research followed a qualitative approach, and the results are not applicable to the whole substance users. Third, the answers given by the participants might have been affected by the social desirability bias. Fourth, the literature was restricted to methamphetamine users, and results can be different with other drugs. The next study should involve more and diverse samples.

Further research must focus on the efficacy of intervention aimed at shame, guilt, and stigma reduction in the process of addiction recovery. Longitudinal research ought to be conducted to address change in emotional experiences. Protective factors like social support, resilience and spirituality should also be discussed in future research. The relapsed and recovered individuals may be compared in the future to further understand the recovery processes.

Conclusion

To conclude, the current research proved that the hypothesis that there is a lot of shame, guilt, self-labeling, and perceived stigma among relapsing methamphetamine users have a negative impact on psychological well-being and recovery. These affective and social causes are those that make identity disturbance, emotional distress, and relapse prone. The treatments of these psychological experiences using culturally relevant interventions can enhance the results of recovery and mental health among the methamphetamine users.

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