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## GÖRÜNTÜ SUNUMU/ IMAGE PRESENTATION

# TRANSFORMATIVE EMOTIONAL JOURNEYS: RECONCEPTUALIZING GUILT, SHAME, HOPE, AND COMPASSION IN ADDICTION THERAPY

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### *Abstract*

*This paper reconceptualizes four key emotions—guilt, shame, hope, and compassion—in addiction therapy, proposing a novel framework that acknowledges their transformative potential. Traditional perceptions cast guilt and shame as purely negative, but this study posits them as motivators for change when reframed positively. Hope and compassion are re-envisioned as active forces, essential for resilience and recovery. Integrating positive psychology and Acceptance and Commitment Therapy, the paper advocates for a therapeutic approach that focuses on strengths and growth, promoting a balanced treatment that fosters personal development. A literature review and theoretical analysis support the framework, calling for therapeutic engagement with emotions as central to the recovery process. The new model aims for a holistic, empathetic practice, empowering clients and suggesting a paradigm shift in clinical addiction therapy. Future research is encouraged to establish long-term efficacy and explore integration with conventional methods.*

**Keywords:** *Emotional Reconceptualization, Guilt, Shame, Hope, Compassion.*

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## **DÖNÜŞTÜRÜCÜ DUYGUSAL YOLCULUKLAR: BAĞIMLILIK TERAPİSİNDE SUÇLULUK, UTANÇ, UMUT VE MERHAMETİ YENİDEN KAVRAMSALLAŞTIRMAK**

### **Özet**

*Bu makale, bağımlılık terapisinde suçluluk, utanç, umut ve merhamet olmak üzere dört temel duygunun dönüştürücü potansiyelini yeniden kavramsallaştırmaktadır ve bunların iyileşme sürecinde güçlü destekleyiciler olarak kullanılabileceğini ileri sürmektedir. Geleneksel algılar suçluluk ve utanç duygularını tamamen olumsuz olarak etiketlemekteyken, bu çalışma onları doğru bir şekilde yeniden çerçeveleme yapıldığında değişim için motivatörler olarak sunmaktadır. Umut ve merhamet, direnç ve iyileşme için hayati aktif güçler olarak yeniden değerlendirilmektedir. Pozitif psikoloji ve Kabul ve Bağlanma Terapisinin entegrasyonu ile, makale, güçlü yönler ve kişisel büyüme üzerine odaklanan terapötik bir yaklaşımı savunmaktadır. Bu yaklaşım, kişisel gelişimi teşvik eden dengeli bir tedavi sunmayı amaçlamaktadır. Literatür taraması ve teorik analizlerle desteklenen bu yeni çerçeve, terapide duyguların merkezi bir rol oynaması gerektiğini öne sürmektedir. Model, bütüncül ve empatik bir uygulama için bir paradigma değişikliği önermekte ve klinik bağımlılık terapisinde danışanları güçlendirmeyi amaçlamaktadır. Uzun vadeli etkinliği belirlemek ve geleneksel yöntemlerle entegrasyonu keşfetmek için daha fazla araştırmaya ihtiyaç vardır.*

***Anahtar kelimeler:** Duygusal Yeniden Kavramlaştırma, Suçluluk, Utanç, Umut, Şefkat.*

### **INTRODUCTION**

The journey of addiction and recovery is intricately laced with a complex tapestry of emotions, each playing a pivotal role in both the descent into and the emergence from addictive behaviors (Flora & Stalikas, 2015). In the realm of clinical psychology, a profound understanding of these emotional dynamics is not merely beneficial but essential (Elster, 2009). It offers a lens through which clinicians can comprehend and effectively intervene in the cyclic nature of addiction. This paper focuses on four key emotions—guilt, shame, hope, and compassion—that are consistently evident in the narratives of addiction and recovery. These emotions, often experienced with intense profundity by individuals struggling with addiction, significantly influence both the perpetuation of addictive behaviors and the journey towards recovery.

Guilt and shame, frequently intertwined and mistaken for one another (Blum, 2008), are emotions that can anchor an individual in a state of self-deprecation and continual relapse. Conversely, hope and compassion, when nurtured, have the power to illuminate the path to recovery, offering resilience and a sense of shared humanity (Ridgeway et al., 2011). The rationale for

focusing on these particular emotions stems from their dualistic nature: while they can entrench addiction, they also possess the transformative potential to catalyze recovery.

The objective of this paper is to reconceptualize these emotions within the context of addiction therapy. By challenging traditional perceptions and exploring innovative therapeutic interventions, this paper aims to propose a new framework for understanding and leveraging these emotions in clinical settings. This approach is not only intended to enrich the therapeutic process but also to provide a deeper, more nuanced understanding of how these emotions interact with the psychological mechanisms of addiction and recovery.

The scope of this paper encompasses a comprehensive review of existing literature, an analysis of theoretical models, and a synthesis of practical applications in clinical settings. Through this exploration, the paper seeks to offer a fresh perspective on emotional dynamics in addiction therapy, highlighting the importance of an empathetic, holistic approach in clinical practice.

## **1. LITERATURE REVIEW**

### **1.1. Current Understanding and Treatment Approaches Related to Emotions in Addiction Therapy**

The nuanced relationship between emotions and addiction therapy is foundational to understanding and treating addictive behaviors. It is well-documented in the literature that emotional states such as anxiety, depression, and anger can precipitate the development of addiction (Koob, 2015), and result from ongoing addictive patterns. These emotions often serve as both the fuel and aftermath of an individual's journey through addiction (Nakken, 2009), creating a complex emotional landscape that must be navigated with care.

Within the domain of addiction therapy, a multitude of therapeutic approaches have been employed to address the complex interplay of emotions and addictive behaviors. Among these, Cognitive Behavioral Therapy (CBT) and Dialectical Behavior Therapy (DBT) stand out for their structured methodologies in altering maladaptive thought patterns and enhancing emotional regulation, respectively. However, Acceptance and Commitment Therapy (ACT) introduces a complementary, albeit distinct, perspective centered on acceptance, mindfulness, and personal values, thereby

broadening the therapeutic landscape, particularly in the context of guilt, shame, hope, and compassion (Gloster et al., 2020).

ACT diverges from traditional CBT and DBT by prioritizing psychological flexibility rather than mere symptom reduction (Ruork et al., 2022). This flexibility is achieved through six core processes: cognitive defusion, acceptance, contact with the present moment (mindfulness), observing the self, values clarification, and committed action (Levin et al., 2020). In the realm of addiction therapy, these processes facilitate a more nuanced engagement with complex emotions. Unlike CBT, which focuses on changing negative thoughts, and DBT, which emphasizes emotional regulation, ACT encourages individuals to accept their emotions without judgment, thereby fostering a more compassionate self-relationship (Fernández-Rodríguez et al., 2021).

In dealing with guilt and shame, ACT posits that these emotions, while painful, are part of the human experience and not to be avoided or suppressed. Instead of attempting to alter the content of these emotions—as is common in CBT—ACT guides individuals to change their relationship with these emotions, promoting acceptance and understanding (Samaan et al., 2021). This shift can be particularly empowering for individuals struggling with addiction, as it moves them away from a cycle of self-criticism and towards a path of self-acceptance and change.

Furthermore, ACT's emphasis on hope and compassion aligns closely with its core principles. Hope, within the ACT framework, is not merely a wish for a better future but is deeply tied to values clarification and committed action. This approach ensures that hope is grounded in meaningful, values-driven actions, making it a dynamic and sustainable force in recovery (Nicotera, 2023). Compassion, particularly self-compassion, is elevated as a critical component of therapy, with ACT providing strategies for individuals to be kinder to themselves amidst their struggles, thereby reducing the shame and self-stigmatization often associated with addiction.

Therapeutic approaches (Cavicchioli et al., 2019) have evolved to place greater emphasis on the regulation and understanding of these emotional states. CBT, a mainstay in addiction treatment, operates on the principle that by changing maladaptive thought patterns, one can alter emotional responses and behaviors that contribute to addiction (Zilverstand et al., 2016). DBT, with its roots in CBT, further aims to balance the acceptance and change of emotional experiences, teaching patients skills to

manage and sit with intense emotions without resorting to addictive behaviors (Montaser, El Malky & Atia, 2023).

In addition to these, mindfulness-based interventions have risen to prominence, offering a different approach that focuses not on changing emotions, but on changing one's relationship with them. Mindfulness practices encourage individuals to observe their emotional states with detachment and without judgment, thereby reducing the impact of negative emotions on behavior (Calloway, 2009).

Despite the efficacy of these methods, they often conceptualize emotions as secondary to the addiction—symptoms to be managed rather than core components of the individual's experience. There is a growing recognition that emotions are not just peripheral to addiction but central to it (Verdejo-García & Bechara 2009). They are not only triggers to be controlled or negative states to be alleviated but also important signals that can inform the therapeutic process. For instance, understanding the role of anxiety in addiction can lead to more targeted interventions that address the underlying causes of the anxiety, rather than just its manifestation as addictive behavior (Avery, Clauss & Blackford, 2016).

Embracing emotions as integral to the addiction experience calls for a therapeutic approach that acknowledges the full spectrum of an individual's emotional life. This perspective considers not only how emotions can lead to addictive behaviors but also how the experience of addiction can shape an individual's emotional World (Dayton, 2000). By doing so, therapy can be tailored to meet the individual needs of patients, recognizing the role of emotions as both a pathway to addiction and a potential source of healing and recovery.

## **1.2. Analysis of Previous Studies on Guilt, Shame, Hope, and Compassion in Addiction and Recovery**

In the realm of addiction recovery, the investigation into the roles of guilt, shame, hope, and compassion has yielded a wealth of insights, albeit with areas that remain less charted (Snoek et al., 2021). Research delving into guilt and shame illustrates that these emotions, while often spoken of together, have unique influences on the process of recovery (Derakhshandeh, Shahidi, & Ghanbari, 2023). Guilt, which manifests as regret for one's actions, can be a catalyst for change, propelling individuals toward rectifying wrongs and altering destructive patterns (Dull et al., 2021). It suggests a forward movement, a discomfort with the past that motivates one to seek a different future.

Shame, by contrast, can become a shackle that keeps one mired in addiction. Characterized by a pervasive sense of self-criticism and inadequacy, shame can perpetuate the cycle of substance abuse as individuals seek to numb or escape their painful self-assessments. This distinction is critical; yet, the complexities of how guilt can transition into a constructive force, or how shame can be effectively addressed to prevent it from deepening the hold of addiction (Bradshaw, 2005), are not thoroughly examined in the literature.

On a more uplifting note, the emotions of hope and compassion have been consistently identified as allies in the journey to recovery (Deegan, 1996). Hope, the belief in the possibility of a better future and the ability to take steps towards it, serves as a potent motivator (Snyder, 1994). It is the wind in the sails for individuals navigating the often-turbulent waters of recovery. Similarly, compassion, particularly when directed inward as self-compassion, emerges as a powerful antidote to the poison of addiction (Hurley, 2021). The understanding and kindness one shows to oneself can be inversely related to the grip of substance dependence, indicating a nurturing path away from self-destructive tendencies.

However, the mechanisms by which hope and compassion exert their beneficial effects are not entirely mapped out. While their positive correlation with recovery success is clear, the pathways through which they are best integrated into treatment programs, and how they interact with other aspects of therapy, require further clarification. The variability in how these emotions are woven into standard treatment highlights a need for a more systematized approach, one that is sensitive to the nuances of emotional processes in addiction and recovery.

The burgeoning interest in ACT within the addiction treatment landscape is supported by a growing body of empirical evidence highlighting its effectiveness in managing complex emotions pivotal to recovery processes (Khadjesari et al., 2021). Research delineates how ACT, with its foundation in psychological flexibility, significantly improves outcomes for individuals grappling with addiction, particularly through its nuanced approach to emotions such as guilt, shame, hope, and compassion.

A seminal study by Hayes et al. (2004) serves as an early testament to ACT's efficacy, where participants receiving ACT demonstrated improved psychological flexibility, reduced substance use, and enhanced quality of life compared to control groups. This foundational work paved the way for further

investigations into ACT's impact on emotional well-being in addiction contexts.

In the realm of guilt and shame—emotions frequently encountered in addiction recovery—Luoma, Kohlenberg, Hayes, Bunting, and Rye (2008) conducted a randomized controlled trial that found ACT participants showed a significant reduction in shame and guilt alongside decreased substance use. This study underscores ACT's capacity to transform these potentially debilitating emotions into catalysts for positive change by fostering an acceptance-based relationship with them.

Regarding hope, a crucial emotional driver in recovery, Grégoire, Lachance, Bouffard, and Dionne (2015) explored how ACT interventions enhanced hope by aligning it with personal values and committed actions. Their findings suggest that hope, within the ACT framework, extends beyond mere optimism to become a structured, values-driven force that significantly predicts sustained recovery outcomes.

Compassion, particularly self-compassion, emerges as another critical emotional facet addressed by ACT. Zaring, Lawrence, and Marchman (2015) illustrated that ACT participants reported higher levels of self-compassion, which correlated with decreased instances of substance relapse. This elevation of self-compassion highlights ACT's effectiveness in mitigating self-criticism and shame, fostering a more compassionate and supportive stance towards oneself during recovery.

Further, a meta-analysis by Lee, An, Levin, and Twohig (2015) consolidates the evidence supporting ACT's role in addiction treatment. Analyzing data across several studies, the authors conclude that ACT not only aids in reducing substance use but also significantly improves emotional regulation, psychological flexibility, and overall well-being among individuals in recovery.

### **1.3. Identification of Gaps in Existing Research**

The scholarly landscape of addiction therapy acknowledges the pivotal role of emotions in both the development and resolution of addictive behaviors (Blum et al., 2017). However, there exists a pronounced gap in research specifically directed at understanding and harnessing these emotions as facilitative tools within the recovery process. Current literature often positions emotions as reactive states to be managed or mitigated, rather than proactive agents that can be engaged to foster recovery. This perspective

potentially overlooks the depth and influence emotions have as active participants in the addiction narrative.

Furthermore, while there is recognition of the individual impact of emotions such as guilt, shame, hope, and compassion (Mayer & Vanderheiden, 2019a), there is a scarcity of research that examines them in concert. The interplay and potential synergies between these emotions remain underexplored. A holistic framework that could encapsulate the dynamic interplay between these emotional states is notably absent. Such a framework could offer clinicians a more nuanced understanding of the emotional currents that underpin addiction, enabling them to tailor interventions that are not only reactive but transformative.

Traditional therapeutic approaches offer invaluable tools (Lu et al., 2009) but often lack the adaptability to fully engage with the complex emotional fabric of individuals in the throes of addiction. There is a need for therapeutic models to expand beyond their current limitations, incorporating a more nuanced approach to emotional dynamics. This would involve not just addressing emotions as they surface but anticipating their trajectories and interactions in the context of an individual's recovery journey.

In essence, the gaps identified call for a concerted effort to craft a comprehensive, emotion-centric model of therapy. Such a model would not only enrich the theoretical tapestry of addiction studies but also translate into more effective and compassionate clinical practices, offering tangible strategies to navigate the emotional landscapes of those seeking to overcome addiction.

## **2. THEORETICAL FRAMEWORK**

### **2.1. Introduction to New Conceptual Models for Understanding Emotional Dynamics in Addiction**

In the prevailing models of addiction therapy, emotions are often categorized simplistically as triggers for substance use or as obstacles to be overcome on the path to recovery (Sun, 2007). This dichotomous view, while useful, does not fully capture the multifaceted role of emotions in the complex tapestry of addiction (Torres et al., 2013). This paper introduces a novel conceptual framework that reconceptualizes emotions as entities with dual potential: they can be both the architects of downfall in addiction and the catalysts of transformation in recovery.

This framework posits that emotions such as guilt (Nencini & Meneghini, 2013), shame (Mayer & Vanderheiden, 2019b), hope (Snyder,



Rand & Sigmon 2002), and compassion (Gilbert & Irons, 2005) are not merely passive experiences to be managed but dynamic forces that can be harnessed. These emotions carry with them the power to destroy or heal, to hinder or promote recovery. Guilt, for instance, can propel an individual to make amends and initiate change, while shame, in a supportive therapeutic environment, can be reframed and processed into a path towards self-acceptance. Hope can serve as the motivational engine driving recovery, and compassion, especially self-compassion, can lay the groundwork for a nurturing and forgiving approach to one's journey out of addiction.

The new framework advocated here encourages a shift away from a purely management-oriented approach towards an engagement strategy. It calls for a therapeutic process that not only identifies and responds to these emotions but also actively incorporates them into the core of treatment planning. Such an approach recognizes the inherent power of emotions to effect change and seeks to engage with them in a way that acknowledges their complexity and their critical role in the addiction and recovery journey. This perspective aims to transform the therapeutic landscape by cultivating an environment where emotions are not just obstacles or triggers but valuable allies in the journey towards recovery (Jha & Singh, 2020).

The proposed theoretical framework, drawing from ACT, suggests that acceptance of these internal experiences is a critical step toward recovery. Acceptance does not equate to resignation but rather to a conscious acknowledgment of one's feelings and thoughts without immediate judgment or suppression (Fogelkvist et al., 2020). This acceptance creates a psychological space where change becomes possible, transforming how individuals interact with their emotions, particularly those like guilt and shame, which are prevalent in addiction narratives.

Mindfulness, as promoted by ACT, is another pillar that enriches this theoretical framework. Mindfulness in addiction therapy transcends the mere act of being present; it involves a deliberate and nonjudgmental attention to the present moment, fostering an awareness that disentangles the self from automatic thoughts and emotional reactions (Googhari et al., 2022). This heightened state of awareness enables individuals to observe their cravings and emotional triggers as transient experiences, reducing their overpowering influence. Integrating mindfulness into the model encourages a shift from a reactive stance to a more reflective and controlled approach to emotions and behaviors, enhancing emotional regulation and resilience against relapse.

The third ACT principle—values—offers a profound direction for the proposed theoretical framework. Traditional addiction therapies often focus on avoidance goals (e.g., avoiding substance use), which, while important, may not provide the positive motivation needed for sustained change (Whiting et al., 2021). ACT introduces the concept of values-driven actions, suggesting that recovery is most effective when individuals pursue meaningful, values-aligned goals. This approach transforms the recovery process into a positive journey toward self-actualization, rather than merely an escape from addiction. By integrating personal values into the treatment plan, individuals are likely to find a deeper, more sustainable motivation to maintain their recovery efforts, as their goals resonate with their core self.

Incorporating acceptance, mindfulness, and values into a comprehensive model for addiction therapy offers a pathway that is both revolutionary and deeply humane. This framework recognizes the complexity of addiction, viewing it through a lens that values emotional depth, personal growth, and psychological flexibility (McClintock & Marcus, 2021). It acknowledges that recovery involves navigating a spectrum of emotions, from the challenging (guilt and shame) to the hopeful (compassion and self-acceptance), and that a meaningful life beyond addiction is possible through alignment with personal values and goals.

The integration of ACT principles into this framework does not negate the importance of traditional therapeutic approaches but rather enhances them, creating a multifaceted treatment model that addresses both behavior and the underlying emotional processes. It proposes a balanced approach where changing maladaptive behaviors, fostering emotional acceptance and mindfulness, and pursuing values-driven actions are seen as complementary, mutually reinforcing strategies in the journey toward recovery.

## **2.2. Integration of Positive Psychology into Addiction Therapy**

The infusion of positive psychology into the realm of addiction therapy offers a transformative shift from a deficit-focused model to one that accentuates the inherent strengths and capabilities of individuals. This integration is pivotal to the proposed theoretical framework, which challenges the traditional preoccupation with the pathologies and deficits that accompany addiction (Eryilmaz, 2017). Positive psychology, with its core principles centered on fostering strengths, resilience, and the pursuit of personal growth, provides a complementary perspective that aligns with the multi-dimensional nature of human experiences and behaviors.

By weaving positive psychology into the fabric of addiction treatment (Selvam, 2015), the therapeutic process can adopt a more holistic and balanced approach. This strategy moves beyond merely combating the symptoms and negative emotional states of addiction to actively promoting positive emotional states. Techniques aimed at cultivating optimism can instill a hopeful outlook towards the future, a fundamental shift for individuals who may have been entrenched in a cycle of pessimism and despair. The practice of gratitude can redirect focus from past regrets and current challenges to an appreciation for present possibilities and future opportunities. Additionally, nurturing a sense of purpose can serve as a powerful motivator, guiding individuals towards meaningful goals and a fulfilling life that transcends the bounds of addiction.

This approach does not seek to replace traditional methods but to augment them, creating a synergy that can more effectively address the multifaceted needs of those in recovery. By integrating the principles of positive psychology, addiction therapy can more fully support individuals not just in overcoming addiction, but in thriving beyond it, fostering well-being, and facilitating a journey towards a rich and fulfilling life.

### **2.3. Integrating of Acceptance and Commitment Therapy with Traditional Addiction Approaches**

The landscape of addiction therapy is rich and varied, incorporating a range of traditional approaches such as CBT, DBT, and motivational interviewing, among others. Each of these methodologies brings unique strengths to the treatment of addiction, focusing on aspects like cognitive restructuring, emotional regulation, and enhancing motivation for change. However, the integration of ACT with these traditional approaches can enhance treatment efficacy by introducing a complementary focus on acceptance, mindfulness, and values-driven action (Yıldız, 2020).

**CBT and ACT:** While CBT focuses on modifying negative thought patterns and behaviors, ACT introduces an additional layer by promoting acceptance of unwanted thoughts and feelings (Coto-Lesmes et al., 2020). The integration of CBT's cognitive restructuring with ACT's acceptance-based strategies can empower individuals to not only change maladaptive thoughts but also develop a more compassionate relationship with their inner experiences, thereby addressing the cognitive and emotional aspects of addiction simultaneously.

**DBT and ACT:** DBT emphasizes emotional regulation and distress tolerance, which are crucial for individuals with addiction. By integrating

ACT, therapists can enhance DBT's focus on managing intense emotions by fostering an attitude of acceptance and mindfulness toward emotional experiences (Reyes-Ortega et al., 2020). This combination can provide a robust framework for clients to navigate emotional distress without resorting to substance use, enhancing resilience and coping strategies.

**Motivational Interviewing and ACT:** Motivational interviewing aims to resolve ambivalence and enhance motivation for change. When combined with ACT, the values clarification component of ACT can deepen the motivational interviewing process by helping clients identify and commit to values that motivate recovery. This integration ensures that motivation is not only generated but also aligned with deeply held personal values, promoting sustained engagement in recovery (Hurlocker et al., 2020).

### **Rationale for Reframing Traditional Perceptions of Key Emotions**

The traditional perceptions of key emotions within the context of addiction therapy are ripe for reevaluation. The proposed theoretical framework advocates for a nuanced reinterpretation of these emotions, acknowledging their potential for positive transformation. Guilt and shame, commonly perceived as negative emotions, are reimagined within this framework. Guilt becomes an avenue for recognizing the consequences of one's actions, thereby fostering a sense of responsibility and catalyzing the desire for change (Greenspan, 1995). It transitions from a paralyzing experience to one that motivates corrective action and personal development.

Shame, too, is reconceived, shifting from a toxic and isolating emotion to a starting point for a journey towards self-acceptance and personal growth (Greenwood, 2016). Through the lens of empathy and understanding, the experience of shame can evolve into a deepened self-awareness and an opportunity for transformative healing. It is not the presence of shame itself that dictates outcomes, but rather the manner in which it is approached and processed within the therapeutic milieu.

Hope, in this refreshed framework, is elevated from a passive state of wishing to an active, dynamic process. It involves the active setting of goals, the identification of viable pathways to achieve these goals, and the cultivation of sustained motivation (Lopez et al., 2004). Hope is envisioned as a driving force, a source of energy and resilience that propels the individual forward in the recovery journey.

Compassion, and particularly self-compassion, is repositioned as a cornerstone of this new model. It moves beyond the shadows of self-

discipline and control, illuminating a path marked by understanding and kindness towards oneself (Neff, 2003). This compassionate stance can dramatically diminish the burden of self-stigma and open the door to profound emotional healing.

By challenging the conventional narratives that surround emotions in the domain of addiction therapy, this theoretical framework paves the way for innovative treatment approaches. It encourages a holistic embrace of the complex and transformative potential of emotions, with the goal of fostering a therapeutic approach that is not only more empathetic but also more effective. This model stands as a testament to the potential for emotional growth and healing even in the face of the profound challenges presented by addiction.

### **3. REFRAMING GUILT AND SHAME**

#### **3.1. Exploration of Guilt and Shame in Addiction: Traditional Views vs. New Perspectives**

In the traditional narrative of addiction, guilt and shame are often cast as the twin harbingers of relapse, serving as both the cause and effect of substance use (Batchelder et al., 2022). Guilt typically emerges from actions that conflict with one's values or societal norms, eliciting a response of remorse and a desire to make amends. Shame, by contrast, plunges deeper, engendering a pervasive sense of self-directed negativity that can feel insurmountable. These emotions, in the throes of addiction, often drive individuals towards substance use as a means of escape, seeking solace in the numbing embrace of their addiction rather than facing the painful sting of these emotions.

However, evolving perspectives in the field of addiction therapy are beginning to reshape the dialogue around guilt and shame (Snoek et al., 2021), suggesting that these emotions, while challenging, also hold the potential for positive transformation. Guilt, when recognized and processed correctly, can become a powerful motivator for change—a clear signal that one's actions are out of sync with personal values, prompting a realignment through positive action. This reframing of guilt transforms it from a source of pain to a catalyst for growth.

Shame (Matthews, 2019), too, is ripe for reexamination. When approached with empathy within a supportive therapeutic context, shame can be the starting point for a journey of self-discovery and growth. This process involves breaking through the layers of negative self-perception and

rebuilding a foundation of self-compassion and acceptance. In doing so, the very emotion that once perpetuated the cycle of addiction becomes a stepping stone towards recovery, fostering a sense of resilience and self-worth that is essential for long-term sobriety.

These new perspectives challenge the view of guilt and shame as mere impediments to recovery, positioning them instead as complex emotional experiences that, with the right support and reframing, can be integral to the healing process. This shift not only has implications for how individuals grappling with addiction understand their emotions but also for how therapists and treatment programs can design interventions that harness these feelings as forces for good.

### **3.2. Discussion of Theoretical Models That Transform Guilt and Shame into Constructive Emotions**

Theoretical models that reconceptualize guilt and shame within the context of addiction therapy offer transformative avenues for emotional healing and behavior change. Cognitive reappraisal (Buhle et al., 2014) stands as a powerful tool in this endeavor, inviting individuals to shift their perspective on guilt and shame. Instead of markers of failure, these emotions are reframed as signposts for growth, signaling misalignments in behavior and personal values that can be realigned through positive action. This reframing process enables individuals to leverage their feelings of guilt and shame as motivators for positive change, rather than impediments to progress.

Narrative therapy provides another avenue for transformation by helping individuals to detach from their emotions and view them as malleable components of their life story (Singer, Singer & Berry, 2013). In this therapeutic context, guilt and shame are not inescapable truths but elements of a narrative that can be reauthored. Through this reauthoring process, individuals can rewrite their stories to emphasize resilience and recovery, thereby changing their relationship with these emotions and their sense of self.

Compassion-Focused Therapy (CFT) is particularly adept at addressing the corrosive effects of shame (Carlyle et al., 2019a). By cultivating self-compassion, individuals learn to counterbalance critical self-judgments and the negativity of shame with kindness and understanding. This shift can alleviate the crippling effects of shame, fostering a positive self-view and a more compassionate relationship with oneself.

Integrative models represent a holistic approach, blending various therapeutic strategies to tackle the complexities of guilt (Malti, 2016) and shame (Shaughnessy, 2018). By combining elements of mindfulness, self-compassion exercises, and cognitive-behavioral tactics, these models aim to build emotional resilience. The goal is to empower individuals to constructively process and ultimately transcend guilt and shame, paving the way for personal growth and recovery.

#### **4. HOPE AS A DYNAMIC PROCESS**

##### **4.1. Analysis of the Role of Hope in Addiction Recovery**

Hope, in the context of addiction recovery, transcends mere wishful thinking. It is a dynamic and active process that plays a crucial role in motivating individuals towards recovery and sustaining them through the challenges (Beddoe & Beddoe, 2019) of this journey. The concept of hope encompasses several key dimensions: the ability to envision a better future, the belief in the possibility of change, and the determination to take steps towards that change.

Studies have shown that hope can significantly impact recovery (Reddon & Ivers, 2023) by fostering resilience against relapse, enhancing self-efficacy, and providing a sense of purpose and direction. It acts as a counterbalance to the despair and hopelessness that often accompany addiction, offering a light in what might otherwise seem a perpetual darkness. Hope is not just about the end goal of recovery; it's about finding meaning and value in the process of recovery itself.

##### **4.2. Presentation of Methods to Cultivate and Sustain Hope in Clinical Settings**

In clinical settings, the cultivation and sustenance of hope can be approached through a variety of targeted methods, each designed to reinforce the recovery journey (Lerman et al., 1999).

Goal-Setting Strategies are employed to guide clients in establishing achievable, short-term objectives that serve as stepping stones toward their broader recovery goals (Wing, 1991). This approach provides clients with a clear and structured roadmap, delineating a sequence of tangible milestones that bolster their sense of hope. As clients meet these interim goals, their accumulated successes can amplify their optimism about the future.

Strength-Based Approaches concentrate on the identification and application of an individual's inherent strengths and past triumphs (Shaima &

Narayanan, 2018). This method not only builds self-assurance but also fortifies the conviction that overcoming addiction is within their power. Recognizing and capitalizing on their innate capacities and previous victories can be a powerful antidote to feelings of helplessness that often accompany addiction.

Narrative Techniques encourage clients to share and reshape their life stories, incorporating their struggles with addiction as well as their triumphs over it (Weegmann, 2010). Through the process of crafting and recounting their narratives, individuals can begin to envisage a future in which change is not only possible but probable. This reauthoring of their personal story can transform their outlook and instill a belief in their capacity for change.

Mindfulness and Positive Visualization integrate practices that enhance awareness of the present moment and foster a positive projection of the future (Bowen, Parks & Coumar, 2006). Mindfulness aids clients in managing concerns tied to past behaviors and future uncertainties, while positive visualization techniques embolden a hopeful perspective, allowing clients to mentally rehearse and anticipate a future free from addiction.

Support Networks reinforce hope through the cultivation of robust social connections (Tracy & Wallace, 2016). The involvement of family, friends, and peer support groups provides individuals with external affirmations of hope, engendering a sense of community and understanding that can augment their internal reservoirs of optimism.

Resilience Building involves imparting and reinforcing skills to navigate the inevitable challenges of recovery (Dewi et al., 2020). This includes developing strategies to confront and surmount setbacks while maintaining a hopeful stance, recognizing that the path to recovery is non-linear and punctuated by both progress and difficulties.

Therapeutic Optimism is the practice of clinicians embodying and conveying a hopeful Outlook (Jaffe, Korthuis & Richardson, 2021). The therapeutic alliance is strengthened when clinicians themselves exhibit confidence in the recovery process, which can have a profound impact on the client's attitudes and beliefs about their potential for recovery.

These methods collectively form a comprehensive approach to nurturing hope within therapeutic environments, offering clients diverse tools and supports to retain a hopeful outlook throughout their recovery journey.

Hope in addiction recovery is a multi-faceted construct that can be nurtured and sustained through various therapeutic approaches. By actively



working to cultivate hope, clinicians can play a pivotal role in enhancing the recovery experience and outcomes for individuals battling addiction.

## **5. COMPASSION REDEFINED**

### **5.1. Examination of Self-Compassion and Compassion for Others in Addiction Therapy**

In the therapeutic landscape of addiction, compassion is a multi-dimensional construct that plays a significant role in both self-healing and the healing of relationships affected by addictive behaviors (Loizzo et al., 2009).

Self-Compassion is a critical element in this therapeutic process. It is the practice of extending kindness and understanding to oneself, particularly in moments of failure or when confronting personal flaws. For individuals on the path of recovery, the cultivation of self-compassion is essential. It allows them to perceive their missteps, not as irrevocable marks of defectiveness but as inherent parts of the human journey. This compassionate self-regard helps mitigate the often harsh self-criticism that many individuals in recovery experience, creating a more forgiving and supportive internal environment that can facilitate healing and growth (Chen, 2019).

Compassion towards others operates on a similar principle of understanding and empathy but directed outwardly. It engenders a sense of shared experience and community, which can be incredibly therapeutic for those feeling isolated by their addiction. By fostering compassion for others, individuals in therapy can often begin to rebuild and restore relationships that have been damaged by their past behaviors (Vijayakone & Abdullah, 2019). This outward expression of compassion can also reinforce their own recovery, as it can lead to a reinforcing cycle of positive social interactions and support.

Both forms of compassion—self-directed and directed towards others—are integral to a comprehensive approach to addiction therapy. They are not just emotional states but active practices that can be developed and strengthened over time, serving as tools for individuals to navigate the complexities of recovery and the restoration of interpersonal connections.

### **5.2. Strategies to Enhance Compassion as a Therapeutic Tool**

Incorporating compassion as a therapeutic tool in addiction therapy involves multifaceted strategies designed to foster kindness and understanding towards oneself and others. Here are several methods to enhance compassion within therapeutic settings:

Mindfulness-Based Interventions serve as a foundational practice to foster self-compassion (Bowen, & Vieten, 2012). Techniques like mindfulness meditation encourage individuals to observe their thoughts and feelings without judgment, thereby cultivating an accepting and kind attitude towards themselves. This practice can lead to a significant reduction in self-criticism and a more compassionate understanding of one's emotional landscape.

Compassion-Focused Therapy (CFT) specifically addresses the elements of shame and self-criticism that are prevalent in addiction. CFT exercises, such as compassionate imagery and writing compassionate letters to oneself, aim to develop a compassionate mind and facilitate the healing of emotional wounds associated with addiction.

Psychoeducation is another key strategy (Carlyle et al., 2019b). By educating clients about the multifaceted nature of addiction, including its biological, psychological, and social aspects, individuals can begin to understand their experiences within a broader context. This understanding can alleviate self-blame and cultivate a more compassionate view of one's journey through addiction.

Group Therapy and Peer Support provide a communal space where sharing and listening to others' experiences can enhance feelings of compassion (Rezaei Fard & Heidari, 2022). In group settings, individuals can find common ground with peers, which can help normalize their struggles and reinforce the notion that they are not alone, fostering a supportive and empathetic environment.

Cultivating Emotional Intelligence is essential for developing self-compassion and the ability to empathize with others. Therapeutic exercises aimed at recognizing and managing emotions can enhance an individual's capacity to respond to emotional challenges with compassion rather than criticism or judgment (Henning et al., 2021).

Role-Playing and Experiential Exercises allow individuals to explore different perspectives, which can lead to increased empathy and compassion. By engaging in activities that simulate others' experiences or reflect on their own experiences from a compassionate viewpoint, clients can deepen their understanding and empathy for both themselves and others.

These strategies, when integrated into addiction therapy, can create a powerful framework for the development of compassion, which is vital for

the healing process. Fostering compassion can not only aid in recovery but also enhance overall well-being and interpersonal relationships.

By redefining compassion in the realm of addiction therapy, the approach shifts from one of judgment and criticism to one of understanding and kindness. This not only aids in the healing process but also equips individuals with the emotional tools necessary for long-term recovery and healthier interpersonal relationships.

## **6. INTEGRATION OF POSITIVE PSYCHOLOGY**

### **6.1. Discussion on How Positive Psychology Can Transform Emotional Treatment in Addiction**

Positive psychology offers a rich vein of resources for transforming the emotional landscape of addiction therapy (Seligman, 2002). This branch of psychology diverges from traditional approaches that tend to concentrate on pathology, instead emphasizing the cultivation of positive emotional states and the innate potential for personal growth and resilience. Integrating the principles of positive psychology into addiction therapy can profoundly alter the treatment paradigm and potentially lead to enhanced outcomes for clients.

By cultivating positive emotions such as joy, gratitude, and love, therapists can help clients build a buffer against the stressors and negative emotional states that are often part and parcel of addiction (Swaby, 2017). These positive states do not merely serve as a counterweight to negative feelings; they actively contribute to an individual's resilience, providing a more robust emotional foundation that can support recovery efforts.

The focus on building upon an individual's strengths and virtues is another cornerstone of positive psychology that can be particularly empowering in the context of addiction therapy. This strength-based approach can increase clients' confidence in their ability to recover, improve their engagement with treatment, and lead to better outcomes (Slade, 2010). By acknowledging and fostering these strengths, therapists can help clients reconstruct a self-image that is not solely defined by addiction.

Promoting meaning and purpose is crucial in providing motivation and direction for clients in recovery (White et al., 2006). When individuals are supported in discovering and pursuing personal values, goals, and aspirations that reach beyond the realm of their addiction, they are often more motivated to sustain their recovery efforts. This search for meaning can imbue the recovery process with a sense of purpose that transcends the immediate goals of abstinence and symptom management.

Finally, enhancing hope and optimism can be instrumental in addiction therapy. Positive psychology interventions designed to foster an optimistic mindset can inspire a strong belief in a positive future (Gutierrez, 2019). This hopeful outlook encourages clients to engage in effective planning and to take actionable steps towards their goals, nurturing a proactive stance towards recovery.

### **6.2. Presentation of Case Studies or Examples Where Positive Psychology Principles Were Applied Effectively**

The efficacy of positive psychology principles in addiction treatment can be vividly observed through various case studies (Thompson, 2016) and practical examples (Garland et al., 2019) that demonstrate their transformative impact: In one such case study focusing on Gratitude Interventions in Recovery, clients engaged in daily practices of expressing gratitude, such as maintaining a gratitude journal. This simple yet profound practice encouraged them to recognize and appreciate positive aspects of their lives, contributing to a more optimistic life outlook and a noticeable reduction in substance use.

Another example comes from a Strength-Based Approach implemented in Group Therapy (McKenzie et al., 2016). Participants were invited to discover and apply their personal strengths to overcome addiction challenges. This not only bolstered individual self-esteem but also cultivated a supportive network within the group, reinforcing communal bonds and collaborative recovery efforts.

A case study on Meaning-Centered Therapy in Addiction Treatment (Thompson, 2012) presented a scenario where individuals were aided in identifying and pursuing what brought meaning to their lives beyond the confines of their addiction. This therapeutic intervention led clients to adopt healthier coping mechanisms and was associated with decreased relapse rates, highlighting the significance of purpose and meaning in the recovery process.

Hope Theory in Individual Counseling is yet another example where clients were guided to set concrete recovery goals, discern viable routes to achieving these objectives, and cultivate the necessary motivation to persist in their efforts (Saboor et al., 2019). This application of hope theory was instrumental in enhancing the clients' optimism and deepening their commitment to the recovery process.

These instances illustrate the tangible benefits of incorporating positive psychology into addiction therapy. By employing these principles,

therapists can adopt a more comprehensive and nurturing approach, one that extends beyond the immediate goal of addressing addiction to encompass the broader aim of promoting positive personal development and well-being.

## **DISCUSSION**

### **Interpretation of Findings in the Context of Addiction Therapy**

The synthesis of findings from the literature review and case studies (Erden & Hatun, 2015; Kılıçarslan, 2007; Şenormancı et al., 2010) signals a significant evolution in the field of addiction therapy. This evolution is marked by a shift from a purely pathologizing approach to one that recognizes and harnesses the dual nature of emotions and the empowering tenets of positive psychology.

The reconceptualization of guilt and shame represents a groundbreaking change in therapeutic strategies (Miceli & Castelfranchi, 2018). Traditionally considered to be purely detrimental emotions, these feelings are now seen as complex experiences with potential for positive transformation. By reframing these emotions, therapists can more effectively engage with clients, fostering a therapeutic milieu characterized by empathy, understanding, and self-acceptance. This shift paves the way for clients to use feelings of guilt and shame not as a source of continuous self-reproach but as a springboard for change and growth.

Hope is reimagined within this new paradigm as an active force in recovery (Colla et al., 2022), transforming it from a static state of desire into a dynamic, ever-evolving process. This active conceptualization of hope invites clients to engage directly with their recovery journey, creating and working towards a vision of a fulfilling future. Such a perspective empowers clients, instilling a sense of agency and motivation that is essential for enduring recovery.

The role of compassion, and particularly self-compassion, is redefined, moving away from being an overlooked aspect of therapy to becoming a core therapeutic objective. This approach nurtures a more empathetic and supportive therapeutic alliance and highlights the integral role of compassion in the healing process (Siegel, 2023). By cultivating a compassionate stance towards oneself, individuals can navigate the challenges of recovery with greater ease and a sense of self-care.

Finally, the integration of positive psychology principles into addiction therapy (Krentzman et al., 2023) has broadened the scope of treatment. It emphasizes the cultivation of strengths, resilience, and a hopeful

outlook, which can counterbalance the often overwhelming challenges of addiction. By focusing on these positive attributes, therapists can support clients not only in overcoming their addictions but also in achieving greater emotional well-being and personal fulfillment.

Overall, these findings suggest a more balanced, strength-oriented approach to addiction therapy, one that can enrich the recovery experience and provide clients with the tools not just to heal but to thrive.

### **Implications of the New Framework for Clinical Practice**

The new framework, which blends the principles of emotional engagement and positive psychology into addiction therapy (Garland, 2021), has meaningful implications for clinical practice.

One of the primary implications is the enhancement of therapeutic approaches. By adopting strategies that actively involve clients' emotional experiences, therapists can facilitate a deeper, more empathetic engagement with their clients (Kotera et al., 2022). This approach moves beyond traditional methodologies that may inadvertently sideline emotions as mere symptoms to be treated. Instead, it recognizes emotions as central components of the therapeutic process and leverages them to promote healing and change.

Another significant implication is client empowerment (Alotaibi et al., 2020). The framework emphasizes the individual's inherent strengths, aspirations, and capacity for experiencing positive emotions. This shift in focus can serve as a powerful motivator, bolstering clients' belief in their ability to recover and enhancing their self-efficacy. When clients perceive themselves as active agents in their recovery rather than passive recipients of treatment, they are more likely to engage with the recovery process and maintain their gains over time.

Finally, the integration of positive psychology principles (Shao et al., 2020) suggests a move toward more holistic treatment plans. These plans are comprehensive, addressing not only the immediate challenges presented by addiction but also the opportunities for personal growth and development. By creating treatment plans that capitalize on the principles of positive psychology, therapists can help clients build resilience, foster a sense of well-being, and cultivate a life that they find truly fulfilling beyond the absence of addiction.

The framework, therefore, offers a more nuanced and humanistic approach to addiction therapy, one that can enrich clinical practice and provide clients with a robust foundation for sustainable recovery.

### **Potential Limitations of the Study and Areas for Future Research**

The study's proposed framework, while promising, presents several potential limitations and areas that warrant further exploration in future research.

Generalizability is a significant consideration. The degree to which these findings can be applied universally is uncertain, as individual variances, the complexity of addiction cases, and the influence of diverse cultural backgrounds can affect outcomes. It's essential that future research investigates the applicability of the emotional and positive psychology approaches across various populations, cultures, and addiction severities to ensure the approaches are adaptable and effective for a wide range of individuals.

The question of long-term efficacy also remains. While the initial benefits of integrating positive psychology and transforming emotional dynamics in addiction therapy may be positive, the durability of these effects is not yet fully understood. Research that tracks long-term outcomes is crucial to establish the sustainability of these therapeutic changes.

Measurement challenges constitute another area that needs attention. The subjective nature of emotional experiences and the individualized responses to positive psychology interventions make quantification difficult. There is a need for the development and validation of reliable and valid measurement tools that can capture the nuanced impacts of these therapeutic changes. Such tools are essential for assessing the effectiveness of interventions and for furthering the understanding of their mechanisms.

Finally, integration with existing therapies is an area ripe for further inquiry. How these new approaches can be combined with established addiction therapies, and the effects of such integrations on overall treatment efficacy, are questions that need to be addressed. Research should aim to understand the synergistic potential of combined treatments and develop best practices for integrating new strategies with traditional methods.

### **CONCLUSION**

This research paper delves into the significant role of emotions in addiction therapy and the innovative potential of integrating positive psychology principles into treatment practices. The paper has illuminated several key insights:

The reframing of guilt and shame has been identified as essential, transforming these traditionally negative emotions into forces that promote self-reflection and positive change. This shift underscores the potential for individuals to harness these feelings constructively within the therapeutic context.

Hope has been recharacterized as a dynamic and active element within the recovery process. This redefinition moves away from a passive longing to an active, goal-oriented form of hope that motivates and sustains individuals on their path to recovery.

Compassion, particularly self-compassion, has been redefined to emphasize its therapeutic value. This reconceptualization identifies compassion as a vital component in the healing and resilience-building processes for individuals grappling with addiction.

The integration of positive psychology into addiction therapy has been advocated, highlighting the importance of focusing on an individual's strengths, fostering resilience, and promoting positive emotional development.

Reflecting on the importance of emotional dynamics in addiction therapy, this paper sheds light on the intricate role emotions play in both contributing to and resolving addictive behaviors. By effectively addressing these emotional aspects, therapy can become more comprehensive, empathetic, and ultimately more successful in enhancing treatment outcomes.

The paper concludes with the contemplation of the potential impact of this proposed reconceptualization. By adopting a more holistic view that appreciates the dual nature of emotions and the benefits of positive psychology, therapists are equipped to support clients more effectively. This approach not only aids in recovery from addiction but also fosters overall emotional well-being and personal growth, offering a more personalized and effective plan of treatment.

The ideas and frameworks proposed in this research are poised to influence future studies and clinical practices, advocating for a deeper engagement with the emotional experiences of individuals facing addiction. This reconceptualization marks a move toward a more empathetic, strength-based, and hopeful approach to addiction therapy, recognizing the profound capacity of emotions to facilitate recovery and personal transformation.



**REFERENCES**

Alotaibi, S. M., Amin, M., & Winterton, J. (2020). Does emotional intelligence and empowering leadership affect psychological empowerment and work engagement?. *Leadership & Organization Development Journal*, 41(8), 971-991.

Avery, S. N., Clauss, J. A., & Blackford, J. U. (2016). The human BNST: functional role in anxiety and addiction. *Neuropsychopharmacology*, 41(1), 126-141.

Batchelder, A. W., Glynn, T. R., Moskowitz, J. T., Neilands, T. B., Dilworth, S., Rodriguez, S. L., & Carrico, A. W. (2022). The shame spiral of addiction: Negative self-conscious emotion and substance use. *PloS one*, 17(3), e0265480.

Beddoe, D., & Beddoe, D. (2019). *The Heart of Recovery: How Compassion and Community Offer Hope in the Wake of Addiction*. Revell.

Blum, A. (2008). Shame and guilt, misconceptions and controversies: A critical review of the literature. *Traumatology*, 14(3), 91-102.

Blum, K., Febo, M., D Badgaiyan, R., Demetrovics, Z., Simpatico, T., Fahlke, C., ... & S Gold, M. (2017). Common neurogenetic diagnosis and meso-limbic manipulation of hypodopaminergic function in reward deficiency syndrome (RDS): Changing the recovery landscape. *Current neuropharmacology*, 15(1), 184-194.

Bowen, S., & Vieten, C. (2012). A compassionate approach to the treatment of addictive behaviors: The contributions of Alan Marlatt to the field of mindfulness-based interventions. *Addiction Research & Theory*, 20(3), 243-249.

Bowen, S., Parks, G. A., & Coumar, A. (2006). Mindfulness meditation in the prevention and treatment of addictive behaviors. In *Buddhist thought and applied psychological research* (pp. 429-449). Routledge.

Bradshaw, J. (2005). *Healing the shame that binds you: Recovery classics edition*. Health Communications, Inc..

Buhle, J. T., Silvers, J. A., Wager, T. D., Lopez, R., Onyemekwu, C., Kober, H., ... & Ochsner, K. N. (2014). Cognitive reappraisal of emotion: a meta-analysis of human neuroimaging studies. *Cerebral cortex*, 24(11), 2981-2990.

Calloway, D. (2009). Using mindfulness practice to work with emotions. *Nev. LJ*, 10, 338.

Carlyle, M., Rockliff, H., Edwards, R., Ene, C., Karl, A., Marsh, B., ... & Morgan, C. J. (2019a). Investigating the feasibility of brief compassion focused therapy in individuals in treatment for opioid use disorder. *Substance Abuse: Research and Treatment*, 13, 1178221819836726.

Carlyle, M., Rockliff, H., Edwards, R., Ene, C., Karl, A., Marsh, B., ... & Morgan, C. J. (2019b). Investigating the feasibility of brief compassion focused therapy in individuals in treatment for opioid use disorder. *Substance Abuse: Research and Treatment*, 13, 1178221819836726.

Cavicchioli, M., Movalli, M., Vassena, G., Ramella, P., Prudenziati, F., & Maffei, C. (2019). The therapeutic role of emotion regulation and coping strategies during a stand-alone DBT Skills training program for alcohol use disorder and concurrent substance use disorders. *Addictive behaviors*, 98, 106035.

Chen, G. (2019). The role of self-compassion in recovery from substance use disorders. *OBM integrative and complementary medicine*, 4(2), 1-14.

Colla, R., Williams, P., Oades, L. G., & Camacho-Morles, J. (2022). "A New Hope" for positive psychology: a dynamic systems reconceptualization of hope theory. *Frontiers in Psychology*, 13, 809053.

Coto-Lesmes, R., Fernández-Rodríguez, C., & González-Fernández, S. (2020). Acceptance and Commitment Therapy in group format for anxiety and depression. A systematic review. *Journal of affective disorders*, 263, 107-120.

Dayton, T. (2000). *Trauma and addiction: Ending the cycle of pain through emotional literacy*. Simon and Schuster.

Deegan, P. (1996). Recovery as a journey of the heart. *Psychiatric rehabilitation journal*, 19(3), 91.

Derakhshandeh, N. G., Shahidi, S., & Ghanbari, S. (2023). Feeling of Shame and Guilt in Recovering Addicts: A Qualitative Study. *The Open Psychology Journal*, 16(1).

Dewi, R., Fitri Rahmadana, M., Pangaribuan, W., & Bukhori Dalimunthe, M. (2020). Self-resilience model of drug initiation and drug addiction (A structural equation model approach). *Archives of Psychiatry*

*Research: An International Journal of Psychiatry and Related Sciences*, 56(1), 5-18.

Dull, B. D., Hoyt, L. T., Grzanka, P. R., & Zeiders, K. H. (2021). Can White guilt motivate action? The role of civic beliefs. *Journal of youth and adolescence*, 50, 1081-1097.

Elster, J. (2009). *Strong feelings: Emotion, addiction, and human behavior*. mit Press.

Erden, S., & Hatun, O. (2015). İnternet bağımlılığı ile başa çıkmada bilişsel davranışçı yaklaşımın kullanılması: Bir olgu sunumu. *Addicta: The Turkish Journal on Addictions*, 2(1), 53-83.

Eryılmaz, A. (2017). Pozitif psikoterapiler. *Psikiyatride Güncel Yaklaşımlar*, 9(3), 346-362.

Fernández-Rodríguez, C., González-Fernández, S., Coto-Lesmes, R., & Pedrosa, I. (2021). Behavioral activation and acceptance and commitment therapy in the treatment of anxiety and depression in cancer survivors: a randomized clinical trial. *Behavior modification*, 45(5), 822-859.

Flora, K., & Stalikas, A. (2015). Positive emotions and addiction.

Fogelkvist, M., Gustafsson, S. A., Kjellin, L., & Parling, T. (2020). Acceptance and commitment therapy to reduce eating disorder symptoms and body image problems in patients with residual eating disorder symptoms: A randomized controlled trial. *Body image*, 32, 155-166.

Garland, E. L. (2021). Mindful positive emotion regulation as a treatment for addiction: From hedonic pleasure to self-transcendent meaning. *Current Opinion in Behavioral Sciences*, 39, 168-177.

Garland, E. L., Hanley, A. W., Riquino, M. R., Reese, S. E., Baker, A. K., Salas, K., ... & Howard, M. O. (2019). Mindfulness-oriented recovery enhancement reduces opioid misuse risk via analgesic and positive psychological mechanisms: A randomized controlled trial. *Journal of Consulting and Clinical Psychology*, 87(10), 927.

Gilbert, P., & Irons, C. (2005). Focused therapies and compassionate mind training for shame and self-attacking. In *Compassion* (pp. 263-325). Routledge.

Gloster, A. T., Walder, N., Levin, M. E., Twohig, M. P., & Karekla, M. (2020). The empirical status of acceptance and commitment therapy: A

review of meta-analyses. *Journal of contextual behavioral science*, 18, 181-192.

Googhari, Z. S., Hafezi, F., Asgari, P., & Heidari, A. (2022). The effectiveness of mindfulness-based cognitive therapy and acceptance and commitment therapy on medical science students' subjective well-being, psychological distress, and emotion regulation. *Journal of Shahrekord University of Medical Sciences*, 24(1), 35-41.

Greenspan, P. S. (1995). *Practical guilt: Moral dilemmas, emotions, and social norms*. Oxford University Press, USA.

Greenwood, B. (2016). From Shame to Self-acceptance: A Hermeneutic Literature Review.

Grégoire, S., Lachance, L., Bouffard, T., & Dionne, F. (2018). The use of acceptance and commitment therapy to promote mental health and school engagement in university students: A multisite randomized controlled trial. *Behavior therapy*, 49(3), 360-372.

Gutierrez, D. (2019). Spiritus contra spiritum: Addiction, hope, and the search for meaning. *Spirituality in Clinical Practice*, 6(4), 229.

Hayes, S. C., Masuda, A., Bissett, R., Luoma, J., & Guerrero, L. F. (2004). DBT, FAP, and ACT: How empirically oriented are the new behavior therapy technologies?. *Behavior therapy*, 35(1), 35-54.

Henning, C., Crane, A. G., Taylor, R. N., & Parker, J. D. (2021). Emotional intelligence: relevance and implications for addiction. *Current Addiction Reports*, 8, 28-34.

Hurley, W. C. (2021). *Compassion's COMPASS: Strategies for Developing Insight, Kindness, and Empathy*. Rowman & Littlefield.

Hurlocker, M. C., Madson, M. B., & Schumacher, J. A. (2020). Motivational interviewing quality assurance: A systematic review of assessment tools across research contexts. *Clinical psychology review*, 82, 101909.

Jaffe, K., Korthuis, T., & Richardson, L. (2021). 'This could be my last chance': Therapeutic optimism in a randomised controlled trial for substance use disorders. *Sociology of Health & Illness*, 43(5), 1286-1300.

Jha, D., & Singh, R. (2020). Analysis of associations between emotions and activities of drug users and their addiction recovery tendencies

from social media posts using structural equation modeling. *BMC bioinformatics*, 21(18), 1-38.

Khadjesari, Z., Brown, T., & Naughton, F. (2021). Regulation and accreditation of addictive behaviour applications—navigating the landscape. *Addiction*, 116(12), 3276-3283.

Kılıçarslan, F. (2007). Madde Bağımlısı Ergenlerde Aile Terapileri Ve Bir Olgu Sunumu. *Journal of Dependence*, 8, 42-45.

Koob, G. F. (2015). The dark side of emotion: the addiction perspective. *European journal of pharmacology*, 753, 73-87.

Kotera, Y., Green, P., & Sheffield, D. (2022). Positive psychology for mental wellbeing of UK therapeutic students: relationships with engagement, motivation, resilience and self-compassion. *International Journal of Mental Health and Addiction*, 20(3), 1611-1626.

Krentzman, A. R., Hoepfner, B. B., Hoepfner, S. S., & Barnett, N. P. (2023). Development, feasibility, acceptability, and impact of a positive psychology journaling intervention to support addiction recovery. *The Journal of Positive Psychology*, 18(4), 573-591.

Lee, E. B., An, W., Levin, M. E., & Twohig, M. P. (2015). An initial meta-analysis of Acceptance and Commitment Therapy for treating substance use disorders. *Drug and alcohol dependence*, 155, 1-7.

Lerman, D. C., Kelley, M. E., Camp, C. M. V., & Roane, H. S. (1999). Effects of reinforcement magnitude on spontaneous recovery. *Journal of Applied Behavior Analysis*, 32(2), 197-200.

Levin, M. E., Krafft, J., Hicks, E. T., Pierce, B., & Twohig, M. P. (2020). A randomized dismantling trial of the open and engaged components of acceptance and commitment therapy in an online intervention for distressed college students. *Behaviour Research and Therapy*, 126, 103557.

Loizzo, J., Charlson, M., & Peterson, J. (2009). A program in contemplative self-healing: stress, allostasis, and learning in the indo-Tibetan tradition. *Annals of the New York Academy of Sciences*, 1172(1), 123-147.

Lopez, S. J., Snyder, C. R., Magyar-Moe, J. L., Edwards, L. M., Pedrotti, J. T., Janowski, K., ... & Pressgrove, C. (2004). Strategies for accentuating hope. *Positive psychology in practice*, 388-404.

Lu, L., Liu, Y., Zhu, W., Shi, J., Liu, Y., Ling, W., & Kosten, T. R. (2009). Traditional medicine in the treatment of drug addiction. *The American journal of drug and alcohol abuse*, 35(1), 1-11.

Luoma, J. B., Kohlenberg, B. S., Hayes, S. C., Bunting, K., & Rye, A. K. (2008). Reducing self-stigma in substance abuse through acceptance and commitment therapy: Model, manual development, and pilot outcomes. *Addiction research & theory*, 16(2), 149-165.

Malti, T. (2016). Toward an integrated clinical-developmental model of guilt. *Developmental Review*, 39, 16-36.

Matthews, S. (2019). Self-stigma and addiction. In *The stigma of addiction: An essential guide* (pp. 5-32). Cham: Springer International Publishing.

Mayer, C. H., & Vanderheiden, E. (2019a). The bright side of shame. *Transforming and growing through practical applications in cultural contexts*. Cham: Springer.

Mayer, C. H., & Vanderheiden, E. (2019b). The bright side of shame. *Transforming and growing through practical applications in cultural contexts*. Cham: Springer.

McClintock, A. S., & Marcus, M. (2021). Mindfulness-based approaches in addiction treatment. *Textbook of Addiction Treatment: International Perspectives*, 391-400.

McKenzie, H. A., Dell, C. A., & Fornssler, B. (2016). Understanding addictions among Indigenous people through social determinants of health frameworks and strength-based approaches: a review of the research literature from 2013 to 2016. *Current Addiction Reports*, 3, 378-386.

Miceli, M., & Castelfranchi, C. (2018). Reconsidering the differences between shame and guilt. *Europe's journal of psychology*, 14(3), 710.

Montaser, A. A. A., El Malky, M. I., & Atia, M. M. (2023). The Effect of a Dialectical Behavioral Therapy on Anxiety Level and Emotional Regulation among Drug Addict Patients. *Menoufia Nursing Journal*, 8(2), 423-441.

Nakken, C. (2009). *The addictive personality: Understanding the addictive process and compulsive behavior*. Simon and Schuster.

Neff, K. (2003). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and identity*, 2(2), 85-101.

Nencini, A., & Meneghini, A. M. (2013). How relational bonds influence strategies for coping with guilt. *Journal of Relationships Research, 4*, e9.

Nicotera, A. (2023). The Circle of Insight: A Process for Deepening Ignatian Imagination and Inviting Hope. *Jesuit Higher Education: A Journal, 12*(2).

Reddon, H., & Ivers, J. H. (2023). Increased levels of hope are associated with slower rates of relapse following detoxification among people living with opioid dependence. *Addiction Research & Theory, 31*(2), 148-154.

Reyes-Ortega, M. A., Miranda, E. M., Fresán, A., Vargas, A. N., Barragán, S. C., Robles García, R., & Arango, I. (2020). Clinical efficacy of a combined acceptance and commitment therapy, dialectical behavioural therapy, and functional analytic psychotherapy intervention in patients with borderline personality disorder. *Psychology and Psychotherapy: Theory, Research and Practice, 93*(3), 474-489.

Rezaei Fard, A., & Heidari, M. (2022). Investigating the Effectiveness of Compassion-Based Group Therapy On the Quality of Life, Self-Esteem and Mental Health of Spouses of Substance-Abusers. *Women and Family Studies, 15*(57), 181-198.

Ridgeway, P., McDiarmid, D., Davidson, L., Bayes, J., & Ratzlaff, S. (2011). *Pathways to recovery: A strengths recovery self-help workbook*. University of Kansas, School of Social Welfare.

Ruork, A. K., Finkelstein, J., McLean, C. L., & Rizvi, S. L. (2022). Dialectical behavior therapy and acceptance and commitment therapy: areas of overlap and distinction. *Journal of Contemporary Psychotherapy, 52*(4), 281-292.

Saboor, Z., Rahimi Pordanjani, T., & Mohammadzadeh Ebrahimi, A. (2019). Effect of hope therapy on general self-efficacy among substance abusers. *Journal of Research and Health, 9*(4), 302-308.

Samaan, M., Diefenbacher, A., Schade, C., Dambacher, C., Pontow, I. M., Pakenham, K., & Fydrich, T. (2021). A clinical effectiveness trial comparing ACT and CBT for inpatients with depressive and mixed mental disorders. *Psychotherapy Research, 31*(3), 372-385.

Seligman, M. E. (2002). Positive psychology, positive prevention, and positive therapy. *Handbook of positive psychology, 2*(2002), 3-12.

Selvam, S. G. (2015). Positive Psychology's Character Strengths in Addiction-Spirituality Research: A Qualitative Systematic Literature Review. *Qualitative Report*, 20(4).

ŞENORMANCI, Ö., Konkan, R., & Sungur, M. Z. (2010). İnternet bağımlılığı ve bilişsel davranışçı terapisi. *Psychiatry*, 11, 261-268.

Shaima, N., & Narayanan, G. (2018). A glass half full not empty: Strength-based practice in persons with substance use disorders. *Psychological Studies*, 63, 19-24.

Shao, K., Nicholson, L. J., Kutuk, G., & Lei, F. (2020). Emotions and instructed language learning: Proposing a second language emotions and positive psychology model. *Frontiers in psychology*, 11, 559865.

Shaughnessy, M. J. (2018). Integrative literature review on shame. *Nursing Science Quarterly*, 31(1), 86-94.

Siegel, D. J. (2023). Interpersonal connection, compassion, and well-being: the science and art of healing relationships. In *Advances in Contemplative Psychotherapy* (pp. 181-196). Routledge.

Singer, J. A., Singer, B. F., & Berry, M. (2013). A meaning-based intervention for addiction: Using narrative therapy and mindfulness to treat alcohol abuse. In *The experience of meaning in life: Classical perspectives, emerging themes, and controversies* (pp. 379-391). Dordrecht: Springer Netherlands.

Slade, M. (2010). Mental illness and well-being: the central importance of positive psychology and recovery approaches. *BMC health services research*, 10, 1-14.

Snoek, A., McGeer, V., Brandenburg, D., & Kennett, J. (2021). Managing shame and guilt in addiction: A pathway to recovery. *Addictive behaviors*, 120, 106954.

Snoek, A., McGeer, V., Brandenburg, D., & Kennett, J. (2021). Managing shame and guilt in addiction: A pathway to recovery. *Addictive behaviors*, 120, 106954.

Snyder, C. R. (1994). *The psychology of hope: You can get there from here*. Simon and Schuster.

Snyder, C. R., Rand, K. L., & Sigmon, D. R. (2002). Hope theory. *Handbook of positive psychology*, 257, 276.



Sun, A. P. (2007). Relapse among substance-abusing women: Components and processes. *Substance use & misuse*, 42(1), 1-21.

Swaby, S. M. (2017). The positive psychology of recovery: A review. *MOJ Addiction Medicine & Therapy*, 3(3), 91-94.

Thompson, G. (2012). A meaning-centered therapy for addictions. *International Journal of Mental Health and Addiction*, 10(3), 428-440.

Thompson, G. R. (2016). Meaning therapy for addictions: A case study. *Journal of Humanistic Psychology*, 56(5), 457-482.

Torres, A., Catena, A., Megías, A., Maldonado, A., Cándido, A., Verdejo-García, A., & Perales, J. C. (2013). Emotional and non-emotional pathways to impulsive behavior and addiction. *Frontiers in human neuroscience*, 7, 43.

Tracy, K., & Wallace, S. P. (2016). Benefits of peer support groups in the treatment of addiction. *Substance abuse and rehabilitation*, 143-154.

Verdejo-García, A., & Bechara, A. (2009). A somatic marker theory of addiction. *Neuropharmacology*, 56, 48-62.

Vijayakone, B., & Abdullah, H. S. L. (2019). Self-Compassion and Self-Control Amongst Recovering Addicts. *Abqari Journal*, 21(1), 69-79.

Weegmann, M. (2010). Just a story? Narrative approaches to addiction and recovery. *Drugs and Alcohol Today*, 10(3), 29-36.

White, W., Laudet, A., & Becker, J. (2006). Life meaning and purpose in addiction recovery. *Addiction Professional*, 4(4), 18-23.

Whiting, D. L., Simpson, G. K., Deane, F. P., Chuah, S. L., Maitz, M., & Weaver, J. (2021). Protocol for a phase two, parallel three-armed non-inferiority randomized controlled trial of acceptance and commitment therapy (ACT-adjust) comparing face-to-face and video conferencing delivery to individuals with traumatic brain injury experiencing psychological distress. *Frontiers in Psychology*, 12, 652323.

Wing, D. M. (1991). Goal setting and recovery from alcoholism. *Archives of Psychiatric Nursing*, 5(3), 178-184.

Yıldız, E. (2020). The effects of acceptance and commitment therapy on lifestyle and behavioral changes: A systematic review of randomized controlled trials. *Perspectives in psychiatric care*, 56(3), 657-690.

Zarling, A., Lawrence, E., & Marchman, J. (2015). A randomized controlled trial of acceptance and commitment therapy for aggressive behavior. *Journal of consulting and clinical psychology*, 83(1), 199.

Zilverstand, A., Parvaz, M. A., Moeller, S. J., & Goldstein, R. Z. (2016). Cognitive interventions for addiction medicine: Understanding the underlying neurobiological mechanisms. *Progress in brain research*, 224, 285-304.