Effectiveness of Eidetic Therapy in Reducing Guilt and Shame Proneness and Treatment of Cannabis Use Disorder Without Psychotic Features

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Abstract

This study aimed to investigate the effectiveness of Eidetic therapy in reducing guilt and shame proneness in individuals with cannabis addiction. The inclusion criteria maintained the usage for less than 2 years without psychotic features, with mild, moderate, and severe levels of drug abuse. Purposive sampling techniques were used to approach a population of 25 participants from different cities in Pakistan. The sample was assessed using the Drug Abuse Screening Test (Skinner, 1982), the Positive and Negative Syndrome Scale (Opler, 1987), and the Guilt and Shame Proneness Scale (Cohen, 2011). A sample of three participants who scored high, moderate, and low, respectively, on the DAST and GASPS scale were selected for the intervention phase and received eidetic therapy as an intervention. Post-treatment testing was done, and it concluded a significant reduction in the usage of drugs and guilt and shame proneness. The data was analyzed using a paired sample T-test. This study provides promising insights into the effectiveness of Eidetic psychotherapy as a therapeutic intervention, highlighting its potential to significantly reduce both drug addiction and the associated guilt and shame proneness in individuals with cannabis use disorder without psychotic features, as well as be helpful if repeated with a different population in future.

Keywords: Cannabis Use Disorder, Eidetic Psychotherapy, Guilt, Shame Proneness.

Introduction

Cannabis Use Disorder (CUD) is a psychiatric condition considered problematic cannabis use. It is a widely used illegal drug universally and can have adverse health, psychological, and social side effects. Particularly when used chronically or in large quantities. *Cannabis* is a recreational substance made from the female Cannabis Sativa plant. There are many names for this narcotic, including weed, ganja, bang, herb, grass, marijuana, etc. The most accurate scientific term for this medication, nevertheless, is Cannabis. In Pakistan, marijuana is used in many different ways. It can be smoked as hashish, also referred to as *charas*. Bhang, which is prepared from the cannabis plant leaves, is another way that it can be consumed. Cannabis is smoked through water pipes, cigars that have been hollowed out, or cigarettes. Cannabis can occasionally be consumed by mixing it with food. Utilizing cannabis through vaporization is the most modern method. The vaporization process. This disorder is included in DSM-5, which researchers and clinicians use to diagnose and classify mental disorders. Here, the general details will be discussed on Cannabis

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Use Disorder (CUD), including its causes, prevalence, symptoms, diagnosis, prevention, and treatment. Cannabis is widely used, and the prevalence of CUD varies across populations and cultures.

According to the World Drug Report 2021, an estimated 192 million individuals used cannabis in 2019, representing around 4.9 million global populations around the world. However, the occurrence of cannabis use disorder is lower than the prevalence of cannabis use, as not all cannabis users develop it. In addition to the prevalence data, it is worth noting that the age of onset and pattern of use can also affect the risk of developing cannabis use disorder. Studies have shown that the early beginning of cannabis use, before the age of 18, is linked with a higher risk of cannabis use disorder, as the brain is underdeveloped during adolescence and may be more exposed to the effects of cannabis. Moreover, frequent and heavy intake of cannabis can also increase the chances of developing cannabis Use disorder and drug addiction.

It is also highly important to discuss that cannabis use can have different forms and methods of consumption, which may affect the development and severity of CUD. For example, smoking cannabis may have a quicker onset and stronger effects than edibles or topical, leading to more rapid tolerance and dependence. Moreover, the potency and composition of cannabis products can vary generally, which may affect the risk of adverse outcomes. Furthermore, some features may increase the risk of evolving cannabis use disorder. These comprise hereditary disposition, environmental factors such as peer pressure and access to cannabis, and comorbid mental health disorders such as anxiety or depression.

Problem Statement

This thesis investigates the controversial topic of cannabis use, examining both its potential benefits and the associated health risks. Despite increasing acceptance, concerns remain about its impact on mental health, Addiction, and cognitive function. Those struggling with cannabis use disorder often confront feelings of guilt and shame, impeding their recovery journey. Eidetic therapy, renowned for addressing various psychological issues, remains underexplored in mitigating Guilt and shame in this specific context. The study aims to assess the efficacy of eidetic therapy in tackling these challenges, providing valuable insights for its potential application in treating cannabis use disorder. The findings may contribute to the development of effective non-pharmacological interventions for individuals contending with guilt and shame in the context of cannabis use disorder.

Significance of the Study

The significance of this study lies in its potential to address a critical gap in the literature on the effectiveness of eidetic therapy in reducing guilt and shame proneness in individuals with cannabis use disorder. Cannabis use is a prevalent issue in society, and it can lead to significant negative consequences, such as guilt and shame proneness. These emotional states can be significant barriers to recovery and may contribute to relapse by evaluating the effectiveness of eidetic therapy in reducing shame and guilt-proneness. The study can contribute to the development of effective treatments for cannabis use disorder. Suppose the study demonstrates the efficacy of eidetic therapy. In that case, it may provide a new treatment approach that can be used in conjunction with other treatments to address the emotional and psychological aspects of addiction.

The study's findings may also have broader implications for the field of psychotherapy. Eidetic therapy is a type of psychotherapy that is still relatively understudied compared to other treatment approaches. By evaluating its effectiveness in reducing guilt and shame proneness in individuals

with cannabis use disorder, this study may increase awareness and interest in this therapy as a potential treatment for other mental health disorders. The study's results may also have important implications for the development of personalized treatment plans for individuals with cannabis use disorder. Suppose the study finds that the effectiveness of eidetic therapy varies based on cannabis use severity or other clinical factors. In that case, this may suggest the need for tailored treatment approaches based on individual needs.

Overall, this study's significance lies in its potential to contribute to the development of effective treatments for cannabis use disorder and to advance our understanding of the potential of eidetic therapy as a treatment approach for Addiction and other mental health disorders.

Research Objectives

1. To study the effectiveness of Eidetic therapy in the treatment of CUD.
2. To study the effectiveness of Eidetic psychotherapy on levels of guilt and shame proneness of individuals with Cannabis Use Disorder.

Rationale of the Study

Drug usage is increasing day by day in Pakistan because of the easy availability of drugs and other known and unknown factors like peer pressure, lack of social and family support, uncertainty in relationships, and other factors that are yet to be explored, and the usage of excessive drug leads to the Addiction which causes other social and other heal problems specifically in the young generation as well as the factor of guilt and shame is strongly related to this because of the involvement of religion and stigma related to this which cause relapses and excessive use of drugs (Korhonen & Huizink, 2008).

On the other hand, drug abuse is considered deviant in our culture, where people do not accept drug abusers, and their life condition become horrible because of their health condition as well as when someone does not have money to buy drugs and becomes involved in other crimes like thieving and street crime (Hasin, 2021). The behavior of addiction is very common in the young generation. When students are in the phase of the study and are not earning money at that stage of life when they indulge in drug addiction, it leads to many other problems like losing interest in their studies along with other medical and psychological problems, and it becomes a disorder that required complete treatment under hospital and rehab facility.

Being a topic of significance, cannabis use disorder is an under-studied topic, and to date, there is no proper treatment found to treat cannabis use disorder. Previous research has found that cannabis use disorder affects the psychological well-being, physical health, and quality of life of individuals who are addicted to cannabis. However, due to a lack of awareness and facilities, very little work has been done on this topic. Since there is a lack of work on cannabis use disorder, this research will add literature about cannabis use disorder as well, and the effectiveness of eidetic Therapy will be checked to increase culturally appropriate treatment and new techniques of Eidetic therapy with specific populations of cannabis used disorder. It will add rich information to the literature for future researchers.

Literature Review

Cannabis Use Disorder (CUD) is a growing problem in today's society as the legalization and normalization of marijuana continue to spread throughout the world. *Cannabis use disorder* is defined as an uncontrivable and problematic pattern of cannabis use resulting in substantial impairment or distress with symptoms such as unsuccessful attempts to quit, continued use despite

negative consequences, tolerance, and withdrawal symptoms are commonly observed. As the prevalence of CUD increases, so does the need for effective prevention and treatment strategies. This literature review aims to provide an inclusive overview of current research on CUD, including its prevalence, risk factors, comorbidities, and available treatment options. In addition, we will examine the potential impact of legalization on cannabis use disorder rates and the role of public health policy in addressing this growing problem. Several previous studies have examined the prevalence and risk factors associated with CUD. According to the 2019 National Survey on Drug Use and Health (NSDUH), approximately 4.3 million people age 12 or older in the United States met the criteria for CUD in the previous few years (Substance Abuse and Mental Health Services Administration, 2020). Another study conducted in the United States found that the lifetime occurrence of CUD was 22.1%, with higher rates observed in males and younger individuals (Blanco et al., 2016).

Limited literature has been found on the use of cannabis in old-age patients. However, its intake may be increasing as legal authorization for its medical use may justify its use among former non-users. According to Patel and Marwah (2022), cannabis use varies by demographic. The research found that college students and young adults most frequently use cannabis for social adjustment (42%), experimentation (29%), and pleasure 12% use the agent primarily for stress management or relaxation, which is consistent with other studies linking its use to depression, anxiety, social anxiety, and post-traumatic stress disorder. Cannabis was found to be the most commonly used drug in Pakistan, with 3.6 percent of the adult population, or 4 million people, reported as users. Opiates, namely opium and heroin, are used by almost 1 percent of total drug users, and the highest rates of use are recorded in provinces that border the main poppy-growing areas of neighboring Afghanistan. The signs of tolerance disappear when a person stops smoking cannabis for several months. Cannabis withdrawal symptoms can occur if regular cannabis use is abruptly stopped. However, compared to alcohol and opiates, cannabis medications' withdrawal symptoms are less uncomfortable.

Additionally, the symptoms of cannabis withdrawal can lead to clinically substantial distress in a person's life. CUD may cause cognitive impairment, which puts a person in danger when engaging in activities like operating machinery or scuba diving that could cause bodily harm. CUD has a detrimental effect on interpersonal or family relationships. In CUD, people use cannabis despite knowing that it has negative impacts on their bodily and mental health (excessive sedation, etc.), such as a chronic cough. Studies have shown that the use of cannabis not only affects the mental and psychological health of individuals but also affects the quality of life.

According to a nationwide survey conducted in Pakistan, cannabis was the first drug used by individuals who went on to use opiates and other narcotics. Because cannabis is the first drug that 76% of daily opiate users have ever used. Cannabis consumption and criminal activity were highly connected. High cannabis usage rates are associated with higher cannabis user crime rates, according to studies. The use of drugs is predicted by lax morality, according to western literature. There is a connection between criminal activity and drug use in Pakistan, according to numerous research. According to research on drug users' self-reported criminal activity, 67 out of 100 drug users reported committing various crimes as a result of their drug usage issues. 64% of all drug users were male. (Ahsan & Abbasi, 2020).

The research highlights the root causes of cannabis use, as the cycle of behavioral Maintenance plays a key role in drug use. Cannabis use is considered an important predictor of other mental health disorders, particularly psychotic disorders. The literature shows that individuals with cannabis use are at high risk for schizophrenia, depressive disorders, and bipolar disorder.

Cannabis is the most commonly used illicit drug worldwide (UNDOC, 2018), and the effects of cannabis use on schizophrenia have been extensively studied in systematic reviews using meta-analyses (Hunt et al., 2018; Marconi et al., 2016; Rabin et al., 2011).

Risk factors for developing CUD include early initiation of cannabis use, frequent use, and exposure to high-potency cannabis strains (Volkow et al., 2016). Other factors that have been associated with an increased risk of CUD include a family history of substance use disorders, mental health conditions such as depression and anxiety, and poor academic or occupational performance (Hasin et al., 2019). Comorbidities are common among individuals with CUD, with studies indicating a high prevalence of mental health conditions such as depression, anxiety, and psychosis (Lopez-Quintero et al., 2011; Hasin et al., 2018). Additionally, individuals with CUD 33 are at an increased risk of developing other substance use disorders, such as alcohol use disorder and nicotine dependence (Volkow et al., 2016). There are several treatment options available for individuals with CUD, including behavioral therapies, pharmacotherapy, and combination approaches. Cognitive-behavioral therapy. It has been demonstrated that (CBT) is useful in lowering cannabis use and improving results for those with CUD (Baker et al., 2018).

Reducing the stigma associated with problematic cannabis use may also help reduce shame and guilt and improve access to treatment for people with CUD (Livingston et al., 2012). Public health policies that promote harm minimization and emphasize the importance of help-seeking for substance use disorders may also help reduce stigma and improve treatment outcomes (Livingston et al., 2012). In addition to public health campaigns, policies that favor harm reduction and treatment over punishment can also help reduce stigma and improve treatment outcomes. For example, policies that promote access to medication-assisted treatment (MAT) for opioid use disorders have been shown to reduce stigma and improve outcomes (Barry et al., 2020). Similarly, policies that favor diversion to treatment rather than incarceration for nonviolent drug offenses may help reduce stigma and improve access to treatment for persons with CUD (Nunn et al., 2016).

Alcohol and drug abuse is considered a negative pattern of behavior, believed to be learned and reinforced by a combination of several factors, such as the predictable effect that the substance has when used, the environment or situation in which the behavior and habits of family and friend Behavioral psychologists place great emphasis on the importance of assessing the description of the problem behavior and all of its associated characteristics in order to design a treatment program that will modify or change the unwanted behavior. It has been suggested that different assessment methods should be used according to the extent and pattern of alcohol use.

Overall, these studies suggest that eidetic therapy may be a promising approach for the treatment of CUD and other substance use disorders, particularly when co-occurring emotional and psychological issues are present. However, more research is needed to establish eidetic therapy's effectiveness in treating CUD further and to identify the specific mechanisms by which it produces therapeutic change.

While the literature on eidetic therapy and CUD is limited, the existing research suggests that it may be a promising approach for addressing underlying emotional and psychological issues that contribute to cannabis use. Further research is needed to explore the effectiveness of eidetic therapy in the treatment of CUD and to determine the specific mechanisms by which it produces therapeutic change. However, previous research has shown eidetic therapy is much more effective with other disorders, including depression and anxiety, specifically with phobias and personality, as well as trauma disorder. Eidetic therapy has been found to be an effective treatment 40 for anxiety disorders.

One study found that eidetic therapy was more effective than cognitive behavioral therapy in reducing symptoms of anxiety in patients with panic disorder (Bucci, 2004). Another study found that eidetic therapy was effective in reducing anxiety symptoms in patients with social anxiety disorder (Kerrigan et al., 2016).

Methodology

Operational Definitions

Cannabis Use Disorder

Cannabis use disorder is a condition where a person continues to use cannabis (marijuana) even when it leads to serious problems in their life. People with cannabis use disorder put cannabis ahead of important responsibilities, relationships, and their health. They may experience cravings, tolerance, and withdrawal (Guarnotta, 2022).

Guilt and Shame

The internal affective state is when a person feels highly anxious, repentant, and regretful. Subjective guilt may result from violating internalized moral standards. Guilt is tied to morality in social contexts or relationships. In most situations, a person categorized as objectively "guilty" is likely to suffer from the internal discomfort of being a transgressor, as well as from the expectation of punishment (Connor, 2010).

Sample Size

The sample of 25 individuals with cannabis use disorder and above 18 years of age was selected through purposive sampling and were administered scales including DAST-20, PANNS, and GASP. Three individuals who scored high, moderate, and low, respectively, on the Drug Abuse Screening Test (DAST-20) were taken into consideration for the treatment to check the effectiveness of Eidetic Therapy.

Exclusion Criteria

Individuals who were already taking treatment for drug addiction were excluded. Those people who were not willing to take therapy sessions if needed were also excluded from the research. Individuals who were addicted to drugs except Cannabis and Alcohol were not included in the study as well. The population with associated psychotic features was excluded from the study as well.

Inclusion Criteria

Individuals aged 18 years and above were included in the study. Individuals who were addicted to cannabis and alcohol with comorbidity of cannabis use were included in the study. Individuals who were willing to take intervention if needed were included in the study. Individuals with less than two years of cannabis use disorder without any comorbid psychotic features were included in the study.

Sampling Technique

The sample was collected using a purposive sampling technique for this study. The sample consisted of N = 25, including 2 females and 23 males within the age range of 18 and above in Islamabad.

Research Approach
A quantitative research approach was used to determine the effectiveness of eidetic psychotherapy in reducing guilt and shame proneness and treatment of cannabis use disorder without psychotic features.

Research Design
The research design utilized for the current research was a small-n experimental design.

Instruments
The following instruments were used for data collection.

Informed Consent Form
Participants were provided with a written informed consent form in which they were briefed about the nature of the study along with the right of withdrawal from the study at any time before or during participation, without having to disclose the reason for withdrawal (see Appendix A).

Demographic Form
After obtaining informed consent, participants were provided with a demographic form, a self-developed document used to collect participants' personal information, including their age, education, gender, sexual orientation, socioeconomic status, religion, birth order, relationship status, and family structure (see Appendix B).

Drug Abuse Screen Test (Skinner, 1982)
The Drug Abuse Screen Test (DAST-20) was designed to provide a brief, self-report instrument for population screening, clinical case finding, and treatment evaluation research. It could be used with adults and older youth. The DAST-20 yielded a quantitative index of the degree of consequences related to drug abuse. The instrument took approximately 5 minutes to administer and could be given in either a self-report or interview format. The DAST-20 could be used in a variety of settings to provide a quick index of drug abuse problems. The DAST-20 was a 20-item self-report instrument that had been condensed from the 28-item DAST. The Drug Abuse Screening Test demonstrated acceptable internal consistency of .88.

Positive and Negative Syndrome Scale (Opler, 1987)
The Positive and Negative Syndrome Scale (PANSS) is a medical scale used for measuring the symptom severity of patients with Schizophrenia. An approximately 45-minute clinical interview was conducted. The patient was rated from 1 to 7 on 30 different symptoms based on the interview as well as reports of family members or primary care hospital workers. Positive and negative syndrome scale demonstrated acceptable internal consistency.77.

Guilt and Shame Proneness Scale (Cohen, 2011)
The Guilt and Shame Proneness Scale (GASP) measured individual differences in the propensity to experience guilt and shame across a range of personal transgressions. The GASP contained four subscales: Guilt-Negative-Behavior-Evaluation (Guilt NBE), Guilt-Repair, Shame-Negative-Self-Evaluation (Shame-NSE), and Shame-Withdraw. Each subscale had four items in it that were rated on a Likert scale ranging from (1) very unlikely, (2) unlikely, (3) slightly unlikely, (4) about 50%

likely, (5) slightly likely, (6) likely (7) very likely. Higher scores on the scale were considered a high level of guilt and shame in individuals. The tested scales had adequate reliability >0.55.

Procedure

The study began by getting informed consent from each participant to ensure that they understood the purpose and nature of the study.

Pre-treatment Assessments

Pre-assessment was conducted to measure baseline levels of guilt and shame proneness, as well as the severity of drug abuse, using standardized questionnaires. After adaptation and development of guidelines for therapeutic intervention, pre- and post-testing was performed on the selected sample by gathering baseline data through the use of a demographic sheet and questionnaires, namely the Drug Abuse Screening Test (Skinner, 1982), Positive and Negative Syndrome Scale (Kay & Opler, 1987), and Guilt and Shame Proneness Scale (Cohen, 2011).In the first stage of the study, the Drug Abuse Screening Test (Harvey Skinner, 1982), Positive and Negative Syndrome Scale (Kay & Opler, 1987), and Guilt and Shame Proneness Scale (Cohen, 2011) were given to 25 participants, and data were gathered. Then, only 3 participants who scored higher on DAST-20 and GASP and lower on PANNS were taken into consideration for intervention.

Intervention

In the second stage of the study, empirical testing was done on a sample of 3 clients before starting the sessions." the therapeutic guidelines were followed, and interventions were applied based on the principles of Eidetic psychotherapy. A session-wise therapy plan was implemented.

Post-testing

Post-testing was conducted after the completion of the therapeutic intervention, and cannabis use and guilt and shame proneness were assessed through the administration of the Drug Abuse Screening Scale (Skinner, 1982) and Guilt and Shame Proneness Scale (Cohen, 2011). After the collection of data, statistical methods were applied using the Statistical Package for Social Sciences (SPSS) software version 29 to obtain the results that revealed the relationship between independent and dependent variables.

Ethical Consideration

Participants were given an informed consent form before participating in the study, where they were informed that they could withdraw from the study at any point without providing a reason to the researcher. They were assured that any information they provided would be kept confidential and private and would only be used for research purposes.

Statistical Analysis

The paired sample t-test was used for the analysis of data collected through the demographic sheet and session records, followed by the questionnaire.

Results

Table 1: Comparison of the pre and post-test scores of Drug Addiction and Guilt and Shame

Variable	Pretest		Posttest		*t*(2)	*p*	*Cohen's d*
	M	*SD*	*M*	*SD*			
Drug Addiction	8.00	1.00	3.69	1.52	4.91	.039	9.61
Guilt and Sham	63.33	13.42	49.00	16.82	7.09	.019	4.11

Note. *M*=Mean, *SD*= Standard Deviation, *n*=Sample Size, *p*=Significance level. A t-test analysis was run to find the differences in the test scores of Drugs addiction and Guilt and Shame before and after the intervention.

The results showed that the Eidetic therapy significantly reduced the post-test scores of Drug Addiction (M = 3.69, SD = 1.52) than pretest scores (M = 8.00, SD = 1.00), t (2) = 4.91, p < .05. The effect size of the difference of scores was found to be large (Cohen's d = 9.61). Furthermore, the results also showed that the Eidetic therapysignificantly reduced the post-test scores of Guilt and Sham (M = 49.00, SD = 16.82) than pretest scores of Guilt and Shame (M = 63.33, SD = 13.42), t (2) = 7.09, p < .05.The effect size of the difference of scores was found to be large (Cohen's d = 4.11).

Discussion

The current study was conducted to find the Effectiveness of Eidetic Psychotherapy (EP) in reducing guilt and shame proneness in individuals with Cannabis Use Disorder (CUD) without the presentation of any psychotic features. The results of the study showed a significant decrease in both guilt and shame proneness, as well as reduced drug abuse among the participants after taking the session of Eidetic therapy. Guilt and shame are commonly experienced emotions among individuals with substance use disorders, including Cannabis use disorder CUD. These emotions often contribute to the continuation of addictive behaviors and affect the recovery process. Therefore, finding effective interventions to target and reduce guilt and shame is very necessary for the treatment of cannabis use disorder. *Eidetic Psychotherapy* is a therapeutic approach based on mental imagination techniques and has shown clinically significant results in reducing other disorders, including Anxiety and depression. In this study, the result showed obvious and noticeable differences after employing techniques that involve the use of imagery; eidetic psychotherapy aims to modify maladaptive thought patterns and emotional responses, thus facilitating psychological healing and growth. This study explored the effectiveness of eidetic psychotherapy to specifically address guilt and shame proneness in individuals with CUD.

The findings of the current study revealed a significant decrease in guilt-proneness among the participants following EP. This result suggests that EP interventions effectively targeted the cognitive and emotional aspects associated with guilt, potentially leading to a reduction in self-blame and self-punishment tendencies. These findings are consistent with previous research demonstrating the efficacy of EP in alleviating guilt-proneness in other clinical populations.

Overall, the results of this study provide preliminary evidence for the effectiveness of EP in reducing guilt and shame proneness as well as drug abuse in individuals with CUD who do not exhibit psychotic features. The findings suggest that EP interventions hold promise as adjunctive therapy for CUD treatment, addressing the emotional and cognitive factors that contribute to the maintenance of addictive behaviors.

In conclusion, the current study provides preliminary evidence for the effectiveness of EP in reducing guilt and shame proneness as well as drug abuse among individuals with CUD. The findings suggest that EP interventions hold promise as a therapeutic approach for addressing the emotional and cognitive factors associated with CUD. Future research should further investigate the mechanisms underlying the observed changes and explore the long-term effects of EP in larger and more diverse samples, employing rigorous study designs.

Conclusion

In conclusion, the findings from the study on the effectiveness of Eidetic therapy in reducing guilt in individuals with cannabis use disorder are shown to be highly significant. The study showed a significant reduction in both drug use and guilt and shame proneness among the selected individuals who were given the treatment. The significant decrease in guilt and shame processes and drug use suggests that eidetic therapy not only reduces the symptoms of guilt but also has a positive change in the overall recovery process. By addressing the underlying psychological factors that contribute to guilt and shame proneness, individuals may experience improved self-esteem, self-awareness, and a greater sense of control over their addiction.

Even though the study showed significant differences in the results, it is important to note that the sample size was very limited, consisting of only three individuals. Further research with larger and more diverse samples is necessary to validate the effectiveness of eidetic therapy in reducing guilt in individuals with cannabis use disorder. Moreover, long-term follow-up studies are needed to check the effectiveness of eidetic therapy and its impact on relapse prevention.

The findings of the study showed significant results that could be helpful and contribute to supporting the evidence of the effectiveness of eidetic therapy in the treatment of cannabis use disorders. The addition of inventive and alternative therapeutic approaches like eidetic therapy offers new paths for improving the lives of individuals struggling with cannabis use disorder, addressing guilt, and facilitating their paths toward long-term recovery.

Implications

The study exploring the effectiveness of eidetic therapy in reducing guilt and shame proneness and drug abuse among individuals with cannabis use disorder has significant future implications. Primarily, for university students, this research suggests that implementing eidetic therapy as an intervention could help improve feelings of guilt and shame associated with drug abuse, ultimately supporting their overall well-being and academic success. By addressing these negative emotions, students may be more inclined to seek treatment and recover from cannabis use disorder. Moreover, in a hospital setting, this study implies that incorporating eidetic therapy into the treatment plans for individuals with cannabis use disorder can lead to better results. By specifically targeting guilt and shame proneness, healthcare professionals can provide a more inclusive approach to treating addiction and improving patients' mental health. This research highlights the advantages of eidetic therapy as an effective tool in addressing the difficulties faced by individuals with cannabis use disorder; this study is giving new hope to individuals suffering from drug addiction and will provide new treatment strategies in the future.

Recommendations for Future Research

Future research should be done to determine how well eidetic psychotherapy works in treating other drug addiction patients' feelings of guilt, shame, and drug addiction. We can get an important understanding of the possible advantages of eidetic therapy for various demographics of people

suffering from cannabis use disorder by concentrating on these specific populations. The study can focus on graduate and undergraduate students who may be more vulnerable to peer pressure and other factors that lead to drug abuse in a university context. Researchers can test the hypothesis that eidetic treatment, which frequently intensifies feelings of guilt and shame, by using it as an intervention. Eidetic therapy can be used with other disorders related to drug addiction as well as other mental disorders, as individuals younger than 18 years with cannabis or other drug addiction could be included in future studies to see the impact of eidetic therapy on different age-level groups.

Limitations

The study investigated the effectiveness of eidetic therapy in reducing guilt, shame proneness, and drug abuse among individuals with cannabis use disorder; data was gathered from hospitals in Islamabad and Rawalpindi. Three students who scored high on the scales were selected for the intervention. Post-testing was done on the clients, and results have shown a significant decrease in guilt and shame proneness and drug abuse, yet the study has certain limitations. First, the small sample size of only three participants may hinder the generalizability of the findings to a larger population. Furthermore, the study's focus only on cannabis use disorder limits its applicability to individuals with other substance use disorders.

Moreover, the effectiveness of eidetic therapy may vary based on individual differences, making it complicated to conclude. Lastly, the study's duration and follow-up period could influence the long-term impact of the therapy and the effectiveness of its effects. These limitations highlight the need for further research with larger and more diverse samples to understand better the effect of eidetic therapy in addressing guilt, shame, and drug abuse in individuals with cannabis use disorder across different settings.

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