




FAMILY CONFLICT, EMOTIONAL REGULATION, SOCIAL SUPPORT & TREATMENT ADHERENCE IN ADULTS WITH SUBSTANCE USE DISORDER

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KEYWORDS	ABSTRACT
<p>Family Conflict, Emotional Regulation, Social Support, Treatment Adherence, Substance Use Disorder</p>	<p>The substance use disorder (SUD) represents a significant psychological and public health issue that adversely impacts the individuals' emotional well-being, familial relationships, and treatment outcomes. This study aimed to investigate the connections between social support, emotional regulation, family conflict, and treatment adherence in adults with the substance use disorder, particularly emphasizing mediating role of social support. Also, variations based on marital status were examined. The sample comprised 200 adult males diagnosed with substance use disorder, recruited through convenience sampling from rehabilitation centers and treatment facilities. Data collection involved standardized self-report instruments, including the Multidimensional Scale of Perceived Social Support (MSPSS), Emotion Regulation Questionnaire (ERQ), Family Conflict Scale (FCS) & Medication Adherence Rating Scale (MARS-10). Analysis of data was conducted using the descriptive statistics, Pearson product-moment correlation, independent sample t-test & mediation analysis via SPSS. The results indicated significant positive correlations amid social support, emotional regulation & treatment adherence, while family conflict exhibited significant negative correlations with these variables.</p>
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INTRODUCTION

Adult substance use is still a significant concern for public health around world because it raises the danger of substance-use-disorders, mental distress and impaired functioning. Psychological mechanisms that underlie substance abuse, particularly role of emotion regulation, have garnered increasing attention in research over the past decade (2015–2025). Gross defines the mechanisms

through which individuals affect the experience and expression of emotions as emotion regulation (Expósito, Roldán, Vargas, Maeda & Lila, 2025). The adult substance use and relapse risk have consistently been linked with challenges in emotion regulation, including impulsivity, emotional avoidance, and an inability to endure distress. Recent empirical research indicates that numerous adults utilize substances as a maladaptive mechanism to manage adverse emotional states such as anxiety, depression, anger, and stress. Emotion regulation deficits constitute a Trans diagnostic risk factor for addiction, as demonstrated by recent meta-analytic studies indicating a robust positive correlation between substance misuse severity and emotion dysregulation. These findings support self-medication perspectives, affect-regulation & posit that people use ingredients to temporarily mitigate emotive pain.

Recent theoretical and empirical advancements underscore the social contexts in which emotional processes are situated. It is widely recognized, characterized as emotional, informational, social support and instrumental help derived after interpersonal relationship, can mitigate psychological distress and maladaptive behaviours (Aldao, Hoeksma & Schweizer, 2010). Studies indicate that individuals who perceive greater social support possess effective emotional regulation strategies and experience reduced stress levels (Waqas, Khan & Saeed, 2024). Also, adults with substance use disorders exhibit reduced relapse rates and improved treatment outcomes when provided with social support. The researchers have been very interested in integrative models that bring together social and emotional factors over past ten years. New research indicates that social support could help as a barrier or mediator among challenges in emotion regulation and substance use outcomes (Gross & John, 2003). The stronger support networks may help people learn how to control their emotions better, which can main to less the utilization of substances as a means to cope. On the other hand, not having social support can make emotional deregulation worse and make people more likely to abuse drugs.

The recent studies indicate that social support and emotional regulation significantly impact adult substance use behaviours. Although Substance Use Disorder (SUD) is not a disease, it is a serious public health and psychological issue globally as it can impact the person's emotional, social and occupational functioning. In this connecting, recently there have been more studies to be directed towards psychological and interpersonal factors that affect adult substance use behaviors. These aspects have been extensively examined and emotional regulation has been subject of particular attention. Emotional regulation refers to the ability of individuals to be able to monitor, evaluate and regulate their emotional reactions in positive way in diverse situations (Gross et al., 2011). The people with poor emotional regulation frequently use unhealthy coping strategies to help manage stress, anxiety, depression and emotional instability (Khantzian, 2013). Thus, empirical research indicates that the severity of SR deficits is significantly correlated with the increased severity of substance use and higher rates of relapse (Weiss et al., 2015). The second type of social support that has been identified as a significant factor to protection from alcohol and drug abuse is in addition to emotional supports.

The second type of social support identified as significant in protection from alcohol and drug abuse is in addition to the emotional supports. Social support is comprised of emotional, informational or

practical support from family, friends, and social networks (Cohen & Wills, 1985). A higher amount of social support has been associated with better psychological adjustment and recovery outcomes and practices healthful coping strategies after substance use disorders (SUDs) (Tracy & Wallace, 2016). Individuals with adaptive strategies show increased psychological health and those with maladaptive strategies show increased psychological distress and substance use. On the other hand, social isolation or an increase in family conflict can lead to increased emotional distress, and may make a person more vulnerable to substance abuse. Other factors that play a role in recovery for a person with SUD include family conflict and commitment to treatment. Disruption in family dynamics can lead to emotional instability, less desire for treatment and have negative impact on recovery (Ram, Whipple & Jason, 2016). Still, it is thought that treatment program attendance is essential to recovery.

LITERATURE REVIEW

Challenges in emotion regulation have been identified as a factor in clinical disorders and are a primary focus of the therapeutic approach known as dialectical behaviour therapy. Within this framework, when a person encounters A powerful feeling may necessitate an outlet, especially if the person struggles to reduce intensity of that emotion (Gratz & Roemer, 2004). Some individuals may resort to substances as a means to manage negative emotions. These theories could provide insights for substance use disorder treatment. For instance, skills training in dialectical behaviour therapy not only enhance emotion regulation but boosts abstinence rates and reduces the severity of substance use in individuals with alcohol use disorder. Consequently, poor emotion regulation may be prevalent among those with suds and could serve as a possible target for treatment (Hogue, Schumm, MacLean & Bobek, 2022). Still, to this point, no research has sought to quantify extent of difference in Emotion Regulation abilities amongst persons with and without SUDs by examining the current literature. The substance use disorder continues to be the chief community wellbeing issue internationally.

The World Health Organization (2023) indicates the substance abuse significantly contributes to worldwide morbidity, mortality, and social dysfunction. The adults are particularly at risk due to factors such as occupational stress, interpersonal difficulties, financial pressures, and psychological distress. Growing evidence points to a strong link between emotional regulation deficits and the onset, persistence, and relapse of matter use behaviours (Aldao et al., 2010). Emotional Regulation are the strategies people use to regulate their emotions, when and how to experience emotions. The last 20 years of research found that unhelpful emotion regulation styles (suppression, rumination, avoidance) are indicators of substance use. Self-medication hypothesis (Khantzian, 2013), supports belief that people use substances as poor coping mechanism to manage emotions. Social support is the amount of perceived and actual assistance received from social supports, in form of emotional, and informational support (Cohen & Wills, 1985). Empirical research in last several years indicates that social support is a mediator, which lessens risk of problem with emotional regulation becoming the substance use.

Grasping the mediating function of social support is vital for creating prevention and intervention plans aimed at decreasing substance use in adults. Substance use includes taking alcohol, tobacco,

opioids, cannabis, stimulants and other drugs. In modern theories of addiction, emotional weakness is becoming important risk factor (Koob & Volkow, 2016). James Gross' (2015) emotion regulation process model is one of most important theoretical frameworks used to understand the regulation of emotional experiences. According to this model, people employ different strategies at different times in emotional processing, such as cognitive reappraisal, suppression, avoidance & rumination (Gross, 2015). Individuals with adaptive strategies show increased psychological health and those with maladaptive strategies show increased psychological distress and substance use (Aldao et al., 2010). Adults may not respond adaptively to their negative emotions, and may use psychoactive substances to modulate intense negative emotions, which can reinforce addictive behaviours. Those people may suffer from chronic stress, trauma, depression causing them to turn to alcohol, drugs to cope with the pain.

The use of such substances may afford some temporary relief, but continued use of chemical controls can interfere with learning other, natural, emotional regulation skills, and the reliance on chemical controls can lead to dependence in the long run (Khantzian, 2013). The relationship amongst infant family conflict and SUDs in puberty was found to differ by gender. The family conflict showed a significant correlation The heightened risk of SUDs among females who experienced family conflict was, in part, linked to behavioral conduct of girls. Problems, while anxious/depressive symptoms did not play a significant role (Skeer, Normand, Buka & Gilman, 2011). The research sought to analyses how involving the family in addiction treatment influences substance use and adherence to treatment among patients at the green crescent consultancy center. When families participated in three or more sittings, the likelihood of on-going dealing was 2-3 times greater. As the frequency of sessions attended by family members rose, duration of refraining from substance use lengthened. This participation further improved treatment adherence and reduced dropout rate from treatment (Kahyaoğlu et al., 2020).

Research Hypotheses

1. The social support, emotion regulation, family conflict & treatment adherence are correlated significantly with each other.
2. The social support mediates the relationship between emotional regulation, family conflict and treatment adherence.
3. There is significant difference in levels of social support, ER, family conflict and TA between married & single respondents.

Rationale of Study

The determination of this study is to explore impression of emotional regulation and social support on drug use among adults dealing with the addiction. The results will aid in pinpointing essential psychological and social elements that influence drug consumption, laying the groundwork for holistic treatment strategies that enhance emotional control and utilize social networks to facilitate recovery. Emotional regulation is crucial in how adults handle their emotions and actions, mainly in challenging circumstances like drug addiction. Many individuals facing drug addiction struggle with emotional control, which frequently results in the increased drug use as a means to deal with negative emotions such as stress, anxiety, and sadness. Therefore, comprehending the relationship

between emotional regulation and substance use is vital for enhancing treatment results. Social support, which includes assistance and motivation from the family, friends, or the community, can shield individuals from the detrimental effects of emotional challenges. It offers emotional solace and aids individuals in developing the improved coping strategies, potentially decreasing their dependence on drugs.

RESEARCH METHODOLOGY

The cross-sectional study type, the correlational design will be used to investigate the relationship amid emotional regulation, treatment adherence, family issues and social support with substance use among the drug addicts. This method is appropriate since this allows relationships and indirect effects between these variables to be examined at a single point in time. Standardized self-report questionnaires to assess emotional regulation, PSS and substance use behaviours will be used to collect required data from the respondents and analyze it for extracting the desired information for reaching conclusion.

Sampling Technique & Participants

If the individual is diagnosed to be an addict of drugs, then the adult members will be chosen from rehabilitation centers or treatment facilities in a small random sampling process. There will be 200 adult drug addicts (18 years old and older) involved in this study. The participants in rehabilitation centers or treatment facilities will be recruited through convenience sampling. Male and female participants will be represented. They should be ready to give informed consent and should know Urdu/English language. To avoid the confounding effects, those who have been diagnosed with severe mental illness and those who are currently being treated for a psychiatric condition will be excluded in study.

Inclusion / Exclusion Criteria

Exclusion Criteria: The grown person who are 18 ages ancient or older. Those who have had a history of alcohol, drug or other addictive substance use. Participants that are able to read the questions and respond to them. Those who give informed consent to participate in research. Exclusion Criteria: Children less than 18 years of age. Withdrawal of participants from study. The participants who do not agree to de-identifying data. People with severe psychological or cognitive disabilities which affect understanding of the questionnaire. If participant does not complete the survey he or she is considered incomplete.

Statistical Analysis

To initiate with descriptive statistics such as standard deviations, frequency and means, deliveries will be considered for all variables in the study to summarize the data and verify assumptions like normality. The relationships amid substance use, family conflict & treatment adherence with social support and emotional regulation would be measured by calculating Pearson correlation and then the coefficients. The data obtained will be analyzed through mediation analysis in SPSS Statistics with the mediation model proposed. This will facilitate direct and indirect effects to be computed & mediation role of social support in relationship amid emotional regulation & treatment adherence will be identified.

RESULTS OF STUDY

Table 1 Frequency, Percentages & Frequency of Demographics (N=200)

Variables		Frequency (%)
Age (Years)	18-25	82 (41.0)
	26-40	70 (35.0)
	41-50	48 (24.0)
Qualification	Educated	159 (79.5)
	Uneducated	41 (20.5)
Marital Status	Married	158 (79.0)
	Single	42 (21.0)
Substance Usage Duration (Year)	0-1	97 (48.5)
	1-3	73 (36.5)
	3-5	30 (15.0)

Demographic factors of the sample (n = 200) were assessed using descriptive analysis. In the study, all the people were male (100%). As per age group, 41.0% of the participants were in the age group 18-25, 35.0% of the participants were in age group 25-40 and 24.0% of the participants were in age group 40-50. The percentages were summarized in total number of frequencies that indicated that the largest proportion of respondents were under 40 years. As regards his educational status, majority 79.5% were educated while 20.5% were uneducated. As for marital status, the majority of the participants were married (79.0%) and 21.0% were unmarried. Nearly half of the respondents (48.5%) indicated that they had consumed the substances within 0-1 year, 36.5% had consumed the substances for 1-3 years and 15.0% for 3-5 years. The cumulative percentages indicated that the duration of use of the substances among the participants was less than three years. Overall, the sample primarily consisted of the young, educated, married males with relatively shorter durations of substance use.

Table 2 Reliability Score of Scales (N=200)

Scales	K	A
MSPSS	12	.915
ERQ	10	.865
FCS	12	.831
MARS	10	.839

Reliability analyses were conducted to assess the internal consistency of the study scales (n = 200). The results indicated excellent reliability for all measures. Multidimensional Scale of Perceived Social Support (MSPSS; 12 items) demonstrated a Cronbach's alpha of $\alpha = .915$, indicating excellent internal consistency. Medication Adherence Rating Scale (FCS; 10 items) showed high reliability, with $\alpha = .839$. Emotional Regulation Questionnaire (ERQ; 10 items) exhibited very good reliability,

with $\alpha = .865$ and Family Conflict Scale (FCS; 12 items) showed reliability, with $\alpha = .831$. All scales exceeded threshold of $\alpha \geq .70$, suggesting that scales used in study are highly reliable and suitable for statistical analyses.

Table 3 Descriptive statistics (n=200)

Variables	M	SD	Skewness	Kurtosis
Social Support	38.940	9.28	.135	-.217
Emotional Regulation	40.040	8.33	-.141	.501
Family Conflict	36.720	6.96	-.047	-.473
Treatment Adherence	14.430	3.14	.309	-.975

Descriptive statistics were computed for social support, emotional regulation, family conflict, and treatment adherence among the sample (n = 200). The participants reported a mean score of 38.940 (SD = 9.28) on social support, indicating moderate level of perceived support. Emotional regulation had a mean score of 40.040 (SD = 8.33), suggesting relatively adequate use of emotional regulation strategies. Family conflict showed a mean of 36.720 (SD = 6.96), reflecting moderate level of conflict within family environments. The treatment adherence yielded a mean score of 14.430 (SD = 3.13), indicating a moderate level of adherence to prescribed treatment. Skewness and kurtosis values for all variables were within acceptable ranges (i.e., ± 1), suggesting that the data were approximately normally distributed. Social support (skewness = 0.14, kurtosis = -0.22), regulation (skewness = -0.14, kurtosis = 0.50), family conflict (skewness = -0.05, kurtosis = -0.47), treatment adherence (skewness = 0.31, kurtosis = -0.98) did not show substantial deviations from normality. These results indicate that assumptions of normality were met, supporting use of parametric statistical analyses for data interpretation.

Table 4 Correlation analysis (n=200)

Variable	Mean \pm SD	1	2	3	4
Social Support	38.940 \pm 9.28	1			
Emotional Regulation	40.040 \pm 8.33	0.511***	1		
Family Conflict	36.720 \pm 6.96	-0.403***	-0.327***	1	
Treatment Adherence	14.430 \pm 3.14	0.450***	0.227***	-0.158**	1

Table 4.3 depicts the result of correlation analysis for social support, emotional regulation, family conflict and treatment adherence. From the results we conclude that social support is significantly and positively correlated with emotional regulation ($r = 0.511, p < 0.01$) and treatment adherence ($r = 0.450, p < 0.01$) while negatively correlated with family conflict ($r = -0.403, p < 0.01$). Similarly emotional regulation is significantly, positively correlated with treatment adherence ($r = 0.227, p < 0.01$) while significantly negatively correlated with family conflict ($r = -0.327, p < 0.01$). Besides, family conflict, treatment adherence are significantly and negatively correlated ($r = -0.158, p < 0.01$) with each other. Overall, the results indicate that social support and emotional regulation are positively associated with treatment adherence, whereas family conflict is negatively associated with both psychological resources and adherence outcomes. These findings highlight importance of the supportive social environments and adaptive emotional regulation in promoting the better treatment adherence.

Table 5 Mediation Analysis

Predictors	Path Coefficients				(95% CI)	R2
	A	B	C	c'		
Emotional Regulation	.569***	.152***	.086**	-.001	(.057, .120)	.202
Family Conflict	-.537***	.156***	-.071*	.013	(-.122, -.051)	.203

Figure 1 The Mediating Role of Social Support (Emotional Regulation & Treatment Adherence)

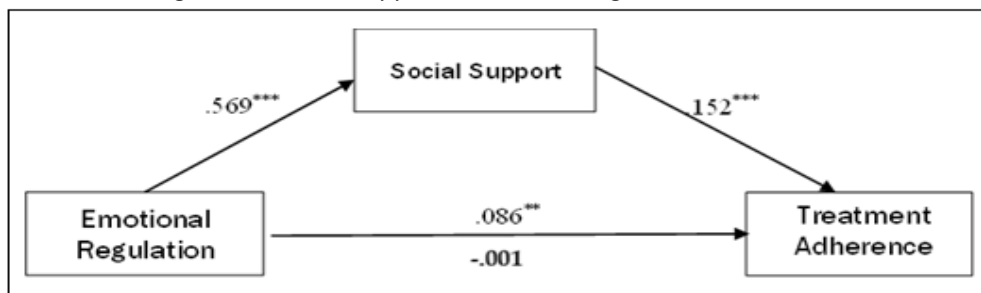


Figure 2 The Mediating Role of Social Support (Family Conflict & Treatment Adherence)

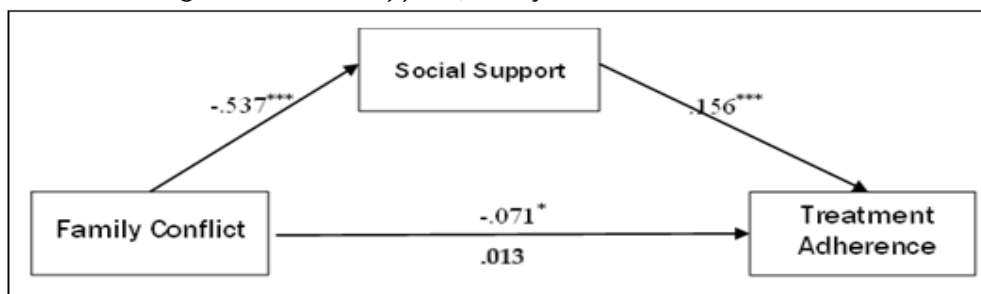


Table 4.5, figures 4.1 and 4.2, show the results of mediation analysis with social support as mediator while emotion regulation and family conflict as independent variable also treatment adherence as dependent variable. From the results, emotion regulation and family conflict were significantly associated with social support (from path a). Also, social support was significantly and positively associated with treatment adherence (from path b). As for direct effect of emotion regulation and family conflict were significantly associated with treatment adherence (from path c). When social support was involved in the model as a mediator, the indirect pathway between emotion regulation & family conflict with treatment adherence became statistically insignificant (from path c') which showed that social support fully mediates relationship amid emotion regulation, family conflict & treatment adherence.

Table 6 Marital Status Difference in Study Variable (n=200)

Variables	Married (n=158)		Single (n=42)		t	p	95% CI	
	M	SD	M	SD			LL	UL
Social Support	39.791	9.32	35.738	8.49	2.550	0.012	.92	7.19
Emotional Regulation	40.709	8.27	37.500	8.18	2.241	0.026	.39	6.03

Family Conflict	35.633	6.50	40.786	7.21	-4.463	0.000	-7.43	-2.88
Treatment Adherence	14.500	3.12	14.143	3.23	.655	0.513	-.72	1.43

An independent samples test was conducted to examine whether married and single respondents significantly differed on the study variables. Thus, the results are presented in Table 4.6. Findings revealed significant marital status differences found in 3 out of 4 study variables. The married respondents reported significantly higher levels of the social support (M= 39.791, SD= 9.32) and emotional regulation (M= 40.709, SD= 8.27) than single respondents while single respondents reported higher level in family conflict (M= 40.786, SD= 7.21) than married respondents, the $t = 2.550, p = .012, t = 2.241, p = .026$ and $t = -4.463, p = .000$ respectively. Furthermore, no significant difference found in the level of treatment adherence in the married and single respondents with $t = .655, p = .513$.

DISCUSSION

This current study investigated the associations between social support, emotional regulation and family conflict and treatment engagement in adults with substance use disorder (SUD). The study results confirmed the hypothesis with significant correlation between variables of social support and emotional regulation, family conflict & treatment adherence. A correlation analysis revealed that social support was positively correlated with emotional regulation, treatment adherence, and family conflict was negatively correlated. Correspondingly, emotional regulation was positively associated with treatment adherence, as well as inversely associated with the family conflict. The results suggest that higher emotional regulation abilities and social support were associated with higher treatment participation and increased family conflict may affect treatment engagement and recovery. These findings are similar to earlier research that found emotional regulation deficits to be a risk factor for substance use and relapse, and supportive interpersonal relationships to be a protective factor for psychological adjustment and recovery outcomes (Weiss et al., 2015; Tracy & Wallace, 2016).

Emotional regulation and treatment adherence are related positively, which is consistent with James Gross's (2004) Process Model of Emotional Regulation. This theory proposes that people who are strong in their emotions are better able to deal with the stress, anxiety and negative emotional events without engaging in negative coping behaviours like substance abuse. These results suggest that emotional self-regulation ability in the adults may be related to better treatment compliance, craving management and maintenance of abstinence. Additionally, these findings mirror the self-medication theory of Edward Khantzian that posits that drugs & alcohol are used to self-medicate emotional and psychological pain. Without emotional regulation skills, people may be more likely to be dependent on substances & have poorer treatment adherence. The present results corroborate previous empirical studies indicating that emotional dysregulation is an important risk factor for substance use disorders.

CONCLUSION

The purpose of the present study was to explore the connections among social support, emotion regulation, family conflict, and treatment adherence among adults with the SUD. Furthermore, the

moderating role of social support in the link between emotional regulation, family conflict and adherence to treatment was explored and married versus single individuals were compared in this study. Finally, the findings of the study were successful in achieving the set objectives of the study and yielded significant findings related to the psychological and social factors involved in the drug abuse disorder in context of Pakistan. This study demonstrated that emotional regulation and social support were significant protective factors that are related to improved treatment retention among individuals with SUD.

Those who had more emotional regulation skills better managed their emotions, allowing them to invest in treatment/recovery process. Results show that individuals that have active coping styles are less likely to use substances to cope with stress, anxiety, anger and emotional turmoil and more likely to participate in a rehabilitation program in a positive way. The results showed importance of social support for recovery. Those who felt they had more emotional, practical and interpersonal support from family, friends and significant others, had better emotional outcomes and treatment adherence. The benefits of social support seem to be emotional reassurance, motivation, and strategies for coping, aid in remaining in treatment and maintaining recovery. The study has established that there is a relationship between supportive relationships and minimizing distress and a supportive relationship can establish positive context, particularly in relation to emotional health & wellbeing and healthy behaviours.

Recommendations

Based upon the results of the present study, the following are recommended to enhance treatment engagement and treatment outcomes for adult SUD cases: Rehabilitation facilities and mental health providers should implement emotional regulation training in SUD treatment. It can be used to teach adaptive coping, stress-management and healthy emotional expression strategies to help decrease the reliance on substance use as means to cope. Strengthening the social support system should be priority of intervention programs within SUD. Family/social/friend support groups and support networks play vital role during recovery and provide emotional support, encouragement, motivation and assistance. In rehabilitation environment, conflicts in the families can be prevented and family communication can be enhanced by providing family counseling and family oriented therapeutic interventions.

Healthy family relationships can help to improve emotional wellness and better adherence with treatment. Social support, emotional regulation difficulties, and family conflict should be routinely assessed among people in addiction treatment by mental health practitioners. In this linking, the early detection of psychosocial issues can enable the practitioner to adopt more individualized and effective treatments in diverse circumstances. The emotional care and support and the importance of nurturing families in the context of addiction recovery needs to be raised at institutional and community level over awareness campaigns that promote emotional support and care to families and society. The de-institutionalizing the views of SUD could help to foster the social acceptability and encouragement.

Policy makers and healthcare authorities should develop a comprehensive rehabilitation program to address substance use behaviours & factors contributing to emotional, social and family related

issues associated with addiction. The results of long-term recovery may be better through holistic treatment methods. There should be support groups and peer counselling at rehabilitation centers so that people can interact with others who have similar experiences to provide emotional support, reduce feelings of isolation, commitment to treatment. Further research should involve more women and other population groups in a greater diversity of ways to make results more useful. The need to explore gender differences in emotional regulation, family conflict and medication compliance in more detail is critical.

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