

Emotional Dysregulation and Mental Health Challenges among Substance Users: A Psychological Perspective

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ABSTRACT

The present research aimed to explore the relation between a person's emotion control, depression and anxiety levels among Pakistan's substance abusers. Current correlational research data was collected from 80 substance users admitted in different rehabilitation centres and hospitals in Islamabad and Gujarat. The components of interested variables were assessed by using standardized psychological tool such as the Emotion Regulation Questionnaire (ERQ), Beck Depression Inventory (BDI), and Beck Anxiety Inventory (BAI) in Urdu version. Results of this study explored that significant prevalence of moderate to severe level of depression and anxiety among the substance abusers. Though, no significant difficulties in controlling and managing emotion regulation were reported by the participants, which may also be explained by cultural variations on emotional expression and reporting in the Pakistan. Moreover, it was also revealed that a positive relationship was discovered between the length usage of any substance and different levels of anxiety. The findings of study also highlight the need of mental health interventions in all rehabilitation and hospital settings. Intervention programs especially for depression and anxiety in substance users as well as cultural aspects that may influence emotion regulation habits needed to be more focused. The study endorses the combination of emotion regulation training and mental health training with rehabilitation centres efforts in Pakistan. Further, further researches must focused on using mixed-method and longitudinal study to considerate relationships of these variables in depth.

Keywords: Substance, Depression, Emotions, Mental Health, Pakistan

INTRODUCTION

Substance use has long been recognized as a global public mental and physical health concern with common implications for individual and societal. Research data recently suggest that all substance use disorders (SUDs) continue to increase, predominantly in developing countries like Pakistan, where we see socioeconomic stressors, mental health humiliation and inadequate access to mental health or rehabilitation services worsen this issue (UNODC, 2023). Studies revealed that severely misuse of psychoactive substances/ drugs such as cigarette, alcohol, cannabis, opioids, ice and various stimulants has been constantly linked to severe psychological pathologies for example emotional disturbance, depression and anxiety (WHO, 2022).

Additionally, many studies reported that individuals struggling with substance abuse frequently display various challenges in their emotion regulation, which further increases their vulnerability to psychological disorders (Aldao et al., 2022). A recent definition explained that "Emotion regulation refers to the processes by which people control the emotions they feel, when they feel them, and how they express them" (Gross & John, 2020). Decreased emotion regulation is becoming familiar factor or a critical component in the

development of SUDs and the maintenance of co-occurring psychological disorders as bipolar, borderline personality, depression and anxiety (Schäfer & Ebert, 2021).

Researches also explained that connection between substance abuse, depression, anxiety, and emotion regulation has gained recently scholar attention due to its prevalence and significance in designing effective interventions strategies. While previous researches has shown predominantly focused on Western culture but there is a growing need to realize these dynamics within Pakistani community, where most of cultural factors may shape both substances abuse behaviors and their emotional coping strategies (Rizvi et al., 2024).

This research also aimed to explore the relationship between common emotion regulation difficulties, depression and anxiety among substance abusers in Pakistan, filling a critical gap in the literature and offering culturally related insights for mental health consultants. Substance use disorders (SUDs) typically can co-occur with other mental health disorders such as depression and anxiety resulting in a complex interaction that hinders rehabilitation and get worse diagnosis at the end (Choi & Kim, 2023). Global epidemiological research has shown that people with SUDs are two to four times more likely to develop depressed and anxiety symptoms than the general population (Kendler et al., 2021). These associations are thought to be bidirectional: while substance use may serve as a maladaptive coping mechanism for managing psychological distress, chronic use can exacerbate neurobiological vulnerabilities to mood and anxiety disorders (APA, 2022).

Emotion regulation has been identified as a crucial mediator between substance use and psychopathology. According to the revised Process Model of Emotion Regulation (Gross & Thompson, 2021), individuals who misuse substances are more likely to have dysregulated emotional processes including excessive repression or rumination. A recent meta-analysis by Aldao et al. (2022) found that maladaptive emotion regulation strategies, particularly expressive suppression, were positively correlated with higher substance use severity and co-occurring depressive and anxiety symptoms. Research by Müller et al. (2023) further supports this view, highlighting those deficits in cognitive reappraisal, a positive emotion regulation strategy, increase susceptibility to alcohol and drug misuse. Within treatment settings, targeting emotion regulation skills has shown to reduce both substance use and related psychiatric symptoms (Schäfer & Ebert, 2021).

Cultural Considerations and Gaps in Pakistani Context

Despite substantial evidence from Western samples, studies focusing on Pakistani substance users remain scarce. The cultural disgrace or stigma significantly linked with various mental health issues in Pakistan that often leads to underreporting of a person's emotional distress and delayed in help-seeking behavior (Rizvi et al., 2024). Besides this Pakistani collectivist cultural rules and norms may influence emotion regulation strategies that are in favour of emotional suppression to maintain social agreement that might carelessly contribute to psychological burden among substance abusers (Ahmad et al., 2022).

A few emerging researches in South Asia significantly highlight the need to consider sociocultural factors that investigate emotion regulation and mental health issues among substance users in large (Hassan et al., 2023). The dearth of localized studies hinders the development of culturally sensitive interventions strategies that address both emotional regulation difficulties and severe psychiatric comorbidities in the population of Pakistan.

It was disclosed thro literature and related background show that substance abuse is a determined and growing problem worldwide and especially in Pakistan, where socioeconomic hindrances, cultural norms and insufficient access to mental health services complex the problem. The relationship between substance abuse and psychological disorders such as bipolar depression and anxiety explored with multiple research projects highlighting the bidirectional nature of these important variables (Choi & Kim, 2023; Volkow et al., 2021). Emotional dysregulation has been identified as a mediating component that leads to drug use start up to continue maintenance and exacerbates co-occurring psychological disorders (Aldao et al., 2022; Müller et al., 2023). But most of the cultural factors such as emotional domination and mental health

stigma in collectivist societies us in Pakistan tend to influence how emotion regulation appears and commonly reported among substance users (Ahmad et al., 2022).

Despite worldwide recognition of these relationships, it was found that there is a scarcity of locally focused studies that highlight these developments within Pakistani people or communities. According to the limited researches availability, Pakistani substance users may somehow underreport emotional control difficulties due to their cultural expectations of emotional restraint like in many culture men are supposed to be emotionally strong (Hassan et al., 2023; Rizvi et al., 2024). Moreover, while emotion regulation is well known as a critical factor of determining psychological distress and discomfort among substance users around the glob (Schäfer & Ebert, 2021), its specific function in the Pakistani background permits further inquiry.

In conclusion, this study highlights worldwide findings while filling a gap in local literature review on substance use and their emotional reactions. By examining the relationship between emotion regulation, sadness, loneliness and anxiety among Pakistani substance users it was explored more culturally informed knowledge of the issues that these demographic aspects. These research findings highlight the importance of developing mental health issues and related interventions that incorporate emotion regulation strategies while remaining more sensitive to Pakistan's cultural and societal context, where stigma, family system and religious values all influence substance use patterns and the related emotional coping mechanisms.

METHODS

Research Design

In the current study correlational research design to examine the relationship between emotion regulation, depression, and anxiety among substance users. This research design was selected to find out the relationship between these mental health variables without operating any independent variables.

Sample and Sampling Technique

For the study purposive sampling technique was used as researcher has to collect data from substance users. Data was collected from 80 participants from various substance rehabilitation centres and hospitals from Islamabad and Gujrat, Pakistan. In this study participants included both male and female substance users and the age range between 18 to 60 years. Study sample consisted of both married and unmarried members who were undergoing treatment for substance use disorders in various centres. Participants were also selected on the bases of their willingness and availability to participate in the research.

Instruments

Demographic Information

A demographic form was self developed by the researcher that was used to collect information such as age range, gender, marital status, education, family system, socioeconomic status and duration of substance use and stay at the rehabilitation center.

Emotion Regulation Questionnaire (ERQ) (Gross & John, 2003; Urdu version by Kausar & Khan, 2014):

Emotion Regulation Questionnaire (ERQ) is a 10-item questionnaire that use to assess person variations in the habitual use of two emotion management strategies, first cognitive reappraisal and second expressive suppression. These Items are assessed on a 7-point Likert scale with 1 indicating strong disagreement and 7 indicating strong agreement of person. The Urdu version scale has acceptable reliability $\alpha = .79$ for reappraisal, $\alpha = .73$ for suppression which shows that this scale is reliable to use. The scoring method for two subscales of the Emotion Regulation Questionnaire ranges from 1 strongly disagree to 7 strongly agree with a higher score indicating more usage of Cognitive Reappraisal. The reappraisal items are 1, 3, 5, 7, 8, and 10, whereas the suppression items are 2, 4, 6, and 9 in this Urdu version scale.

Beck Depression Inventory-II (BDI-II) (Beck et al., 1996; Urdu version by Khan et al., 2015):

The BDI-II is a famous scale used with its 21-item self-report instrument that assessed the severity levels and major depression symptoms. Each item in BDI II is graded on a 4-point Likert scale ranging from 0 to 3 scoring. The Cronbach's alpha for the Urdu version ranges from .75 to .92, showing good reliability. The cut off score is 63 which indicated that high score the higher severity level.

Beck Anxiety Inventory (BAI) (Beck et al., 1988):

The BAI consists of 21 items used to rate the degree of anxiety symptoms encountered in the previous week. Items are scored on a 4-point Likert scale ranging from 0 (not at all) to 3 (very badly). The scale has demonstrated high dependability ($\alpha = .92$). Beck Anxiety Inventory components relating to anxiety symptoms describe how the subject has been feeling in the last week, expressed as common anxiety symptoms (such as numbness, hot and cold perspiration, or a sense of dread). The interpretation of BAI scores is as follows: 0-21 = low anxiety, 22-35 = moderate anxiety, and 36+ = severe anxiety.

Procedure

The study was conducted to examine emotion regulation, depression, and anxiety among substance users. After obtaining approval from the university and the heads of rehabilitation centres, data were collected from participants enrolled in rehabilitation facilities in Islamabad and Gujrat. Participants were briefed about the study's objectives and provided informed consent before participating. Standardized instruments, including the Emotion Regulation Questionnaire, Beck Depression Inventory, and Beck Anxiety Inventory, along with a demographic information form, were administered to the participants in individual sessions. Clear instructions were provided to ensure accurate and honest responses. The researcher assisted participants where necessary, particularly with reading and understanding the questionnaire items. After data collection, responses were systematically coded and analysed using SPSS (version 21) to interpret the findings.

Ethical Consideration

All ethical guidelines were carefully followed in conducting this study. Prior to data collection, permission was obtained from the relevant institutional authorities, and informed consent was secured from all participants. Participants were assured that their involvement was voluntary, and they had the right to withdraw at any time without any negative consequences. Confidentiality and anonymity were strictly maintained, and all responses were used solely for research purposes. Given the sensitive nature of the topic and the vulnerability of the substance-using population, the researcher ensured that data collection was conducted respectfully and responsibly, with a commitment to minimizing any potential psychological distress. Participants were also provided with information about available mental health resources if needed.

Statistical Analysis

The data was coded and analysed using the SPSS version. To sum up demographic variables, descriptive statistics were used. Pearson correlation analysis was used to examine the links between emotion regulation, depression, and anxiety. Independent samples t-tests were also used to compare differences between married and unmarried substance users on important research variables. The criterion of significance was fixed at $p < 0.05$.

Table 1

Frequency and Percentage of Substance users experiencing different level of Depression and Anxiety (n=80)

Variables	<i>f</i>	%
BDI		
Minimal Range	1	1.3
Mild	11	13.8
Moderate	19	23.8
Severe	49	61.3
BAI		
Low	18	22.5

Moderate	47	58.8
Severe	15	18.8

Table illustrates the frequency and percentage of substance users having different level of depression and anxiety. Most of the substance users are experiencing severe depressive symptoms as compared to other levels of depressive symptoms. The table also depicts that most of substance users have moderate level of anxiety with 58%.

Table 2

Correlation between BAI and BDI with Duration of taking Substance use(n=80)

Variables	Duration	BAI	BDI
Duration	-	.27*	.25*
BAI		-	.34*
BDI			-

Note. $p < .05$. BAI = Beck Anxiety Inventory; BDI = Beck Depression Inventory.

Table 2 reveals the correlation between substance use, anxiety, and depression. Table shows significant positive relationship between duration of taking drugs and anxiety correlation $r = .27$. Table also indicates the significant positive relationship between duration of taking substance and depression $r = .25$ at the .05. A significant positive correlation was also found between anxiety and depression which highlight that levels of anxiety are significantly associated with higher depressive symptoms among substance users.

Table 3

Correlation Between BDI, BAI and Emotion Regulation Questionnaire (N= 80)

Variables	1	2	3
BDI	-	.34**	-.06
BAI		-	-.05
ERQ			-

Note. $p < .05$. BDI = Beck Depression Inventory; BAI = Beck Anxiety Inventory; ERQ = Emotion Regulation Questionnaire.

Table 3 shows the positive correlation between depression and anxiety among substance users. Results also reveal no significant relationships were found between emotion regulation and either depression or anxiety. Overall, the table indicates that higher levels of depression are associated with higher anxiety symptoms among substance users, but emotion regulation did not show any meaningful relationship other mental health variables in this sample.

Table 4

Regression Analysis for Anxiety, Depression and Duration of Substance Use

Outcome	B	SE	B	β	t	95%	CI
BAI	.25	.10	.26	2.45	.01	.05	.40
BDI	.20	.10	.22	2.23	.05	.05	.37

Note. $p < .05$. B = regression coefficient; SE B = standard error of B; β = beta value.

Table no 4 report regression analysis predicting anxiety and depression from the duration of substance use n=80. Results showed that substance use duration is significant predictor of anxiety $B=.28$, $p=.012$ and depression $B=.26$, $p = .017$. Regression model accounted for approximately 8% of the variance in anxiety scores as $R^2 = .08$ and 7% of the variance in depression scores $R^2 = .07$. In the table positive beta coefficients suggested that as the duration of substance use increases levels of anxiety and depression also increase significantly.

DISCUSSION

The current study explored the relationship between emotion regulation, depression, and anxiety among substance users in Pakistan. The results revealed that a significant proportion of the sample experienced

elevated levels of depression and anxiety. These findings align with recent international and regional studies, which consistently demonstrate that substance users are more susceptible to mental health disorders, particularly mood and anxiety-related conditions (Volkow et al., 2021; Choi & Kim, 2023). A national study was conducted by Rizvi et al. (2024) highlighted that in Pakistan the burden of untreated symptoms of depression and anxiety among individuals with substance use disorders (SUDs) is intensified by poor access to mental health services and heightened social stigma of being insane.

The present study results provide valuable visions into the mental health profiles of substance users in Pakistan. The frequency data presented in the Table 1 reported that a significant proportion of research participants experience severe depression 61.3% and moderate anxiety 58.8% aligning with international trends suggesting that individuals with substance use disorders are at a higher risk for various mental health issues (Volkow et al., 2021; Choi & Kim, 2023). The high prevalence rates of depression consistent with prior researches reporting that depressive symptoms are often entwined with chronic substance abuse and other mood disturbances (Tull et al., 2023). Furthermore, moderate anxiety levels found in research may be allied to ongoing withdrawal symptoms, psychosocial distress and the stigma linked with substance use in Pakistan (Rizvi et al., 2024).

Table 2 reveals the comorbidity between substance use and mental health issues by showing significant positive correlations between the duration of drug abuse with anxiety $r = .27$, $p < .05$ and depression $r = .25$. These findings also supported by Kendler et al. (2021), who proposed that prolonged substance use impairs mood and anxiety due to cumulative neurochemical changes. Furthermore, results also showed significant correlation between anxiety and depression $r = .34$ reflects the widely familiar co-occurrence of these two disorders among substance users (Khoury et al., 2022).

Stimulatingly, as showed in Table 3 the research found no significant relationship between emotion regulation (ERQ) and either depression or anxiety. These findings from Western culture also where maladaptive emotion regulation strategies are strongly associated with poor psychological results (Aldao et al., 2022; Schäfer & Ebert, 2021). A reasonable explanation may lie in the communist culture of Pakistan, where emotional suppression considers normal and individual socially reinforced to support family structure and community services (Ahmad et al., 2022). In other contexts, self-report tools like the ERQ may not fully capture subtle emotion regulation challenges in Pakistani population, particularly when cultural norms depress explicit emotional countenance.

The regression analysis results in table 4 highlight that the duration of substance use significantly predicts both anxiety $\beta = .26$ and depression $\beta = .22$ with R^2 values change signifying that the duration accounts for 7 to 8% of the variance in anxiety and depression symptoms. The modest effect size in the study also supported by international researches that substance use duration consider to be a significant risk factor to many other psychosocial variables like trauma history, family patterns of relationship and social support that contribute to good mental health outcomes (Müller et al., 2023; Hassan et al., 2023).

Overall, the findings highlight the complex relationship between substance use and mental health problems like depression and anxiety in a Pakistani culture and need of related interventions. Despite the non-significant correlation between emotion regulation and study variables, researches suggests that emotion regulation skills into substance use treatment may still offer benefits (Schäfer & Ebert, 2021). Study findings also exhibit the bidirectional relationship between anxiety, depression and substance use as established by Khoury et al. (2022) and also supported by South Asian research which suggests that individuals in collectivist societies including Pakistan often alternative to substance use to cope with unresolved emotional distress and catharsis (Ahmad et al., 2022). In Pakistan researches reported that financial insecurity, family pressures and high societal expectations are frequent stressors that contribute to the development of psychological pathologies and substance dependence (Hassan et al., 2023).

Still, contrary to several international researches, the current research did not find any significant emotion regulation difficulties among substance users. While international literature such as Schäfer and Ebert (2021) and Fischer et al. (2022) has explored emotion regulation deficits as key features of SUDs and the lack of significance in the Pakistani participants may be culturally influenced. In collectivist societies like

Pakistan, emotional defeat is often viewed as a socially acceptable and expected behavior to maintain familial and social harmony (Ahmad et al., 2022).

In conclusion, this study findings reinforces the significance of participating culturally sensitive mental health services within addiction centres in Pakistan. There is a demanding need to design and implement interventions programs that not only address mental health issues such as depression and anxiety but also promote emotional coping strategies while considering the impact of cultural values on emotional expression.

CONCLUSION

The current study also aims to discover the association between emotion control, depression, and anxiety among Pakistani substance users. The findings confirmed the results that substance users have significant levels of depression and anxiety in their daily life, which is constant with both international and national research stressing the comorbidity of substance use disorders (SUDs) with depression and anxiety pathology. Though, this study also found no substantial link between substance use and emotion control issues, which could be due to cultural impacts on emotional countenance and self-reporting predispositions in Pakistani culture. Overall, the research underscores the importance of addressing mental health issues, particularly personality, depression and anxiety within substance use treatment or intervention programs and suggests the combination of culturally appropriate emotion regulation tactics to enhance treatment outcomes.

LIMITATIONS AND SUGGESTIONS

This research explored self-report methodology, which could be predisposed by social attractiveness bias, particularly in the context of Pakistani cultural norms concerning to emotional expression and social stigma around mental health. The sample size was relatively small and limited to a few rehabilitation centres in Islamabad and Gujrat, restricting the generalizability of the findings to other regions of Pakistan. The cross-sectional nature of the research precludes establishing causal relationships between variables such as substance use, emotion regulation, depression, and anxiety. The study did not account for other potential confounding variables such as trauma history, family dynamics, or comorbid psychological disorders beyond depression and anxiety. Limited resources and time constraints restricted the scope of data collection and follow-up assessments. Future study should take a mixed-methods approach, including qualitative interviews, to acquire a better understanding of emotion control strategies in the Pakistani socio-cultural setting. Expanding the sample to encompass varied locations and communities throughout Pakistan might improve the generalizability and cultural relevance of the findings. Longitudinal research should investigate the causal links between substance use, emotion regulation, and psychological outcomes over time. Intervention studies focusing on emotion regulation training within addiction treatment programs could be developed and tested, considering Pakistan's collectivist cultural values. Future studies should explore additional factors such as perceived social support, stigma, and religious or spiritual coping, which may moderate the relationship between substance use and mental health symptoms in Pakistani populations.

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