Motivational Factors for Recovery among Individuals with Substance Use Disorders: A Qualitative Study

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ABSTRACT

Substance use disorder (SUD) is a chronic psychological and the behavioral condition that disrupts the functioning in personal life and family relationships and wider social contexts. Most research has primarily focused on identifying the causes of the addiction and relapse while much less attention has been given to the understanding what keeps individuals motivated to stay in the recovery particularly in faith based and the collectivist societies like Pakistan. This qualitative study included six men undergoing treatment at rehabilitation centers in Lahore aiming to explore the factors that support sustained recovery. Employing a thematic analysis guided by Self-Determination Theory. The study identified both the internal and the external sources of motivationThe key themes that emerged included the faith and family support along with the future goals therapeutic guidance and a sense of personal responsibility. These themes aligned with the SDT's three core needs autonomy and competence or relatedness demonstrating how the faith and family ties can promote culturally rooted self-direction. Overall the findings indicate that effective rehabilitation programs should integrate family involvement and spiritual values with opportunities for autonomy and personal accountability.

Keywords: motivation, self-determination theory, recovery, rehabilitation, substance use disorder, qualitative study

INTRODUCTION

Substance use disorder (SUD) is a serious social and the clinical problem both the globally and in Pakistan. As reported by the United Nations Office on Drugs and Crime (UNODC, 2022) about 6.7 million people in Pakistan struggle with substance use making it one of the highest rates in South Asia. Addiction harms not only the individual's health but also affects family harmony and community well-being. Earlier research has mainly focused on the causes of addiction and relapse patterns and treatment follow-up (Mamman et

al., 2014; Carroll & Onken, 2005). However the motivational factors that support long-term recovery especially within cultural and social contexts have not been fully studied. This research aims to address this important gap by exploring the cultural influences that help maintain recovery motivation among Pakistani individuals providing a new view compared to the usual focus on relapse and treatment adherence.

Self-Determination Theory (SDT) provides a clear framework for understanding the motivation in rehabilitation. According to SDT lasting behavior change happens when three key psychological needs are fulfilled: autonomy, which is a sense of choice and control; competence, meaning confidence in one's abilities; and relatedness, or feeling connected to others (Deci & Ryan, 2000). Although SDT was developed in Western individual-focused cultures where autonomy is linked to independence, in collectivist and Islamic societies like Pakistan, autonomy often appears as relational interdependence and moral responsibility and spiritual accountability (Chan et al., 2019; Chirkov, 2003; Sheldon et al., 2017).

Focusing on the motivation rather than the causation addresses a critical gap in the intervention research. Identifying factors that sustain internal motivation can improve the relapse prevention and increase therapeutic engagement and inform the development of culturally adaptive rehabilitation models. What *motivational factors support sustained recovery among male individuals with substance use disorders in Pakistani rehabilitation centers?*

Significance:

Studying how the motivation is maintained duringthe recovery can help develop therapy practices that respect the cultural values and support the rehabilitation strategies based on evidence specifically suited to the Pakistani context.

METHODOLOGY

Research Design and Epistemological Stance

A qualitative reflexive thematic approach was used to explore participant's real life experiences of motivation during recovery. The study followed a constructivist perspective which focuses on meaning being created together by the participant and the researcher (Braun & Clarke, 2006). This approach fits well with the SDT which highlights the personal meaning andthe individual experience within cultural and social settings. While collecting data I became aware of my own assumptions about the motivation and the recovery. For example, during an interview about the family support: I realized I had the expected all family relationships to be positive and helpful. However the participant described feeling pressure and expectations from their family that at first reduced their motivation. This experience made me reflect on and revise my assumptions enabling a more open and detailed understanding of how family influences recovery.

Participants

Six male participants aged 18 to 43 were recruited through purposive sampling from rehabilitation centers in Lahore, Pakistan. All participants reported histories of heroin, methamphetamine, hashish, alcohol, or other chemical substance use and were actively engaged in rehabilitation. Data saturation was achieved by the fifth interview and the sixth confirmed thematic consistency.

Context and Ethics

Participants were recruited from the private inpatient rehabilitation centers that offered structured therapyand medical supervision and psychosocial support. Written informed consent was obtained and participants were assured of confidentiality or anonymity and voluntary participation.

Data Collection

Semi-structured interviews were conducted in Urdu that lasting 45 to 60 minutes each. The interviews were guided by the following key questions:

- What keeps you the motivated to stay in the recovery?

- How do your faith or the family influence your the motivation?

- What experiences during the therapy have strengthened your commitment to change?

All interviews were audio-recorded or transcribed verbatim and translated into English. Back-translation procedures were implemented to ensure both linguistic accuracy and conceptual accuracy. The researcher and a clinical psychologist maintained a reflexive journal throughout data collection and analysis to monitor potential professional biases. Trustworthiness was established through triangulation using field notes or transcripts and peer debriefing as well as member checking and detailed audit trails to enhance dependability and confirmability that enhanced dependability and confirmability.

Data Analysis

Data analysis followed the Braun and Clarke's (2006) six-phase of thematic analysis. Initial coding was conducted inductively allowing patterns to emerge from the data. Codes were then grouped into categories and refined into overarching themes that reflected SDT's psychological constructs of autonomy or competence and relatedness.

RESULTS

Five interrelated themes were identified each representing distinct the motivational processes that sustained recovery: future goals and aspirations: religious and spiritual faith: therapeutic and clinical guidance: family support and encouragement and self-responsibility and control.

Table 1

Core Motivational Themes Mapped to SDT Components

Theme	SDT Component	Illustrative Mechanism
Future Goals and Aspirations	Autonomy, Competence	Purpose and future orientation promote self-efficacy and persistence.
Religious and Spiritual Faith	Autonomy (internalized), Relatedness	Faith transforms obligation into moral commitment and emotional stability.
Therapeutic and Clinical Guidance	Competence	Counseling builds self-awareness, coping, and relapse-prevention skills.
Family Support and Encouragement	Relatedness	Forgiveness and empathy restore belonging and emotional safety.

Self-Responsibility and Control	Autonomy	Internal ownership sustains long-term, self-endorsed change.

Future Goals and Aspirations

All participants talked about having future goals as an important part of their recovery. "I want to work again and show my parents that I can live a clean life" (Participant 4). Trying to rebuild their careers and earn the respect highlighted their sense of the independence and the capability. This idea represents identified motivation where what others expect becomes the personal goals tied to one's sense of self and purpose. However, not everyone shared this view. One participant explained that "I don't think about a specific job or career now; I just focus on staying sober each day" (Participant 6). This shows that while the some find motivation in long term goals and others gain strength from achieving small daily successes.

Religious and Spiritual Faith

Faith gave the participants a sense of moral guidance and the emotional strength. "My prayers helped me stay strong; I feel Allah gave me another life" (Participant 3). Religion supported self control through the spiritual responsibility and a the sense of comfort. However one participant said that "Sometimes prayer didn't help; therapy did" (Participant 6). This shows that not everyone relied on the faith in the same way and that religion provided both a connection to God and a sense of social responsibility.

Therapeutic and Clinical Guidance

Therapy helped the participants become more aware and manage their emotions. "Therapy taught me to understand my thoughts before they control me" (Participant 2). They appreciated the empathy and structure in therapy which boosted their confidence and the sense of capability. Some said that counselor support was not always consistent showing how much therapist understanding can affect motivation. This theme reflects the shift from relying on external help to developing self-driven motivation.

Family Support and Encouragement

Family forgiveness and the reunion seemed to be important sources of motivation. "When my mother forgave me; I felt I could forgive myself too" (Participant 5).The emotional support satisfied their need for the connection and strengthened their inner commitment. However some participants said that too much family pressure at first caused frustration but later it became genuine motivation. This shift illustrates the movement from external pressure to fully accepted motivation within SDT's framework

Self-Responsibility and Control

Taking personal responsibility was viewed as the crucial for recovery. Recognizing their own choices reflected a shift toward the self driven motivation. Participants who owned their actions experienced the greater confidence and control over themselves emphasizing autonomy as the key factor for lasting recovery.

DISCUSSION

This study explored how inner and outer motivational factors help Pakistani men recover from substance use disorders using Self-Determination Theory as a guide. The results show that lasting recovery develops

as motivation slowly becomes internal moving from outside pressure to personal commitment (Ryan & Deci, 2008).

Theoretical and Cultural Integration

Each theme matched SDT's main psychological needs of autonomy, competence and connection. However in this culture, autonomy was based on relationships rather than individual independence. It showed moral duty and social balance supporting Chirkov's (2003) and Sheldon et al.'s (2017) findings that autonomy in collectivist cultures includes mutual dependence. This form of culturally rooted autonomy broadens SDT's scope by showing that self-determination can grow within the family and faith-based settings instead of through the personal isolation.

Comparative and Integrative Models

The findings of this study match the ideas of Motivational Interviewing which focuses on empathy and client independence (Markland et al., 2005) and the Transtheoretical Model which views recovery as a gradual move toward internal motivation (Prochaska & DiClemente). Combining these approaches points to a blended model of spiritual self-determination where faith counseling and social support work together to encourage long-term positive change.

Regional and Cross-Cultural Context

Research from India and Iran also shows that the family unity and the spirituality play an important role in addiction recovery (Sharma & Kaur, 2019; Pashaei et al., 2020). This similarity across the cultures supports the common importance of relationships in the collectivist societies and confirms that the study use of SDT fits well within the South Asian context.

Critical Reflection

While the family and the religious support can strengthen the motivation and too much moral pressure or guilt may create false motivation that causing people to follow rules without truly agreeing with them. To prevent this the rehabilitation workers should balance outside guidance with approaches that support personal choice. Using methods like motivational interviewing which helps people find and build their own reasons for the change can connect external support with their inner values. This personalized method promotes genuine self acceptance and lasting commitment to recovery.

Practical Implications

The Counselors should incorporate the spiritual and the familial dimensions into therapy while maintaining client autonomy. Structured reflection and gratitude exercises and culturally adapted mindfulness practices can connect faith to recovery goals. Family therapy that promotes forgiveness empathy and accountability can strengthen relatedness and training programs should emphasize autonomy supportive and culturally competent communication.

CONCLUSION AND RECOMMENDATIONS

Motivation to recover from substance use disorders comes from a mix of spiritual faith, family support, therapeutic understanding and personal responsibility. When people feel independent, capable and connected within their cultural values, recovery continues naturally. This study adds to SDT by showing

that in community and faith-centered cultures and autonomy is shown through the moral responsibility and strong social connections.

For Practice

- Add family- and faith-based topics to counselor training to build supportive and culturally aware communication skills.

- Create therapy programs that connect religious beliefs with psychological understanding

For Research

- Include women and participants from different regions to improve how well the results apply to various groups.

- Use long-term and mixed research methods to observe changes in motivation over time.

- Explore counselors' views to gain a more complete understanding of how motivation is maintained.

Policy Implication:

These results highlight the need to include culturally suitable motivational models in Pakistan's national rehabilitation policies linking faith, family and personal autonomy to support lasting recovery. Two practical policy steps can help apply these findings: providing financial support to rehabilitation centers that use family- and faith-based motivational methods, and setting accreditation rules that require counselor training in cultural sensitivity. These measures would help make recovery programs more effective and better connected to local culture.

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