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RESEARCH PAPER

Perceived Social Support, Internalized Shame, and Subjective Well-Being in Patients with Substance Use Disorder in Pakistan: A Mediation Analysis

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ABSTRACT

This study examined the mediating role of internalized shame in the association between perceived social support and well-being among patients with SUDs receiving treatment in rehabilitation centers situated in Rawalpindi/ Islamabad, Pakistan. Perceived social support is known as a critical psychosocial factor influencing recovery and Subjective well-being among persons with substance use disorders. However, the role of internalized shame in this relationship remains less explored, particularly within treatment populations in Pakistan. A cross-sectional research design was used in the study with a sample of 250 patients who are undergoing treatment for SUDs. Participants completed the Multidimensional Scale of Perceived Social Support (MSPSS), Internalized Shame Scale, Depression Anxiety Stress Scale and the ICP Subjective Well-Being Scale. Mediation analyses were conducted to assess the indirect effects of internalized shame. Perceived social support was positively associated with well-being. Internalized shame partially mediated this relationship, indicating that higher social support predicted reduced shame, which in turn enhanced well-being. Perceived social support significantly enhances well-being among patients with substance use disorders, with internalized shame serving as a partial mediator. These findings suggest that boosting social support and reducing shame can jointly foster better subjective well-being in rehabilitation settings.

KEYWORDS Internalized Shame, Perceived Social Support, Well-Being, Substance Use Disorder, Rehabilitation

Introduction

One of the most distressing global public health challenges is the substance use disorder, which have significant impact on individual's psychological, emotional and social being. There are number of problems associated with such disorders like psychological, social and health related problems which included increase risk of depression, anxiety and suicidal thoughts and behavior (Volkow et al., 2020). There present great influence of substance use disorder on the mental well- being of individuals and also psychiatric disorders which are undiagnosed are the main hurdles in the treatment and recovery of patients. Among such factors, perceived social support (PSS) and internalized shame have gained growing attention for their influence on mental health functioning in substance-abusing populations.

Perceived social support can be defined as the person's subjective assessment of the sufficiency and availability of support from family, friends, or significant others. (Zimet et al., 1988). Cohen and Wills' (1985) Social Support Theory is regarded as one of the most commonly recognized theories for comprehending the role of social support in

happiness and health. According to the hypothesis, well-being considered as a consequence of perceived social support, which enhances feelings of self -worth stability, and belonging. For example, people are better adapted to cope with stressors like relationship issue losing their job and illness, if they feel they have people to turn to for support and comfort (Cohen & Wills, 1985).

According to the buffering theory, which states that social support protected individuals from harmful outcomes of stress by providing them with the facilitation they need to deal with difficult situations. According to this hypothesis, perceived support serves as a "buffer" to lessen the negative results of stress on mental and physical health. For example, people are better equipped to cope with stressors like illness, relationship issues, or losing their job if they feel they have people to turn to for comfort and support (Cohen & Wills, 1985).

Shame, according to Nathanson (1992), is a self-conscious feeling that is essential for social engagement and self-control. He makes a distinction between internalized, persistent shame, which influences a person's overall view of themselves, and acute shame, which is a transient response to a perceived failure. High amounts of internalized guilt cause people to interpret unclear or neutral social cues negatively, which further erodes their self-esteem. Youngsters who are raised with the belief that they are essentially defective or un loveable maintain these sentiments into adulthood, when they show themselves as persistent shame. According to cognitive-behavioral theory, internalized guilt arises as a result of flawed mental processes (Beck, 1976).

Numerous scenarios have demonstrated the significance of social support in shaping behavior. Relationships which are social are thought to be beneficial in twice: directly by offering support, a sense of belonging, and emotional support that can reduce or stress buffer and enhance life satisfaction whether or not stress is present, and indirectly by buffering stress during trying times (Caplan & Caplan, 2000; Dalgard & Tambs, 1997). The process through which social support buffers psychological pressures and supports physical and mental health have been clarified by a substantial body of literature (Greenblatt, Becerra, & Serafetinides, 1982; Taylor & Aspinwall, 1996; Taylor, 1995). Empirically social support has been found in association with improved longevity, happiness, and well-being (Berkman, 1985; Lin, 1986).

Social support with higher levels among substance users anticipate lessens the substance use (Humphreys & Noke 1997; Noone, Dua, & Markham, 1999; Rumpf, Bischof, Hapke, Meyer, & John, 2002; see El-Bassel, Duan-Rung, & Cooper, 1998), while lower levels likely predict relapse (Havassy, Hall, & Wasserman, 1991). Furthermore, social support is an important corresponded of subjective well-being among recovering substance users who have been dual-diagnosed with a comorbid psychiatric disorder (Laudet et al., 2000) and has been associated with improved life quality for both substance users and people with mental disorders (e.g., Brennan & Moos, 1990; Nelson, 1992).

Through the integration of these three fundamental factors—perceived social support, internalized guilt, and mental health—in a community of substance users, the study fills a knowledge vacuum regarding the intricate psychological processes that influence recovery. Even though social support is known to aid in rehabilitation, shame's underappreciated function may help explain why its impacts differ from person to person. The relationship between mental health and social support may not be clear-cut because emotional obstacles like internalized shame can make it difficult for a person to

take use of the resources that are available to them. Thus, another goal of the study is to find out if internalized shame mediates the relationship between mental health and perceived social support.

Literature Review

Perceived Social Support

The subjective concept that one may rely on one's social network for information, emotional support, practical assistance, or evaluation is known as perceived social support. Conversely to receive social support, which considers the actual aid provided by others, perceived social support concentrates on the person's evaluation of how available and adequate the help is. This is important because perceived support is often more strongly associated with mental health outcomes than actual support (Lakey & Cohen, 2000).

According to the attachment theory, people's experiences of social support are determined by the standard of their early attachments, which affects how they approach and receive assistance from others. Anxiety and avoidant attachment are examples of insecure attachment styles that are linked to decreased perceived support and increased difficulty establishing supportive connections. For instance, people who are avoidantly attached will completely avoid support, while others who are anxiously attached will question whether it is available (Mikulincer & Shaver, 2007).

Urie Bronfenbrenner developed the Social Ecological Theory in 1979, which highlights the ways in which various social institutions impact an individual's sense of support. The way people feel supported is influenced by interactions across several layers of the social environment, such as friends, family, community, and societal structures, according to this hypothesis.

Internalized shame

Gilbert (2003) asserts that one's self-perception, self-judgment, and self-emotion are all connected to internal shame. This kind of shame directs attention and mental energy inward to the self's feelings, characteristics, and behaviors by concentrating on the self's failings and imperfections.

Erikson's psychosocial development theory (1968) emphasizes the importance of shame in early life. During the autonomy vs. shame and doubt era (ages 1-3), children who experience excessive criticism or control may develop lifelong feelings of shame. Shame evolved as a social emotion to regulate group dynamics and maintain social cohesiveness, according to evolutionary theory (Gilbert, 1997). Internalized guilt, on the other hand, causes distress, social disengagement, and mental health issues. Based on this concept, Gilbert's Compassion-Focused Therapy (CFT) helps individuals develop self-compassion as a strategy to fight shame. Internalized shame is significantly impacted by cultural and social circumstances.

Well-being

The five essential elements of Martin Seligman's (2011) PERMA model—which considers well-being—are Engagement, Positive Emotion, Relationships, Accomplishment and Meaning. The self-determination theory (SDT), created by Deci and Ryan (2000), provides an extra paradigm for understanding well-being. In

accordance with the self- determination theory, it pivoted upon the fulfilment of three basic psychological needs— relatedness, autonomy, and competence —is what drives well-being. Autonomy can be defined as the able to make the decision of one's own life and capacity to take hold of one's own life. According to the definition of Relatedness, it refers to the significance of having close social links, whereas competence can be defined as the skill and efficacy of one's work. In the consequence of fulfilment of these expectations people's general functioning, intrinsic motivation, and well-being all improved. (Ryan & Deci, 2017). The findings of the research has suggested that, with help of interventions satisfying these psychological requirements leads to an increase in happiness and reduction in stress (Ng et al., 2012).

Well-being can be defined by another significant theory which is called is Barbara Fredrickson's broaden-and-build model of pleasant emotions (2001). According to the theory, people can develop long term social, intellectual and psychological resources by expanding their thought-action repertoire through pleasant emotions like appreciation, joy, and love. With the passage of time these resources proved to be very beneficial to people to become more mentally healthy, stronger, and generally happier. According to the findings of the study, that people who experience positive emotions frequently are more creative have stronger social networks, and manage stress better. (Fredrickson & Joiner, 2002).

Social factors as well impacted the outcomes of well-being significantly. Various factors such as socioeconomic status, career opportunities, education, healthcare, and social support, have a big influence on well-being outcomes, claims Marmot (2015). The World Health Organization (WHO, 2021) emphasized the need of addressing social factors to improve public health and reduce health inequities. According to research, those who experience social isolation and financial instability are more likely to have psychological distress and poorer life satisfaction while in contrast those who have greater salaries, steady jobs, and deep social links generally have better mental and physical well-being. Pickett and Wilkinson (2018).

In response to the positive psychology movement Martin Seligman (2011) developed the model called the PERMA model, which provides a universal framework for understanding well-being. According to this paradigm, there are five elements that are necessary for well -being, these included connections, good feelings, engagement, meaning and purpose. Meaning is purpose; achievement is accomplishing goals and improving oneself; connections provide social support; engagement is a high level of participation in interesting activities; and happiness is boosted by happy feelings. In accordance with the research, people who have actively cultivated these life facets have life satisfaction and higher level of psychological well-being. Seligman, Martin (2011).

Psychological resilience is another significant element of wellbeing, which directs how individuals respond to misfortune and stress. In accordance with the resilience theory, individuals who have strong adaptive coping mechanisms, self-efficacy, and emotional regulation skills may be able to maintain their wellbeing even in the face of adverse situation. (Masten, 2014). Because they enable people to better regulate their emotions, reduce stress, and build wholesome connections, emotional intelligence and mindfulness have also been linked to well-being. Brown and colleagues (2007).

Hypotheses

H1: Perceived social support will predict positive well-being outcomes in individuals with substance use disorders.

H2: Internalized shame will mediates the relationship between perceived social support and well-being among individuals with substance use disorders.

Material and Methods

In the present study, a Correlational research design was used in this study.

Participants

The Participants of the present study consisted of 250 individuals with substance use disorders. They were recruited from different Drug Rehabilitation Centers situated in Rawalpindi, Islamabad, Pakistan, providing inpatient rehabilitation services. The age of the Participants would range between 18 years to 50 years.

Inclusion Criteria

The sample for the study is based on the following inclusion/ exclusion criteria.

- Patients with an age range of 18 to 50 years were included.
- Only Male patients were included.
- Patient who used drugs (i.e., Depressants, Opioids, Hallucinogens, Stimulants, and Others) was included.
- Only those individual with substance use was included who had at least a one-year drug-taking history.
- Inpatients currently under treatment in Drug Rehabilitation Centers were included.
- Only those patients were included who gave consent to participate.

Exclusion Criteria:

- Patients currently undergoing the detoxification phase were excluded
- Patients with any physical disability were excluded.

Instruments

Multidimensional Scale of Perceived Social Support (MSPSS Zimet et al. (1988)

The Multidimensional Scale of Perceived Social Support was created by Zimet et al. (1988) to evaluate perceived support from three sources (Family, Friends, and a Significant Other). It is a 7 – point Likert scale with 12 it ems. MSPSS- Urdu version is valid and reliable instrument for evaluating social support of a person with Cronbach alpha value of .89 and test retest reliability of .76 in Pakistan young adults (Rizwan & Aftab, 2009).

External and Internal Shame Scale

The External and Internal Shame Scale (EISS) is developed by Fekih-Romdhane, F., Malaeb, D., Dabbous, and M. This scale consists of eight items, generated to measure

the four central domains of general feelings of shame, and present in both ES and IS: inferiority/inadequacy, sense of exclusion, uselessness/emptiness and criticism/judgment. Scores vary between 0 and 32 points, with higher values indicating higher global sense of shame.

ICP-Subjective Well-Being Scale (Moghal, 2012)

The ICP-Subjective Well-Being Scale (ICP-SWBS; Moghal, 2012) assesses subjective well-being through three subscales: Positive Affect, Negative Affect (each with 12 items rated on a 5-point frequency scale), and Life Satisfaction (5 items rated on a 5-point agreement scale). The scale shows good internal consistency (α = .84, .85, and .81 respectively) and acceptable test-retest reliability over one week (.77, .73, and .82). It also shows strong convergence with established subjective well-being measures.

Procedure

The authorities of the Drug Treatment and Rehabilitation Centers located in Islamabad and Rawalpindi, Pakistan, were contracted and were given a formal letter to acquire permission to gather data. Once permission was acquired, the patients' families were contacted to gain their consent for the participation of their under-treatment family members at the specified time by the authorities of the Drug Treatment and Rehabilitation Centers. They were informed of the reason and importance of the study, the confidentiality of data, and their right to withdraw from participation. After the consent had been secured from the families, patients were approached to complete the research measures in the following sequence. A semi-structured interview schedule was given first to screen the participants according to the inclusion/exclusion criteria. This was followed by the completion of the Multidimensional Scale of Perceived Social Support and the Perceived Stigma of Substance Abuse Scale (PSAS). Lastly, the participants, their caregivers, as well as the concerned authorities were thanked for taking their time and cooperating. Respective authorities were thanked for their time and cooperation.

Results and Discussion

Table 1
Summary of the demographic variables of the study

Demographic variable	category	F	%
Age	18to26	75	30.0
	27to34	92	36.8
	35to42	47	18.8
	43to50	36	14.4
Education	Ssc	185	74.0
	Hssc	46	18.4
	Graduation	15	6.0
	Master	4	1.6
Employment	Government	23	9.2
	Private	135	54.0
	Business	54	21.6
	Unemployed	38	15.6
Drugs	Cocaine	8	3.2
	Herion	132	52.8
	Alcohol	10	4.0
	Marijuana	66	26.4
	Methamphetamine	34	13.6

Note F= Frequency, %= Percentage.

The sample consisted of 250 participants. The age distribution showed that largest proportion of participants (36.8 %,) (n = 92) were between the ages of 27 and 34. Participants aged 18 to 26 comprised 30.0% (n = 75) of the sample, while 18.8% (n = 47) were between 35 and 42 years old. The smallest proportion of participants (14.4%, n = 36) were in the 43 to 50 age group.

The sample also primarily comprised participants with SSC-level education (74.0%), followed by HSSC (18.4%), graduation (6.0%), and master's degrees (1.6%). In terms of employment, the majority were in private jobs (54.0%), with others in business (21.6%), unemployed (15.6%), and government jobs (9.2%). Regarding drug use, heroin was most commonly reported (52.8%), followed by marijuana (26.4%), methamphetamine (13.6%), alcohol (4.0%), and cocaine (3.2%).

Table2

Linear Regression Analysis for Perceived Social Support for predicting Well Being

		B	SE	β	t	P
1	Constant	77.452	2.395		32.335	<.001
	MSPSS	0.157	0.047	0.209	3.367	<.001

Table 2 illustrate that Multidimensional Scale of Perceived Social Support (MSPSS) significantly predict Well Being (B= 0.157, p, <.001). A one unit increase in MSPSS, Well Being increased by 0.157units. Accounts for 4.4% of the variance in Well Being by perceived social support.

The standardized coefficient β for MSPSS was 0.209 indicating a moderate positive relationship between perceived social support and Well Being. The t- value of 3.367 represent moderate of the relationship, confirming that is statistically significant predictor of SWB p<.001.

Table 3

Summary of Mediation Effects of Internalized shame on the association of Perceived Social Support and Individuals with Substance Use

Variable / Effect	B	SE	t	p	95% Confidence Interval
MSPSS → SWBS (Total effect)	0.157	0.047	3.367	.001	0.065 to 0.248
MSPSS → EISS	0.081	0.031	2.641	.009	0.021 to 0.141
EISS → SWBS (controlling for MSPSS)	0.236	0.095	2.481	.014	0.049 to 0.424
Direct	0.137	0.047	2.944	.004	0.046 to 0.229
Indirect *	0.019	0.014	–	–	0.000 to 0.052
Total	0.157	0.047	3.367	.001	0.065 to 0.248

A mediation analysis using PROCESS Model 4 revealed that perceived social support (MSPSS significantly predicted spiritual well-being (SWBS), B = 0.157, SE = 0.047, t = 3.367, p = .001, 95% CI [0.065, 0.248]. MSPSS also significantly predicted emotional instability (EISS), B = 0.081, SE = 0.031, t = 2.641, p = .009, 95% CI [0.021, 0.141], which in turn significantly predicted SWBS while controlling for MSPSS, B = 0.236, SE = 0.095, t = 2.481, p = .014, 95% CI [0.049, 0.424]. The direct effect of MSPSS on SWBS remained significant, B = 0.137, SE = 0.047, t = 2.944, p = .004, 95% CI [0.046, 0.229], while the indirect effect through EISS was also significant, B = 0.019, SE = 0.014, 95% CI [0.000, 0.052], indicating partial mediation.

Discussion

The primary goal of the current study was examine how perceived social support affects wellbeing and how internalized shame functions as a mediator in substance use disorder patients. This study addresses the pressing need for a filler knowledge of how societal perceptions affect individuals who are battling with substance use, given the present global public health crisis associated with substance use disorders, which is characterized by high rates of morbidity.

The study's results showed that well- being was significantly predicted by perceived social support (B= 0.157, p<.001). The theory explains why social support is beneficial for the development of resilience and recovery in individuals with substance use disorders. To overcome the detrimental effects stress and stigma social support plays a critical role in helping individuals with substance use disorders feel emotionally safe. There are many forms of social support which includes emotional support from family and friends, medical specialist, support for schooling and practical assistance in daily life. In accordance with the research Positive social relationships can play a crucial role in lowering social isolation, promoting healthy habits, and improving overall mental health outcomes. For instance, a study has demonstrated a correlation between perceived social support and both better psychological functioning and a lower relapse rate of substance use disorders. (Cohen & Wills, 1985; Cutrona & Russell, 1990). People with strong social support networks are more likely to adopt healthier coping mechanisms when faced with adversity, according to research by Kessler et al. (2005) on the importance of social support for protecting mental health.

The wellbeing of an individual is directly impacted by internalized shame. Shameful people frequently avoid social interactions and support interactions and support systems and turn to self –harming activities, which can worsen mental health conditions. Chronic shame's emotional toll can exacerbate anxiety and despair and ultimately undermine wellbeing (Brown, 2006). These requirements may be met by perceived social support, but internalized shame and stigma may negate the benefits of such support and keep these basic psychological needs from being met (Ryan & Deci, 2000). Developing Comprehension treatment strategies for people with SUD can be aided by an understanding of the mediating role that internalized guilt plays in relation to perceived social support. The clinical ramifications are that internalized shame and stigma should be addressed in therapy sessions that try to improve self- perception and combat negative thoughts in addition to reducing substance use. In order to promote healthy self- images, cognitive behavioral therapy (CBT) may help people confront and alter their internalized beliefs. Providing opportunities for people to engage with supportive communities, such as peer – initiated activities or support groups, is crucial because it has been demonstrated that these networks foster a sense of acceptance and belonging. Programs that foster friendship and the development of social skills can also be helpful.

Conclusion

The study's findings shed significant light on the intricate relationships between wellness, the mental health, perceived social support, and perceived social support, and perceived stigma of individuals with substance use disorders (SUDs). Perceived social support can be considered as the powerful protective factor for well-being and mental health in individuals with SUSs. Better general well-being and fewer signs of anxiety, depression, and psychological distress were linked to higher perceived social support

levels. The study emphasizes the importance of peer, friend and family, support systems in alleviating the negative impact of sexually transmitted infections on mental health. Interventions that strengthen social support networks may act as a protective barrier against the psychological difficulties that people in recovery may encounter. These results imply that interventions targeting stigma and perceived social support may passively improve mental health and wellbeing by addressing these mediating factors. For instance, it might be feasible to enhance social support networks and reduce stigma in order to encourage rehabilitation.

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