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PERCEIVED SOCIAL SUPPORT DEFENSE MECHANISMS AND QUALITY OF LIFE AMONG INDIVIDUALS WITH SUBSTANCE USE DISORDERS

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ABSTRACT

The current study was intended to find out the relationship between Perceived Social Support, Defense Mechanisms and Quality of Life among Individuals with Substance Use Disorders. The sample for the present study was consisted of (N=250) substance used Disorders individuals, which were selected through purposive sampling techniques from the different from the several rehabilitation facilities in the district of Faisalabad. The data was collected through a Demographic Information Sheet, a Multidimensional Scale for Perceived Social Support (Zimet et al., 1988), Quality of Life Questionnaire (Lucas-Carrasco, 2012), and Defense Style Questionnaire (Ruuttu et al., 2006). The data was analyzed through Statistical Package for the Social Sciences (SPSS, v24) software to test the study hypotheses. Correlation analysis demonstrated the significant Quality of Life is positively correlated with Perceived Social Support and Mature Style of defense mechanism but significantly negatively correlated with Immature Style of defense mechanism. Perceived Social Support is positively correlated with Mature Style of defense mechanism and Neurotic Style of defense mechanism but negatively correlated with Immature Style of defense mechanism. The results show that the individuals living in urban areas have significantly higher mean scores on quality of life as compared to rural individuals. Further, there is a significant difference found between urban individuals and rural individuals on the scores of perceived social supports.

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INTRODUCTION

Substance use disorders, one of the world's biggest health problems, are hastily growing in incidence and impacting all genders, generations, ethnic groups, socio-economic statuses, and geographic locations. According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), substance use problems (SUDs) describe "problematic patterns of substance use that result in impairment

or giant misery in everyday life." Diagnostic criteria are uniform for all drugs and include common symptoms such as craving, tolerance, withdrawal symptoms, failure to meet social obligations and use despite harm. Substance use disorders can negatively impact many aspects of an individual's life, leading to problems such as social withdrawal, violence, unemployment, poor academic performance, criminal behavior, and poor physical and mental health (Strathearn et al., 2019).

Drug use is a chronic, relapsing sickness characterized by the compulsive use of addictive materials no matter the poor non-public and societal consequences. Common materials of abuse consist of criminal and unlawful pills such as alcohol, cannabis, cocaine, amphetamine stimulants, hallucinogens, opioids, and different clothier tablets (Jamal et al., 2022).

The World Drug Report 2020 by the United Nations Office on Drugs and Crime (UNODC) states that between 2000 and 2018, drug consumption grew significantly faster in developing nations than in industrialized nations. The majority of drug users are teenagers and young adults, and since their brains are still growing and they are the most frequent users, young people are also the most susceptible to the negative consequences of drugs. The United Nations Office on Drugs and Crime in Pakistan estimates that there are 7.6 million drug users overall, with men making up 78% of the total and women making up 22% are female. Pakistan is among the most impacted nations in the globe due to the 40,000 annual increases in the number of addicts. In Pakistan, drug-related illnesses and overdoses claim the lives of about 700 individuals every day or 250 000 people annually (UNODC, 2020).

According to a study done in Pakistan, the intensity and length of drug use may be contributing factors to the disparities in stigmatization experienced by drug users (mild, moderate, severe, and relapse). Addicts to drugs experienced a number of societal, personal, and environmental problems as their drug use grew. Using drugs had a detrimental effect on the family of drug users in addition to the person with the substance use problem. Family members were more adversely affected by substance use the longer it persisted (Abbas et al., 2023).

Substance use can cause a chronic and persistent sickness in the brain that is brought on by the urge or use of drugs without consideration for the potential negative effects. People with substance use disorders had feelings of helplessness and powerlessness. These people really needed medical attention. Furthermore, the prevalence of other psychiatric problems was significantly increased by this extensive and frequent substance use. In addition, stigmatizing substance use and limiting addicts' access to social supports eventually contribute to the development of depression and other mental health conditions (Leghari et al., 2018).

PERCEIVED SOCIAL SUPPORT AND SUBSTANCE USE DISORDER

The availability of social resources in an individual's life is referred to as social support. It involves individuals and organizations that are ready to offer support, affection, love, care, and direction to someone in times of need. Family, friends, and tremendous others are the predominant sources of social aid (Zhou, 2014). Social support comes in two flavors: structural and functional. The quantity and kinds of connections that make up a

person's social network, such as the size of the network, the sort of housing they have, and their marital status, are all considered structural social support. Practical assistance from a person's social network, such as driving them to doctor appointments, offering words of encouragement, or tending to them while they are ill, is referred to as functional social support (Mondesir et al., 2018).

The drive of this learning is to inspect the connection amid family functioning and (SUDs). Because family ties are individualized, the family's structure and way of life vary, and there are differing opinions on the subject of drug abuse, family members' reactions will vary greatly when a family member suffers from an SUD. Individuals suffering from substance abuse disorders desire assistance from their relatives. It can act as a barrier against harm and foster a supportive atmosphere during the healing process. On the other hand, it may also be the cause of the disorder's progression and even lead to a relapse (Lander et al., 2013).

The effects of a family member suffering from SUD can be important for other family members: in comparison to other families, they frequently suffer from despair, anxiety, tension, and emotions of guilt, regret, or melancholy. However, according to Ólafsdóttir et al. (2020), they do not receive any psychosocial, psychotherapeutic, or treatment and recovery counsel or support. The findings indicate that families are crucial to the treatment and rehabilitation of people suffering from substance use disorders (Lee et al., 2022).

Drug abusers' lives are significantly impacted by a number of circumstances, including poor levels of education, larger families, and nuclear families. The study found a substantial correlation between drug use, unemployment, and poverty as well as a link between drug use and domestic violence. Family members of drug users said that 60% of users who held employment prior to using drugs have subsequently lost them. Furthermore, nearly half of the family members surveyed claimed that drug users had pushed them to take out loans, and nearly 70% claimed that their drug usage had resulted in financial difficulties for them. Substance abusers' quality of life may have been impacted by the actions of their families and peer groups (Tanweer et al., 2019).

Addiction is a social issue that impacts every member of the family. Poor relationships with parents, siblings, and other family members are the most frequently mentioned disturbance. The addicts' lack of trust is the main reason for these bad relationships. It is well recognized that a strong foundation of trust exists between family members. The social relationship is severely harmed by the mistrust of addicts. Consequently, it has been observed that having an addict in the family typically has an impact on all of the family members, especially the mother, father, and siblings. The outcome demonstrates that the addict appears to be a mental torment to the family members, increasing the possibility of psychological instability for the addict's entire family. Enlarged occurrence of psychological wellbeing, counting despair, unease, hassle, deprived sleep quality, and others, in the families of addicts (Sajjad et al., 2022). The report outlines the factors that contribute to the rising prevalence of drug use, including peer pressure, inadvertent family errors and issues, increased sexual acuity, financial stability, educational attainment, drug accessibility, mental strain and mobilization, depression, and breakups. The role that family, community, and other elements play in helping afflicted people recover and avoid relapsing. Obstacles

include sociocultural divides, socioeconomic issues, illiteracy, a lack of support from the government, a shortage of trained personnel, and patient refusal. The way that an individual view these support networks is quite important. Even with their best efforts, rehab facilities are unable to provide results that meet the needs of society, the family, and the government. Family members are crucial in helping people abstain from substance use (Batool, 2023).

QUALITY OF LIFE AND SUBSTANCE USE DISORDERS

The term "quality of life" (QoL) refers to a broad concept that includes a person's degree of freedom, physical or mental health, and social and familial relationships. People who have SUD commonly document a fantastic lifestyle that is some distance decrease from that of the typical populace and on par with human beings who have different most important intellectual diseases. Mood fluctuations, despair, anxiety, low self-esteem, paranoia, aggressiveness, hallucinations, confusion, and a propensity for unstable conduct have all been linked to Suds. Substance abuse is linked to reductions in many aspects of quality of life (QoL), such as scholastic, financial, labor, social, psychological, and physical functioning. Damage may occasionally happen in particular domains. When it comes to alcohol, the negative effects of long-term usage might include crippling illnesses and a decline in the user's social and economic standing. Regarding other materials, the harm could be more widespread. For instance, continuous crack or cocaine usage appears to have an effect on multiple Quality of life categories. To put it succinctly, not all substances cause the same harm; hence it is hard to generalize about users of all types. A find out about published that humans with substance use issues had a low pleasant of existence and have been upset with their normal view of their health. Quality of life are disrupted with the aid of substance usage. Therefore, to beautify the excellent of lifestyles for these with substance use disorders, there has to be applications pertaining to fitness and focus (Zada et al., 2022).

Additional research clarified Substance abuse diseases impair brain processes and negatively impact quality of life, which can lead to social interactions. They are also associated with psychological issues, suicidal thoughts, reduced intimacy, and more uncertainty and conflict. Numerous studies have demonstrated that loneliness, psychological anguish, substance abuse, misbehavior, and suicide are all ways in which people express their emotions. High levels of anger and impulsivity are linked to substance abuse, and these traits can lead to conduct issues that increase the likelihood of suicidal thoughts and actions. high levels of relational problems and psychological discomfort across all quality of life dimensions. Compared to normal people, patients of substance users exhibit more domineering behavior, less reward, and less cooperation, which leads to numerous issues and the emergence of suicidal ideas. The When people do not receive help, they resort to suicidal behaviors (Chudary et al., 2022).

This study clarified why there is more stigma associated with SUD patients than with other mental health conditions, and thus, with OUD as well. Patients with OUD experience social isolation as a result of stigma, which also hinders their capacity to find housing, job, and social assistance. Because of this, individuals also struggle to get help or medical attention to stop using OUD, which increases the chance

of relapsing. Because immoderate opioid use compromises the brain's recompense arrangement, expressive retort system, bodily rejoinder system, and managerial coordination, humans with OUD hire avoidance-based coping strategies. Different coping techniques characteristic in special ways. The effects of this learn about point out that coping mechanisms appreciably have an effect on the fine of lifestyles (QOL) and melancholy ranges in human beings with opioid dependency ailment (Bhati & Shahzadi, 2023). According to this study, substance addiction is a chronic issue that affects both the body and the brain. It may have an impact on one's own safety, social relationships, tasks and responsibilities, employment, physical or psychological functioning, or together. It is defined as "maladaptive outlines of constituent use primary to clinically simple damage or sorrow." Substance abuse can also result in problems with self-esteem, trapping users in an endless circle. It's possible for someone to feel helpless against their urges or bad about how their addiction affects people around them. It can seem unattainable for a lot of people to break free from this pattern and adopt a healthy lifestyle. A person's life can become less delight (in) in many ways, such as: Negative feeling steady self-criticism can lead to chronic depression, anxiety, anger or unhappiness, or shame. According to research, male drug addicts have significant impairments in their sense of self, which negatively impacts their general quality of life (Gillani et al., 2020).

According to a study, individuals who suffer from substance use disorder (SUD) typically have a lower quality of life (QoL) than both other patients and patients who have other mental illnesses. The patient's living circumstances are thoroughly assessed as part of the QoL measurement process. It has been particularly pushed as an outcome metric for patients with long-term conditions like mental or substance-use disorders (SUD), which typically require treatment continuation without total remission. Numerous clinical and socio demographic factors have been studied in relation to quality of life indicators in SUD patients. Three categories can be used to group the primary factors that are linked to quality of life: socio demographic, clinical, and service utilization characteristics. Having strong social support networks and being married or male were positively correlated with mental health While being elderly, homeless, or jobless tended to negatively influence all QoL categories, social and environmental QoL domains were positively affected. Results indicate that the quality of life is reduced for those who suffer from substance use disorders (Armoon et al., 2022).

A research revealed the symptoms of substance use disorders (SUDs) are brought on by the usage of a substance that a person continues to take despite its harmful effects. Individuals who suffer from other substance use disorders (O-SUDs) and opioid use disorder (OUD) encounter psychosocial issues that negatively impact their quality of life. A declining quality of life is caused by substance use disorders, which also cause strained relationships, loneliness, emotional difficulties, financial difficulties, legal issues, and difficulties at work or school. These elements raise a person's chance of relapse and contribute to depressed symptoms. According to Shahzadi and Mahmood's (2023) findings, individuals with OUD exhibited higher levels of depressive symptoms, criminogenic cognition, relapse risk conditions, and quality of life in comparison to those with O-SUDs.

According to Nutakor et al. (2023), quality of life is a crucial measure of human health that is impacted by social, mental, and physical variables. Although there is much evidence linking excessive drinking, cannabis use, and quality of life (QOL) in the general population, it is unknown if these relationships also exist in hospitalized patients with alcohol use disorders (AUD). The study's objective was to evaluate the relationships between heavy drinking days (HDDs) and quality of life (QOL) among hospitalized patients with AUD and cannabis and cocaine use. Hospitalized individuals with AUD and one or more month HDD took part in this study that was cross-sectional. Drinking too much has an impact on people's psychological and physical well-being. According to Romero et al. (2022) the results indicate a substantial correlation between cannabis usage and heavy drinking, cocaine use, or quality of life.

DEFENSE MECHANISMS AND SUBSTANCE USE DISORDERS

The concept of defense was first proposed by Sigmund Freud in 1894 and was updated throughout a 40-year period of time (Freud, 1894, 1926). The theories of projection, denial, repression, imagination, displacement, detachment, humor, suppression, sublimation, reaction creation, and intellectualization are among the defenses that Freud supported (Valliant, 1993). The ego defense mechanisms, which operate as a natural reaction to distressing or anxiety-inducing situations, are the source of the defense styles. Defense mechanisms are uncontrollable thought, behavior, or emotional patterns that develop in response to a threat and function to reduce the pressures that cause anxiety. Three defensive styles—mature, neurotic, and immature are categorized by researchers based on various defense mechanisms (Andrews et al., 1993).

According to psychoanalytic theory, the idea of defense mechanism (DM) is one of the primary factors that lead to the emergence of neurotic symptoms. It also proposes strategies that ill individuals employ to protect themselves from unpleasant situations and states of mind. People who are infertile experience a great deal of physical problems, such as headaches, nausea, pelvic pain, and body dimorphic disorders, and they struggle to cope with their illnesses and disruptions (Hayat et al., 2023).

The next study looks at denial as a defense mechanism, where a person refuses to acknowledge reality or the truth and stops events from happening to them in order to prevent the discomfort that could arise from accepting the situation (McLeod, 2019). One important and notorious aspect of addiction is denial. When someone is in denial, they avoid accepting accountability for their acts and hold others liable for them, in addition to minimizing the problems and reality around their substance usage. This defense mechanism is used by people to avoid dealing with reality, which can lead to anguish, guilt, and shame. It is a common and natural tendency to avoid the discomfort, guilt, and shame, especially for those who abuse substances, as recognizing that one has become an alcoholic or addict carries a lot of stigma and labels. Denial allowed individuals to perceive reality in a way that was more appealing, making issues appear less dangerous and their effects less catastrophic (Zafar & Farhan 2020).

Young adults utilize sublimation, denial, and suppression as coping mechanisms to lessen the severe emotional or physical anguish they endure while incarcerated. People with maladaptive personalities frequently use primitive immature defenses (such as splitting, denial, and devaluation) primarily or very exclusively instead of displaying good defense maturation. Deregulating protective functioning can

change fundamental personality traits, even though people's relative employment of these mechanisms varies under stressful conditions. From a therapeutic perspective, maladaptive personality traits are indicative of particular defense strategies that a person repeatedly employs in a variety of contexts. Personality dimensions represent maladaptive actions, ideas, and emotions that shape people's perceptions of reality and specific ways of thinking about themselves and their relationships with others. Research has shown that specific personality traits and defense techniques interact to have an indirect cumulative effect on psychiatric symptoms (Ishfaq & kamal, 2024).

PERCEIVED SOCIAL SUPPORT, QUALITY OF LIFE AND DEFENSE MECHANISMS

In 2019, Batool and Dildar provided an explanation of the effects of psychoactive substance consumption on one's quality of life. Cannabis is the drug that is used the most frequently, although its impact on quality of life was minimal. Amphetamine, psilocybin, and cocaine have mild effects on quality of life. The combination of methadone, heroin, alcohol, tranquilizers, and morphine resulted in an extremely poor quality of life. It implies that different medicines have different effects on a person's physical, psychological, and general functioning depending on the kind of drug they ingest and how it is synthesized. People who struggle with substance abuse disorders are unable to effectively control their emotions. Unhealthy roles within the family lead to a low standard of living across the board. Family members' distorted communication has a negative impact on the substance user's physical, mental, social, and environmental health. There were detrimental effects on psychological, social, and environmental health as well as unhealthy affective response. Environmental health is connected to the absence of participation. The psychological, environmental, social, and general qualities of life were all impacted by detrimental behavioral control (Batool & Dildar, 2019).

According to a study, the main factors contributing to drug addiction include dysfunctional families, a lack of family support system, and ignorance about the negative effects of substance use. Teenage substance use is mostly linked to low levels of parental supervision and poor levels of perceived social support. In order to assist their child in recovering from drug addiction, parents can investigate the root causes of the problem with the awareness that social assistance offers. People with drug use disorders experience lower quality of life when they perceive low social support from others. The findings indicate a favorable correlation between substance use and perceived social support as well as quality of life. The quality of life will increase when perceived social support is high and decrease when perceived social support is low (Razaq et al., 2021).

This study shows that stigma is a significant barrier to human rights in healthcare, leading to exclusion from vital health services, discrimination, and isolation. It incites fear, which allows people to be negatively stereotyped on the basis of their social, cultural, or health status. It also erodes people's dignity and respect, which is against their right to health. People with substance use disorders find it difficult to receive support and assistance because of stigma. They could experience shame, which would hinder their healing. Substance users' quality of life is impacted by the stigma associated with seeking support and

assistance. Results indicated that the mental health and quality of life of substance users were negatively impacted by stigma (enacted, expected, and internalized) (Gull et al., 2023).

Examining coping mechanisms employed by individuals with drug use disorders and evaluating the connections among coping mechanisms, HRQoL, anxiety, and depression were the main objectives of this study. The patient with a substance use disorder believes that friends, family, and other social contexts do not provide them with enough social support. Multiple linear regressions and Pearson correlations were used in a cross-sectional analysis. There were 244 patients in total. The most popular coping mechanisms were self-blame, preparation, and acceptance. There were significant relationships discovered between coping mechanisms, depression, anxiety, and HRQoL. Results indicate that male gender, the absence of anxiety or depression, and coping mechanisms centered on behavioral disengagement, positive reframing, acceptance, and less self-blame are better. Drug-dependent outpatients' coping mechanisms should be evaluated since they may help identify individuals who require assistance (Ciobanu et al., 2020).

Family and different social community members' help can go a lengthy way towards helping sufferers in adjusting to the psychological and realistic outcomes of their illnesses. The study's goal was once to look into how sufferers receiving remedy for substance use problems (SUDs) perceived their high-quality of lifestyles (QoL) and the aid of their household and social networks. We contrasted them with humans receiving care for bodily and intellectual ailments (PDs and MDs). The sufferers (N = 518) had been chosen from three remedy domains: SUD remedy units, MD therapy units, and PD remedy devices (serious neurological problems or cancer) in a nationwide multicenter trial, from which the facts were once obtained. We in contrast QoL, social support, and household concord facts amongst affected person groups. Additionally, data on features linked to fitness used to be acquired. We used a multivariate linear regression method to have a look at the connection between QoL and guide and fitness factors. The findings exhibit that sufferers with SUDs have worse networks and much less regulated familial and/or social supports. This is something that care carriers must be conscious of. Healthcare experts have to continually be conscious of their patients' social networks and consist of their households in their therapy plans (Birkeland et al., 2021).

This study clarified the detrimental effects of negative emotions like rage and hatred on people or goals. It also showed how violence persists as a phenomenon, whether it be through technology instruments in its current form or its more archaic one. Violence may have a detrimental effect on children's and adolescents' typical developing stages. Social support refers to the various forms of help that people receive from their friends, family, coworkers, support groups, and government agencies in order to manage stress and everyday life's challenges. Social support appears to be extremely significant because of its protective function in the face of life events and crisis situations, especially considering the difficult experiences of adolescence. Student aggression is increased in the absence of social support. Unconscious coping strategies and defense mechanisms, which attempt to control emotions in anxiety-inducing

situations, are unconscious processes that shield people from anxiety, unconscious inner conflicts, drives that are suppressed because they are not acknowledged, and other dangers to their ego. Previous research on the connection between defensive strategies and social support. Results indicate that teenagers' predisposition toward violence was influenced by their protection mechanisms and their perception of social support. Violence tendency was shown to be moderately positively connected with an immature defensive style and low adversely correlated with a mature defense style (İskender & Taş, 2018).

RESEARCH HYPOTHESES

- There would be a significant relationship between Perceived Social Support, Defense Mechanisms and Quality Of Life among Individuals with Substance Use Disorders
- There will be significant differences on the scores of perceived social support, defense mechanisms, and quality of life in urban and rural individuals
- Perceived social support would be significant predictor of quality of life among individuals with substance use disorders

RESEARCH METHODOLOGY

Research Design

The perspectives of those with drug use problems were sought out for this quantitative study, which used a correlational research methodology to examine the relationship between these people's perceived social support, defense mechanisms, and quality of life.

Sample of Study

A sample of N=250 individuals with substance use disorders were selected in this study. The individuals with substance use disorders who were admitted at several rehabilitation centers of Faisalabad district were constituted the population of this research study.

Sampling Strategy

The sample was chosen using the Purposive Sampling approach. The people with drug use disorders were chosen from the several rehabilitation facilities in the district of Faisalabad using this sampling technique.

Inclusion and Exclusion Criteria

Inclusion

- People with diagnosed substance use disorder were used in this study
- Only substance used individuals who agreed to be studied as part of the study were included.
- Participants with the age range of 18-65 was included in this study
- The only Pakistani nationals was included in this research
- The participants were used Cannabis, stimulants, opioids; smoking and alcohol were participated in this study.
- Only male participants were participated in this study.

Exclusion

- Drug users who are not accepted to drug treatment centers are not included.
- The participant’s age below the 18 years and above the 65 years was not included in this study.
- The Female participants were not included in this study.
- Physically and mentally challenged individuals were not included in this study.
- The Inhalants and hallucigens were not included in this study.
- Those substance users that are not willing for the consent from those were excluded.

MEASUREMENTS

Demographic Information Sheet

The demographic data for the participants in this study was collected using a demographic sheet. This included information about their age, gender, birth order, family members, occupation, marital status, family system, socioeconomic status, place of residence, types of substance use, mode of use, quantity used, duration of use, family system, and effort put into quitting the substance.

Multidimensional Scale for Perceived Social Support

A quick study tool called the multidimensional measure for perceived social support (MSPSS) was formed to gauge people's sentiments of the care they receive from three different sources: networks, household, and noteworthy others. Twelve components in all, four for each subscale, make up the scale. Furthermore, numerous studies have shown that the MSPSS has strong construct validity, strong internal consistency, and strong test-retest reliability (Zimet et al., 1988). Urdu is among the numerous languages into which it has been translated. The MSPSS Urdu version was employed in this investigation. In the current investigation, the scale's reliability was.95. The MSPSS in Urdu was determined to have strong internal consistency and construct validity, with a Cronbach's α-value of 0.93 (Akhtar et al., 2010).

Quality of Life Questionnaire

With its 26 components, the WHOQOL-BREF instrument is capable of measuring a broad range of variables, including environment, social interaction, mental and physical health, and wellbeing. A condensed version of the original tool, the WHOQOL-BREF is intended for use in large-scale and clinical trials. The items are graded from 1 (not at all) to 5 (many times) on a 5-point scale. Along with answering questions about health state and socio demographics, the WHOQOL-BREF self-assessment was finished. The WHOQOL-BREF has respectable psychometric stuffs and noble pretest validity in terms of internal consistency, item consistency, and discriminant validity and verification of facts through fact-checking (Skevington et al., 2004). The scale is translated into Urdu by Lodhi et al. (2017). The estimated correlation coefficient between internal parts Cronbach's Alpha on the translation scale is 0.70.

Defense Style Questionnaire

Being the first to accurately characterize defense styles, the Defense Style Questionnaire has shown to be of interest. First questionnaire, created in 1983 by Bond and associates, consists of 88 items. This survey has undergone numerous revisions. After that, it became 60 items. A 40-item condensed version of the 88-item Defense Style Questionnaire is known as the Defense Style Questionnaire-40. There are 40 things with a factor structure of three, and 20 defenses (2 items per defense mechanism. Neurotic style (destruction, pseudo-sacrifice, optimization and reaction), Immaturity (prediction, aggression, drama, isolation, decline, negativity, rejection, change, conflict, etc.) and the mature style (sublimation, anticipation, humor, and suppression) are described by Andrews et al. (1993). Numerous languages, including Urdu, are translated into this questionnaire. Three factor structure was validated by the results of confirmatory factor analysis, with reasonably excellent model fit indices (c2/df = 2.95, GFI =.92, CFI =.93, and

RMSEA =.05). The substance and meaning of the items in the Urdu version of DSQ-40 were comparable to those in the English version. The translated version of the DSQ-40 showed promising reliability in terms of inter-item correlations (r =.99; p<.01) and Cronbach's alpha (.89) (Rizvi & Batool, 2023).

Procedure of this Study

Data for this study was gathered using the questionnaire previously indicated. The authors granted permission for the researcher to use these questionnaires in this study. The information was gathered by going to various Faisalabad district rehabilitation facilities. A permission letter was created by the relevant university, signed by the department chair, and conveyed to both the participants and the rehab authorities. Participants signed an informed consent form. The study ensured the participants' privacy and confidentiality. The researcher in this study adheres to all ethical guidelines, including obtaining authorization from relevant authorities before beginning the investigation, obtaining participants' informed consent, and protecting the participants' privacy and confidentiality. The researcher took additional safety measures to safeguard the rights and welfare of substance users because they are vulnerable. The researcher takes precautions to reduce any possible injury to the body, mind, etc. Data was scored and input into a computer after collection. The data was to be analyzed using the Statistical Package for the Social Sciences (SPSS) software. To determine the study instrument's reliability, Cronbach's Alpha was to be used. The data was analyzed using both descriptive and inferential statistics. The mean, standard deviation, percentages, and frequency were employed in the descriptive statistics. Regression analysis, t-tests, and correlation were employed in inferential analysis to evaluate the study hypothesis. The results will be tallied, analyzed, and conclusions drawn based on the analysis. After that, the researcher came to conclusions and offered suggestions based on the data.

RESULTS AND DISCUSSION

Table 4.1: *The Frequencies and Percentages of Demographic Variables (N=250)*

Variables	***N***	***%***	***M (SD)***
Age			24.36 (3.18)
Gender			
Male	250	100%	
Education			
Uneducated	70	28.0%	
Primary	36	14.4%	
Middle	46	18.4%	
Matriculation	58	23.2%	
Intermediate	15	6.0%	
Graduation	23	9.2%	
Post-Graduation	2	.8%	
Family System			
Nuclear	93	37.2%	
Joint	157	62.8%	

Occupation		
Students	20	8.0%
Unemployed	30	12.0%
Govt. Employee	16	6.4%
Business man	73	29.2%
Labour	111	44.4%
Marital Status		
Unmarried	98	39.2%
Married	128	51.2%
Divorced	12	4.8%
Separated	12	4.8%
Socioeconomic Status		
High	24	9.6%
Middle	155	62.0%
Lower	71	28.4%
Living site		
City	147	58.8%
Village	103	41.2%
Types of Substance		
Cannabis	88	35.2%
Smoking	7	2.8%
Opioids	12	4.8%
Stimulants	117	46.8%
Alcohol	26	10.4%
Duration of Drug Use in Years		
0-5	113	45.2%
6-10	81	32.4%
11-15	31	12.4%
16-20	11	4.4%
20-25	8	3.2%
25 or more	6	2.4%
Method of Drug Use		
Ingestion	117	46.8%
Inhalation	114	45.6%
Injection	16	6.4%
Absorption	3	1.2%
Quantity of Drug Use		
Very little	39	15.6%
Little	29	11.6%
Moderate	36	14.4%
High	16	6.4%
Very high	130	52.0%

Table 4.1 shows the frequency and percentage distribution of demographic variables based on a sample of 250 participants. The mean age was 24.36 and the standard deviation was 3.18. This study was conducted only on 250 (100%) male individuals who were with substance use disorder. The participants were with different education level as 70 (28.0%) Uneducated, 36 (14.4%) Primary, 46 (18.4%) Middle, 58 (23.2%) Matriculation, 15(6.0%) Intermediate, 23 (9.2%) Graduation and 2 (.8%) Post-graduation. In the present research, 93 (37.2%) participants belonged to the nuclear family system and 157 (62.8%) to the Joint family system. The individuals were associated with different occupations as 20 (8.0%) were Students, 30 (12.0%) Unemployed, 16 (6.4%) Govt. Employees, 73 (29.2%) were businessmen, and 111 (44.4%) were Laborers. Similarly, the participants were also divided into marital statuses such as 98 (39.2%) unmarried, 128 (51.2%) married, 12 (4.8%) divorced and 12 (4.8%) were separated persons. The 24 (9.6%) high, 155 (62.0%) middle, and 71 (28.4%) belonged to lower socioeconomic status. The 147 (58.8%) individuals lived in city areas and 103 (41.2%) belonged to village sites.

On the other side, the participants were using several types of substances as 88 (35.2%) Cannabis, 7 (2.8%) Smoking, 12 (4.8%) Opioids, 117 (46.8%) Stimulants, and 26 (10.4%) Alcohol. The duration of drug use in years was also discussed, the persons using the drugs from 0-5 years were 113 (45.2%) individual, 6-10 years 81 (32.4%), 11-15 years 31 (12.4%), 16-20 years 11 (4.4%), 20-25 years 8 (3.2%), and the person was using drugs from 25 or more years was only 6 (2.4%) individuals. Research participants were using different methods of drug use such as 117 (46.8%) people were taking through the Ingestion method, 114 (45.6%) Inhalation, 16 (6.4%) Injection, and 3 (1.2%) were using the Absorption method. Similarly, the participants was taking drugs with different quantity such as 39 (15.6%) individuals was taking very little quantity of drug, 29 (11.6%) little, 36 (14.4%) moderate, 16 (6.4%) high and 130 (52.0%) persons were taking very high quantity of drug.

Table 4.2: *The Reliability Analysis of Study Variables (N=250)*

Variables	Cronbach's Alpha (α)	Items
MSPSS	.91	12
DSQ	.90	40
WHOQOL	.93	26

In Table 2, the Cronbach's alpha values of the study questionnaires show a high level of significance: the Multidimensional Scale of Perceived Social Support (MSPSS) has a Cronbach's alpha value of 0.91, the Defense Style Questionnaire (DSQ) has a value of 0.90 and the Quality of Life Questionnaire (WHOQOL) has a value of 0.93. Looking at the individual values of each variable, it is clear that the data is highly reliable, which is reflected in Cronbach's alpha values.

Table 4.3: *The Correlation between Perceived Social Support, Defense Mechanisms and Quality of Life (N=250)*

Variables	**1**	**2**	**3**	**4**	**5**
1-Quality of Life	--	.366**	.252**	-.091	-.490**
2-Perceived Social Support		--	.454**	.173**	-.271**
3-Mature Style			--	.485**	-.003
4-Neurotic Style				--	.576**
5-Immature Style					--

Note: $^{**}p < 0.01$

In the sample of 250 participants, table 4.3 reveals that the Quality of Life is significantly positively correlated with Perceived Social Support (r=.366**, p< 0.01) and Mature Style of defense mechanism (r=.252**, p< 0.01) but significantly negatively correlated with Immature Style of defense mechanism (r= -.490**, p< 0.01) and not significantly correlated with Neurotic Style of defense mechanism. On the other side, the Perceived Social Support is significantly positively correlated with Mature Style of defense mechanism (r= .454**, p< 0.01) and Neurotic Style of defense mechanism (r= .173**, p< 0.01) but significantly negatively correlated with Immature Style of defense mechanism (r= -.271**, p< 0.01). Furthermore, the Mature Style of defense mechanism is significantly positively correlated with Neurotic Style of defense mechanism (r=.485**, p< 0.01) but not correlated with Immature Style. And the Neurotic Style of defense mechanism is significantly positively correlated with Immature Style of defense mechanism (r=.576**, p< 0.01).

Table 4.4: *Comparison Between Urban and Rural Individuals on Study Variables (N=250)*

Variable	**Urban** (*n* = 147)		**Rural** (*n* = 103)				***95%CI***		
	M	*SD*	*M*	*SD*	*t*	*P*	*LL*	*UL*	*Cohen's d*
Quality of Life	69.42	21.07	58.54	20.00	4.10	.00	5.66	16.10	.52
Perceived Social Support	38.04	17.91	33.14	16.75	2.18	.03	.47	9.31	.28
Mature Style	35.45	14.14	33.76	11.51	1.03	.30	-1.51	4.89	.13
Neurotic Style	43.10	13.53	43.28	11.09	-.11	.91	-3.25	2.90	.01
Immature Style	132.22	42.72	149.46	38.66	-3.26	.00	-27.64	-6.83	.42

Note: *p< 0.05, **p< 0.01, *LL*=Lower Limit, *UL*=Upper Limit

In Table 4.4, the independent sample t-test was used to compare the quality of life, perceived social support, and defense mechanisms (mature style, neurotic style, and immature style) in individuals who are living in urban and rural areas. The results show that the individuals living in urban areas have significantly higher scores on quality of life (M=69.42, SD=21.07) as compared to rural individuals (M=58.54, SD=20.00, **p< 0.01). Further, there is a significant difference found between urban individuals (M=38.04, SD=17.91) and rural individuals (M=33.14, SD=16.75, *p< 0.05) on the scores of perceived social supports. On the other side, no significant difference was found between both groups in mature style and neurotic style of defense mechanisms. Still, a highly significant difference was noted in the immature style of defense mechanism in urban (M=132.22, SD=42.72) and rural individuals (M=149.46, SD=38.66, **p< 0.01).

Table 4.5: *The Model Summary of Linear Regression Analysis for Perceived Social Support as Predictor of Quality of Life (N=250)*

Predictor	R	R^2	ΔR^2	F	Sig.
Perceived Social Support	.343	.117	.114	33.015	.000[b]

***p< .001, Dependent variable= Quality of Life (QoL)

Table 4.6: *Coefficients of Linear Regression Analysis for Perceived Social Support and Quality Of Life (N=250)*

Model	B	SE B	ß	T	Sig.
Constant	4.272	.206		20.743	.000
PSS	-.030	.005	-.343	-5.746	.000

Table no. 4.5 & 4.6 confirm that changes in the scores of Perceived Social Support were significantly able to predict variance in quality of life scores. The linear regression model explained 11.7% of the overall variance in quality of life perceptions (R^2= .117), which was found to significantly predict the outcome, F (1, 248) = 33.015, p = .000. This indicates that perceived social support (PSS) is a significant positive predictor of quality of life (QoL).

DISCUSSION

Firstly, in this study, descriptive statistics was used to measure the mean and standard derivation of age, and percentage and frequency of other demographics of research participants. Then, the reliability analysis was employed to measure Cronbach's alpha of research measures. The first scale (Multidimensional Scale for Perceived Social Support) consisted of 12 items and its alpha value was .91. The second scale (Defense Style Questionnaire) was based on 40 items with three factors (mature style, neurotic style, and immature style of defense mechanism) and alpha value was .90. And the third scale of this study was Quality of Life Questionnaire which was consisted of 26 items and the alpha value was .93, which was calculated in this study. The alpha values of these scales confirm that the data is highly reliable, which is reflected in Cronbach's alpha values. Secondly, inferential statistics was used and the correlation, t-test, and linear regression analyses were used to test the study hypothesis.

The first hypothesis of this study was "There would be a significant relationship between Perceived Social Support, Defense Mechanisms and Quality Of Life among Individuals with Substance Use Disorders". The table 4.3 shows the relationship between the variables under study. The results reveal that the Quality of Life is significantly positively correlated with Perceived Social Support (r=.366**, p< 0.01) and mature style of defense mechanism (r=.252**, p< 0.01) but significantly negatively correlated with immature style of defense mechanism (r= -.490**, p< 0.01) and not significantly correlated with neurotic style of defense mechanism. On the other side, the perceived social support is significantly positively correlated with mature style of defense mechanism (r= .454**, p< 0.01) and neurotic style of defense mechanism (r= .173**, p< 0.01) but significantly negatively correlated with immature style of defense mechanism (r= -.271**, p< 0.01). Furthermore, the mature style of defense mechanism is significantly positively correlated with neurotic style of defense mechanism (r=.485**, p< 0.01) but not correlated with immature style. And the neurotic style of defense mechanism is significantly positively correlated with immature style of defense mechanism (r=.576**, p< 0.01). So, according to the results of correlation analysis the first hypothesis of this research is accepted. The association between quality of life (QoL) and family and social support is supported by a prior study, which was carried out by Birkeland et al. (2021) in patients receiving treatment for substance use disorders (SUDs). Greater family cohesion and social support were shown to be positively associated with QoL when the components connected with QoL were examined. Chudary and associates examined how individuals with substance use disorders' perceived social support influenced the relationship between suicidal thoughts and quality of life. The study's findings demonstrated that, among individuals with drug use disorders, perceived social support had a substantial negative link with suicidal ideation and a significant positive correlation with quality of life (Chudary et al., 2022).

Another study titled "Perceived social support helps, but does not alleviate, the negative effects of anxiety disorders on quality of life and perceived stress" was conducted. This result suggests that perceived social

support has a direct positive impact on quality of life (Panayiotou & Karekla, 2013). Additionally, research is being conducted to examine the relationship between defense mechanisms and quality of life in burnt out military personnel. The results showed that a sophisticated defense style has a significant positive association with quality of life, as military personnel who use sophisticated defense mechanisms perceive a better quality of life (Vojvodic, Dedic, and Dejanovic, 2019). The next study focused on defensive style and social support as predictors of violent tendencies in adolescents. The analysis showed that violent tendencies were negatively correlated with the mature factor of defensive style, positively correlated with the immature factor, but not correlated with the neurotic defensive style. Violence propensity was negatively correlated with perceived social support from family, positively correlated with perceived social support for a given person, and not correlated with perceived support from friends (İskender & Taş, 2018).

The second hypothesis of this study was "There will be significant differences on the scores of perceived social support, defense mechanisms, and quality of life in urban and rural individuals".The table 4.4 showed the comparison between urban and rural individuals on variables under examination. The results reveals that the individuals living in urban areas have significantly higher scores on quality of life (M=69.42, SD=21.07) as compared to rural individuals (M=58.54, SD=20.00, **p< 0.01). Further, there is a significant difference found between urban individuals (M=38.04, SD=17.91) and rural individuals (M=33.14, SD=16.75, *p< 0.05) on the scores of perceived social support. On the other side, no significant difference was found between both groups in mature style and neurotic style of defense mechanisms. Still, a highly significant difference was noted in the immature style of defense mechanism in urban (M=132.22, SD=42.72) and rural individuals (M=149.46, SD=38.66, **p< 0.01). Thus, according to the results of independent sample t-test the second hypothesis of this study is accepted.

Previous studies also support these differences, as Oguzturk (2008) conducted a study investigating the differences in quality of life between rural and urban people. The results showed that the quality of life of rural subjects was worse than that of urban subjects. This assumption is also supported by many other researchers, and it appears that, on average, urban residents enjoy a higher quality of life than residents of rural areas, especially those in developing countries (Gollin et al. ., 2013; Gollin et al., 2019). . On the other hand, perceptions of social support differ between rural and urban residents. A study in China found that rural residents had less social support than urban residents, and the difference was based on demographic factors (Zhang et al., 2023). Furthermore, a study was also conducted on the patterns of defense mechanisms in normal female adolescents. The findings of this study after analyzing the data were that rural adolescents appear to have more immature defense mechanisms such as self-to-object (TAO), principalization (PRN), self-to-self (TAS), and reversal (REV) as urban female adolescents (Yadav, 2017).

The third hypothesis of this study was "Perceived social support would be significant predictor of quality of life among individuals with substance use disorders". The table 4.5 and 4.6 verify that the changes in the scores of Perceived Social Support were significantly able to predict variance in quality of life scores. The linear regression model explained 11.7% of the overall variance in quality of life perceptions (R^2= .117), which was found to significantly predict the outcome, F (1, 248) = 33.015, p = .000. This indicates that perceived social support (PSS) is a significant positive predictor of quality of life (QOL). Therefore,

according to the results of linear regression analysis the third hypothesis of this study is accepted. Previous literature supports these findings, as a study was conducted to assess the impact of perceived social support on the quality of life of Turkish men with alcohol, opiate, and cannabis use disorders. The result indicates that perceived social support is significantly related to the social domain of quality of life and is also an important predictor of quality of life (Ates et al., 2023). Another study titled "Social support is a predictor of reduced stress, improved quality of life and resilience in Brazilian colorectal cancer patients" was conducted. The results of this study confirm that social support had a strong and positive direct impact on quality of life (i.e., social, physical, social, and emotional) (Costa et al., 2017). The following study was conducted by Cavaiola, Fulmer & Stout (2015) to measure the impact of social support and attachment style on quality of life and willingness to change in a sample of individuals receiving pharmacotherapy for opioid addiction. Results showed that social support predicted perceived improvement in all areas examined (e.g., health, family/social relationships) and abstinence. Social support is an important component in recovery from substance use disorders.

CONCLUSION

The results of current research revealed that the Quality of Life was significantly positively correlated with Perceived Social Support and Mature Style of defense mechanism but significantly negatively correlated with Immature Style of defense mechanism. On the other side, the Perceived Social Support is significantly positively correlated with the Mature Style of defense mechanism and Neurotic Style of defense mechanism but significantly negatively correlated with Immature Style of defense mechanism. Individuals living in urban areas have significantly higher scores on quality of life as compared to rural individuals. Further, there was a significant difference found between urban individuals and rural individuals on the scores of perceived social support. A highly significant difference was noted in the immature style of defense mechanisms in urban and rural individuals. In regression analysis, it was also noted that the perceived social support was a significant positive predictor of quality of life.

LIMITATIONS

There are many limitations were noted by the researcher as this study was based on a short period and there was not any type of financial aid available to the researcher, so because of these reasons the data was collected only from male rehabilitation centers of Faisalabad city. Further, the participants with the age range of 18 to 65 years only participated in this study. These factors hinder the generalization and usability of the results of the present research study.

RECOMMENDATIONS

It is recommended that if a reasonable period and appropriate financial aid are provided to the researchers for the next studies, it will increase the efficiency and utility of research. If females with substance use disorders were included and data were collected on a large scale such as from different provinces or the whole country and the participants below the age of 18 years and above 65 years were also included in future studies it would increase the generalization and usability of the results of this research. Furthermore, the results of current research can be helpful for researchers, professionals, and psychologists to fill the literature gap, develop new theories, and psychotherapies, and provide counseling to individuals with substance use disorders and other general population.

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