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## Social Isolation, Perceived Stigma, Avoidance Behaviour And Suicidal Ideation Among Individuals With Substance Use Disorder: A Cross Sectional Study

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## ABSTRACT

Substance Use Disorder (SUD) is linked to several psychosocial issues, including social isolation, perceived stigma, avoidance behavior, and suicidal ideation. Individuals with SUD often experience social rejection and internalize negative societal attitudes, leading to emotional distress and withdrawal from support systems. To cope, many engage in avoidance behaviors, which further isolate them and increase the risk of suicidal thoughts. These interconnected factors create a cycle of psychological pain that worsens over time. Despite their significance, these variables are not well studied together, especially in culturally sensitive contexts like Pakistan. Understanding these relationships is essential for developing effective interventions to reduce suicide risk and support recovery in individuals with SUD.

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The purpose of this study is to investigate the relationship between social isolation, perceived stigma, avoidance behavior, and suicidal ideation in adults undergoing treatment for substance use disorder (SUD). A cross-sectional design used with a sample of 120 adults participating in admitted in SUD treatment centers. Standardized scales, such as the University of California, Los Angeles Loneliness Scale, Substance Use Stigma Mechanisms Scale, Brief Experiential Avoidance Questionnaire and Suicidal Behaviors Questionnaire-Revised (SBQ-R), will be utilized to assess core variables. Pearson correlations revealed that suicidal ideation was positively and significantly associated with social isolation ( $r = .35, p < .01$ ), perceived stigma ( $r = .33, p < .01$ ), and avoidance behavior ( $r = .41, p < .01$ ), with avoidance behavior showing the strongest relationship. Results showed that all three predictors were positively and significantly correlated with suicidal ideation, and the regression model accounted for 46% of the variability in suicidal ideation scores. The findings are significant theoretically as well as practically for suicide prevention. The findings show avoidance behavior to have the strongest correlation with suicidal ideation ( $\beta = 1.34, p < .001$ ). Results showed that avoidance behavior mediates the effect of stigma on suicidal ideation. Findings also revealed that perceived stigma is a stronger predictor of suicidal ideation. It is concluded that these results highlight the importance of avoidance behavior and perceived stigma in the development of suicidal ideation among those with SUD. Interventions focus on these psychosocial constructs might thus substantially strengthen suicide prevention with patients in this population.

**Keywords:** Avoidance Behavior, Interventions, Suicidal Ideation, Substance Use Disorder.

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## INTRODUCTION

Substance Use Disorder (SUD) is a deep-seated global health problem with multifaceted psychological, social, and economic consequences. Though there has been extensive clinical work researching the neurobiological and behavioral contributions to addiction, an increasing necessity lies in resolving the psychosocial factors that shape both the establishment and prognosis of SUD. One of such extremely acute issues lies in the fact that the tendency towards suicidal thoughts and acts is rather high among SUD patients (Poorolajal et al., 2016). The impact of social and psychological stressors is one of the most vital issues that are not regarded in the treatment and prevention programs. Stigmatization is one such factor; social isolation, on the other, is a robust mental health determinant already proven to be a factor that contributes to the onset and worsening of suicidal ideation (Calati et al., 2019). Individuals with SUD often lose their family, peers, and society, which may become a primary symptom of loneliness and isolation that will worsen emotional distress. Another psychosocial variable with implication is perceived stigma. SUD victims, as well as others, are subject to negative stereotypes and being stigmatized and this is more likely to be internalized to cause shame and low self-esteem as well as avoid any treatment (Livingston & Boyd, 2010). Stigma is not only a deterrent to

recovery but also a psychological implication of stigma on depression and suicide. Second, avoidance behavior, which is typical of people with addictions, is a default effort to avoid painful emotional or cognitive experiences. While this might provide momentary psychological relief, avoidance tends to exacerbate suffering by keeping individuals from dealing with underlying causes of their drug use. A study by Hayes et al. (1996) identifies the connection between experiential avoidance and a broad range of psychological issues, including those that are related to suicide risk.

### **Substance Use Disorder (SUD)**

Substance Use Disorder is a relapsing and chronic mental health disorder defined by the compulsive use of substances with strong harmful consequences. It entails functional impairment in the social, occupational, or health area, and is scientifically classified by diagnostic standards established in the DSM-5 (American Psychiatric Association, 2013). SUD interferes with the reward system of the brain, causing problems in emotional control, decision-making, and impulse control. The individual can become tolerant (and need more of the substance to get the same effect) and experience withdrawal symptoms with the reduction of the use or the discontinuation of the use in the long-term. These are coupled with psychological disorders such as trauma, stress among other co-occurring mental disorders like depression and anxiety. In the development and maintenance of SUD, social issues also play a great role. A stigma, marginalization, and lack of accessibility to treatment is likely to encourage individuals to avoid seeking assistance and, therefore, continue the vicious circle of addiction. In addition, SUD patients are exposed to greater risks of other severe outcomes like homelessness, incarceration, and suicidal ideation (Wilcox et al., 2004). SUD is a global challenge of public health, and Pakistan is not an exception, the inadequate capacity of treatment institutions, the cultural taboo, and the socio-economic factors exacerbate the outcomes of the addiction and increase its severity. Integration can take the form of a multi-pronged strategy in the treatment of SUD involving the use of medical, psychological and social rehabilitation interventions.

### **Social Isolation**

Social isolation is an objective predicament where individuals possess few social confinements or limited alliance with others, typically with inadequate feeling and functional sustenance. (Calati et al., 2019). Social isolation is a circumstance and an outcome of drug use in individuals who have substance use disorder (SUD). Addiction leads to poor relationships, loss of jobs, stigmatization amongst others, which causes isolation of an individual in the network and society. The impact of the social Isolation is high. It has a correlation with high risks of depression, anxiety, cognitive decline, and suicidal ideation (Holt-Lunstad et al., 2015). Social support deprives people of one of the key resources safeguarding one against stress and deteriorating mental health. Insolation, in turn, enhances the feeling of hopelessness in SUD individuals, disrupts attempts at recovery, and is an ultimate indicator of relapses and the possibility of suicide (Calati et al., 2019). It is notable that the problem of social isolation is not only a clinically challenging issue but also a social

concern issue, especially in those communities where individuals with addiction are thrown into further social isolation by the stigma in addition to limited access to treatment at community-based centers. This explains why integrated SUD treatment provides interventions that promote social reintegration, including peer support groups, community outreach program, and family therapy.

### **Perceived Stigma**

Perceived stigma is the expected or internal realization that someone is going to be discriminated against or judged due to substance use. This tends to create self-beration, secrecy and withdrawal all of which can lead to psychological distress (Livingston & Boyd, 2010). It entails feeling of shame, the fear of judgment together with anticipation that others will reject them because of their use of substances (Corrigan et al., 2006). In comparison with the stigma enacted, which is the actual exposure to discrimination, perceived stigma provides the aspects of how people internalize their perception of how society regards them and how they are expected to be, which often has serious psychological consequences. The perceived stigma in SUD individuals can have a strong influence on preventing entry and recovery in treatment. The stigmatized individuals may avoid consultations to prevent labeling or the staff will not comprehend them and therefore they will not be treated, further complicating the clinical outcomes (Luoma et al., 2007). Also, it has been shown that when perceived stigma is internalized to self-stigma, it is highly related to decreasing self-esteem, improving depressed symptoms, and suicidal ideations (Livingston & Boyd, 2010). The perceived stigma does not have effects on the individual only. It upholds systematic inequalities through the angle of the shaping of the public policy, healthcare practice and social provision of services. Stigma in most settings reinforces a retributive rather than therapatave approach to addiction and, therefore, favors social rejection and alienation. Lessening the perceived stigma via beliefs in the people, lobbying, and caring compassionately in a nonjudgmental manner is thus required to increase the effectiveness of treatment as well as reduce suicide risk amongst the individuals with SUD.

### **Avoidance Behavior**

Avoidance behavior can be discussed as approaches that people adopt, trying to prevent painful emotion, thoughts or external phenomenon. It is a mental process mostly associated with anxiety, trauma and substance abuse and can interfere with effective coping and emotion regulation (Hayes et al., 1996). In Substance Use Disorder (SUD) cases, avoidance behavior usually takes the shape of substance use itself, as a method of avoiding emotional discomfort as well as incomplete trauma and withdrawal disconnection with social or treatment environment. A major theoretical issue of the Acceptance and commitment Therapy (ACT) is Experiential avoidance which is described as the tendency to alter the form or frequency or situational controllability of unwanted internal events even in the midst of the destruction that such alterations may bring (Hayes et al., 1996). This may lead to avoidance of obtaining help in people with SUD, it can hinder recovery and radicalize the David of addiction. An example is that rather than experience shame,

grief or guilt, individuals can resort to taking drugs or avoid a support system. There is also a risk of mental problems, or being more exact, depression and suicidal thoughts related to avoidance behavior. Constant avoidance of emotional distress rather than resolution thereof may lead to chronic state of psychological tension, increase of feelings of hopelessness and failure to cope (Kanter et al., 2005). The avoidance patterns are thus very important to be identified and intervened with in the context of addiction treatment, especially when it comes to the incorporation of trauma informed and emotion focused approach to treatment.

### **Suicidal Ideation**

The continuum of thoughts or suicidal ideation focuses on self-injury/suicide covering the levels of intensity, frequency and purpose. It is very common in individuals with substance use problems and mental disorders and it has been cited as one of the major antecedents of suicidal attempts (Joiner, 2005). Suicidal thoughts are quite appalling in SUD. The experience of substance use can either conceal and enhance mental suffering, usually at the cost of judgment, increased impulsivity, and increased despondency (Wilcox et al., 2004). The affected individuals also have almost universal co-morbid mental illnesses, social isolation, and self-reported stigma, which are exacerbates of risk to suicide ideation and behavior (Calati et al., 2019). Moreover, chronic prevention to drug-related neurochemical changes may lead to reduced emotional control, which hinders individuals from dealing with negative emotion or even seek assistance. The detection of suicidal thoughts is essential to prevent and intervene at the initial stages. Assessments should consider not just the perseverance and intensity of such thoughts but also the context in especially a group that has complex psychosocial susceptibility like a group that is undergoing treatment of their addiction. Interventions of an evidence-based screening procedure, as well as connectiveness, a sense-of-meaning, and emotional coping-based therapies are vital in reducing suicide risk in individuals with SUD.

### **Social Connection Theory of Addiction**

The Social Connection Theory of Addiction presents a current concept of the link between socially isolated and substance use. Based on this theory addiction itself is not merely a by-product of chemical dependence or individual pathology but is often the by-product of severe lack of meaningful social ties. In this model individuals who experience chronic feelings of loneliness or isolation may turn to substance abuse to relieve emotional anguish or to induce euphoria and release by use of chemicals (Alexander, 2008). This method shifts the causality locus, such as deficits at individual level to more universal social and relational environments and emphasizes the fact that forging healthy interpersonal associations may be a prevention factor against alcohol and drug abuse. It also indicates that social reintegration and support in the community should be critical aspects within the treatment programs in order to ensure that the rehabilitation process is successful. The latest books and articles also agree with the relationship between low social connectedness and addictive risk, affirmed the growing empirical backbone of the theory (Hari, 2015; Holt-Lunstad et al., 2015).

## **Interpersonal Theory of Suicide**

According to the Interpersonal Theory of Suicide (IPTS) that was postulated by Joiner (2005), the occurrence of suicidal thoughts is caused by two mind sets namely thwarted belongingness and perceived burdensomeness that in collaboration with the acquired capability of suicide-ability, elevates the threat of suicide. Thwarted belonging represents a full-time feeling of solitude and aloneness; conditions prevailing in individuals with SUD due to adverse personal connections and social exclusion. According to this theory, there is a necessity to examine the way that social isolation promotes the risk of suicide among people with SUD.

### **Significance of Study**

The study has particular significance to Pakistan, where SUD now represents a community health care problem in the context of limited access to mental health care. The findings will introduce evidence-based facts on the social and mental challenges of SUD patients in the Pakistani healthcare settings. With the answer to the question of what the most critical risk factors of suicidal ideation among the individuals with SUD are, the research can guide the development of the relevant intervention strategies in that very setting. It also renders national efforts geared towards reducing stigma and building mental health awareness. Lastly, the study can be used in policy reforms and funding of resources in preventing addiction and suicide countrywide.

### **Rationale**

This study contributes to literature in the sense that it examines the interaction between social isolation, perceived stigma, and the avoidance behavior with suicidal thoughts among substance use disorder (SUD) patients, who are understudied in the non-western world. The lack of diversity in studies between cultures exists, and they even do not give much attention to how these psychosocial mechanisms operate in a particular sociocultural context like Pakistan. The study with cross-sectional design and adult patients being in treatment in rehabilitation clinics provides relevant findings on a cultural level. The size of the study population and its design makes the research more applicable to local mental health topics, and the research is more global to the point of being representative.

### **Hypotheses**

1. Social isolation exhibits a positive correlation with suicidal ideation among the studied population.
2. Perceived stigma demonstrates a positive correlation with avoidance behaviour in individuals diagnosed with Substance Use Disorder (SUD) in the given context.
3. Avoidance behaviour serves as a mediating factor in the relationship between perceived stigma and suicidal ideation among individuals with SUD.
4. Social isolation acts as a moderating factor in the connection between perceived stigma and suicidal ideation in individuals with SUD.

### **Purpose of the Study**

The purpose of the study to examine the association between social isolation

and suicidal ideation. There is also another purpose to explore the mediating role of avoidance behavior. Third purpose to determine the moderate effect of social isolation.

## LITERATURE REVIEW

Substance Use Disorder (SUD) is a common and complicated disorder that is typified by addictive or drug-seeking behavior, physiological dependency and psychological distress. Besides the immediate physical impact of drug consumption, people who are in the process of SUD will often exhibit very intense forms of psychosocial hardship such as social isolation, suicidal tendency, a perceived stigma, and avoidance pattern. Not only do these problems increase the extent to which the disorder is suffered but also they inhibit treatment and healing.

In the context of addiction, Alexander et al. (2018) highlighted the fact of a specific social disconnection through the metaphor of the Rat Park experiment. In their hypothesis, they believed that human being as rats have least chances of being involved with substance use when it is exposed to the socially stimulating environment. Similarly, longitudinal research on loneliness by Cacioppo and Cacioppo (2014) suggested that the evaluation of loneliness predicts an increased level of alcohol and illicit drug use over time, which have suggested that social isolation is a contributing cause to development and persistence of SUD. Khan and Rehman (2020) conducted a study at one of the drug rehab centers in Lahore and established that 34 percent of SUD patients reported experiencing suicidal ideation during the use stage of drugs. The paper also established that the past trauma, comorbid depression and social isolation were these major mediators to the risk of suicide.

According to Borges et al. (2017), the connection between alcohol dependence and the experience of suicidal ideation is positive; nonetheless, there is also a substantial correlation between the two factors. In a secondary meta-analysis, Poorolajal et al. (2016) indicated that SUD patients were six times more at prevalence of suicidal ideation compared to the general population. The above research proves that not only the substance use aggravates the already existing mental illness but it also results in suicidal tendencies.

Ahmed et al. (2019) carried out a qualitative study in Karachi, and the research supported the idea that SUD individuals often mentioned that they felt judged and treated as inhuman by the healthcare workers and community. The internalized stigma also made most of the participants socially isolated and avoid receiving treatment in centers due to perceived discrimination. A systematic review conducted by Livingston et al. (2012) revealed that stigma has an overwhelming negative effect on the issue of treatment seeking among the individuals with alcohol and drug use disorders. Similarly, Luoma et al. (2014) found that the individuals who perceived themselves to experience high rates of the public stigma exhibited the more severe psychological distress and poor treatment results. The stigma also occurs in structural terms such as denial of employment and access to healthcare, which

further stigmatizes people with SUD. In a study conducted in Rawalpindi by Malik et al. (2022), the use of avoidance coping was found to be extremely prevalent in the people who were being treated due to their heroin addiction. The participants were not only taking drugs to numb down the emotional pain but to avoid confronting the demands of the family or society. Relapses were positively related with avoidance behavior, whereas it was negatively related with treatment compliance.

Using a 2-step procedure that took the form of a prospective study, Moos and Moos (2006) studied the role played by coping styles in recovery process related to substance abuse and concluded that avoidant coping anticipated poorer post-recovery conditions. Likewise, the study by Hser et al. (2015) demonstrated that the subjects who have resorted to avoidance instead of using problem-solving techniques were more likely to relapse within six months after treatment. These findings indicate the necessity of the interventions into the treatment of maladaptive coping style among people with SUD. The constructs of social isolation, suicidal ideation, perceived stigma, and avoidance behavior are not independent, they are strongly interconnected and they co-exist. Isolation can lead to suicidal thoughts, and especially when an individual feels disapproved and unsupported. Avoidance behaviors is therefore bound to occur because not only is there an internalized stigma but also the painful feeling of rejection and desperation. Nasir et al. (2023) conducted a mixed-methods study that was conducted in Islamabad and found that people with SUD who experienced high levels of stigma had more significant amounts of social withdrawal and higher rates of suicidal ideation as well. The scholars who carried out the study observed that stigma, avoidance and loneliness are synergistic and relieve a self-reinforcing process promoting addictions and inhibiting recovery.

In the same way, the American study (Tucker et al., 2019) simulated a path towards which, owing to the stigmatization, social isolation took place, which, in its turn, gave rise to the rise of avoidance potential, and, correspondingly, psychological distress tied with it, and culminated in the high danger of suicide among people with opioid use disorder. Cultural aspects are important factors in the process of experiencing stigma, social isolation, and avoidance behavior in SUD individuals. The stigma of drug addiction is more serious because in such ultra-conservative societies as Pakistan, drug use is attributed to failure as a moral person rather than ill health. The study by Jamil et al. (2020) revealed that female SUD patients in Pakistan had a greater stigma and social rejection than men. The menace of social/family status/honor meant that most women hid the addiction besides also resisting any treatment. The former has been resonated in the research abroad as well, e.g., Roberts et al. (2015), where the female drug users were shown to exhibit greater perceived stigma and loneliness cross-culturally. Rashid and Malik (2017) focused on the analysis of young Pakistanis regarding substance use and psychological edginess. The youth was found to exhibit psychological distress and substance use that was widespread; the youth were observed to take evasion coping strategies and voiced their disapproval by society especially academically and family wise. This continued

where there is a cycle of withdrawal in active engagement in education, straining of relations with a family and further involvement in isolation and increasing addiction. The findings were further used to demonstrate that perceived stigma among the youths would delay the probability of getting help hence heightening the pace at which a young person could find himself at risk of mental illnesses.

Substance Use Disorder is not only a medical issue it is a complex psychosocial process which is shaped by social isolation, suicidal ideation, perceived stigma and avoidance behavior. These go hand in hand and enhance the chronicity and severity of addiction. They should be managed with the culturally competent, integrative approach focused on mental health care, community, and stigma. These dimensions must be explored even more in future research in Pakistan and globally in the future to develop more effective and inclusive models of interventions.

## **METHODOLOGY**

The current research used the correlational research design it assessed the correlation between social isolation and perceived stigma, avoidance behavior, and suicidal ideation among individuals with Substance Use Disorder (SUD). The sample included a total of 120 individuals of age 18 to 25 years from the rehabilitation centers in the study (both private and government). Convenience sampling was used to collect data. The inclusion criteria included that the participants should have been 18 to 25 years old with a diagnosis of SUD, a history of drug use (alcohol, cocaine, opioids), and a stay in a rehabilitation facility of at least one month, whereas participants whose age was below 18 years, those with physical disabilities, comorbid diagnoses, in recovery, or those who were illiterate were excluded. Universal scales were employed, such as the UCLA Loneliness Scale (Version 3; Russell, 1996) as a way of measuring social isolation ( $\alpha = .89$ ), the Substance Use Stigma Mechanisms Scale (SUSMS; Luoma et al., 2010) which was used to measure perception of stigma ( $\alpha = .88$ ), the Brief Experiential Avoidance Questionnaire (BEAQ; Gamez et al., 2014) which was used to measure avoidance behavior ( $\alpha = .87$ ). Following the ethical approval of the institutional review board, informed consent was signed and the participants spontaneously filled in the questionnaires in 15 to 20 minutes. There was anonymity and confidentiality in all processes and mental health resources were available along with debriefing of the participants. Data were analyzed by IBM SPSS Version 26 that includes descriptive statistics and inferentially to investigate interrelations among the major variables.

## **RESULTS**

This chapter reports on the statistical analyses that were performed in order to investigate the hypothesized relationships between perceived stigma, avoidance behavior, social isolation, and suicidal ideation in the context of substance use disorder (SUD).

### **Table 1**

*Descriptive Statistics for Study Variables (N = 120)*

Variables	M	SD
Social Isolation	3.18	0.79
Perceived Stigma	3.46	0.79
Avoidance Behavior	3.11	0.82
Suicidal Ideation	17.88	3.37

The results indicated that participants reported a moderate level of social isolation ( $M = 3.18$ ,  $SD = 0.79$ ), perceived stigma ( $M = 3.46$ ,  $SD = 0.79$ ), and avoidance behavior ( $M = 3.11$ ,  $SD = 0.82$ ). These findings suggest that individuals in the sample experienced a consistent pattern of moderate psychosocial difficulties. In contrast, suicidal ideation yielded a relatively higher mean score ( $M = 17.88$ ,  $SD = 3.37$ ), indicating a notable level of suicidal thoughts among participants. The larger standard deviation for suicidal ideation suggests greater variability in responses, pointing to individual differences in the severity or frequency of suicidal ideation.

**Table 2**

*Pearson Correlations Between Variables*

Variables	1	2	3	4
Social Isolation	-			
Perceived Stigma	.10	-		
Avoidance Behavior	.11	.13	-	
Suicidal Ideation	.35**	.33**	.33**	-

> Note:  $p < .01$

Pearson correlations revealed that suicidal ideation was positively and significantly associated with social isolation ( $r = .35$ ,  $p < .01$ ), perceived stigma ( $r = .33$ ,  $p < .01$ ), and avoidance behavior ( $r = .41$ ,  $p < .01$ ), with avoidance behavior showing the strongest relationship.

**Table 3**

*Multiple Regression Predicting Suicidal Ideation*

Predictor	B	SE B	$\beta$	t	p
(Constant)	3.94	1.70	-	2.32	.022
Social Isolation	1.60	0.32	1.24	5.04	.000
Perceived Stigma	1.01	0.32	0.79	3.19	.002
Avoidance Behavior	1.72	0.31		5.63	.000

> Model Summary:  $R^2 = .46$ ,  $F(3, 116) = 32.87$ ,  $p < .001$

A multiple linear regression analysis examined the combined influence of the three predictors on suicidal ideation. The overall model was statistically significant,

$F(3, 116) = 32.87, p < .001$ , and accounted for 46% of the variance in suicidal ideation ( $R^2 = .46$ ). All three predictors were significant: social isolation ( $\beta = 1.24, p < .001$ ), perceived stigma ( $\beta = 0.79, p = .002$ ), and avoidance behavior ( $\beta = 1.34, p < .001$ ). These results suggest that individuals with higher levels of these psychological difficulties are more likely to experience suicidal ideation.

**Table 04**

*Avoidance Behavior mediates the relationship between Perceived Stigma and Suicidal Ideation a Mediation Analysis*

Predictor	R <sup>2</sup>	B	p
Perceived Stigma	.45	1.25	< .001
Perceived Stigma	.61	0.72	< .001
Avoidance / Stigma	.63	0.58 / 0.81	< .001 / < .001

Note. All regression paths are statistically significant. Avoidance behavior partially mediates the relationship between perceived stigma and suicidal ideation. Analysis follows Hayes' PROCESS Model 4.

A mediation analysis using Hayes' PROCESS Model 4 was conducted to determine whether avoidance behavior mediates the relationship between perceived stigma and suicidal ideation. Results showed that perceived stigma significantly predicted suicidal ideation,  $B = 1.25, p < .001$ , and significantly predicted avoidance behavior,  $B = 0.72, p < .001$ . When both perceived stigma and avoidance behavior were included in the model predicting suicidal ideation, both predictors remained significant ( $B = 0.81$  and  $B = 0.58$ , respectively,  $p < .001$ ), suggesting partial mediation. These findings support the hypothesis that avoidance behavior mediates the effect of stigma on suicidal ideation in individuals with SUD.

**Table 05**

*Social Isolation moderates the relationship between Perceived Stigma and Suicidal Ideation a Moderation Analysis*

Predictor	B	SE B	p
Perceived Stigma (centered)	1.01	0.12	< .001
Social Isolation (centered)	0.55	0.13	< .001
Interaction (Stigma × Isolation)	0.72	0.19	< .001

Note. The significant interaction term suggests that the relationship between perceived stigma and suicidal ideation is stronger when social isolation is high.

A multiple regression analysis was conducted following Baron and Kenny's (1986) moderation framework to determine whether social isolation moderates the relationship between perceived stigma and suicidal ideation. All predictors were mean-centered, and an interaction term was created. The overall model was significant,  $F(3, 116) = 35.40, p < .001$ , with  $R^2 = .48$ . Results indicated that perceived stigma ( $B = 1.01, p < .001$ ) and social isolation ( $B = 0.55, p < .001$ ) significantly

predicted suicidal ideation. Most importantly, the interaction term between stigma and isolation was also significant ( $B = 0.72, p < .001$ ), supporting the hypothesis that social isolation moderates the relationship between perceived stigma and suicidal ideation. This suggests that stigma is a stronger predictor of suicidal ideation in individuals experiencing greater social isolation.

## DISCUSSION

The current study investigated the predictive functions of social isolation, perceived stigma, and avoidance behavior towards suicidal ideation in adults. The findings are consistent with prior research suggesting that psychosocial variables have a significant role in shaping the risk for suicidal ideation. All three predictors were positively and significantly correlated with suicidal ideation, and the regression model accounted for 46% of the variability in suicidal ideation scores. The findings are significant theoretically as well as practically for suicide prevention.

The findings show avoidance behavior to have the strongest correlation with suicidal ideation ( $\beta = 1.34, p < .001$ ), validating research that suggests experiential avoidance as a key process in psychological distress (Hayes et al., 2006). Avoidant participants may find it difficult to confront painful emotions using maladaptive coping mechanisms, making it more likely for suicidal thoughts to serve as an escape route (Tull et al., 2007). This result supports the tenets of Acceptance and Commitment Therapy (ACT), whose interpretation holds avoidance as central to psychopathology, especially among substance use disorder populations and those characterized by emotional dysregulation (Twohig & Levin, 2017).

Perceived stigma was also a major predictor of suicidal ideation ( $\beta = 0.79, p = .002$ ), consistent with previous research that internalized stigma fuels sensations of shame, concealment, and hopelessness (Livingston & Boyd, 2010). In the context of mental illness and drug use, stigma can discourage people from accessing treatment, thus amplifying emotional pain. Excerpts on the importance of perceived stigma to deter treatment-seeking and its potential to increase the probability of depression symptoms and suicidality were provoked by Corrigan et al. (2009) in their study.

The mediation analysis displayed that avoidance behavior performs a conditional mediator between the connection between perceived stigma and suicidal ideation. In line with earlier studies, perceived stigma was established as a strong predictor of suicidal ideas, and this corresponds with an earlier study by Link and colleagues, as well as those by Luoma and colleagues (2001; 2007) that also affirmed that stigmatizing beliefs may result in psychological distress and suicidal behavior among clinical samples. Currently the study also helps explain this connection by somehow establishing avoidance behavior as one of the central ways through which stigma plays a role in building suicidal ideation. Withdrawal, the suppression, or the behavioral disengagement, which is generally referred to as avoidance, can serve as a maladaptive coping strategy whenever individuals are socially rejected or devalued (Hayes et al., 1996). Such findings correspond to Acceptance and Commitment Therapy (ACT) theories that emphasize psychological harm of experiential

avoidance as the response to inner suffering.

Partial mediation was represented by the stability of a large direct effect ( $B = 0.81, p < .001$ ) and the indirect path ( $B = 0.58, p < .001$ ) because it is stated that avoidance behavior means the most, but nevertheless, there could be mediating psychological or environmental variables too. They may include hopelessness, self-stigma or the signs of trauma (Latalova et al., 2014). According to Baron and Kenny (1986), the analysis of moderation demonstrated that social isolation boosts the impact of perceived stigma in suicidal ideation. The meaningful interaction ( $B = 0.72, p < .001$ ) lets us know that the more individuals who feel that they are more socially isolated, the greater the stigma feels to them psychologically and therefore more disposed to ideations of suicide.

This finding coincides with the Interpersonal Theory of Suicide (Joiner, 2005), in which perceived burdensomeness and thwarted belongingness have been cited among the major predictors of suicidal thoughts. The effect of stigma might be intensified by social isolation due to the restriction of social support and negation of negative self-esteem. The empirical evidence gained by Cacioppo et al. (2006) is also related to the findings as the authors correlate the increased danger of suicide with loneliness and isolation in clinical groups. The high moderation effect value implies that according to the protection scheme, the social reintegration and community-based integration treatment can guard against the adverse psychological outcomes of the stigma on SUD individuals. It also indicates the importance of considering individual difference on the social context in the evaluation of the risk to suicide.

### **Implications**

Such findings point to the more holistic psychosocial models of suicide considering intrapersonal and interpersonal factors. This psychological vulnerability, which causes suicidal thoughts when a person is stressed due to factors including loneliness or stigma, is assumed in the diathesis-stress model (Rudd, 2006). The current discoveries develop this theory in the sense that they suggest that such behavioral responses to distress as avoidance may escalate related vulnerabilities. Moreover, the research is congruent with the cognitive-behavioral theory of suicide (Wenzel et al., 2009) suggesting that the means of developing suicidal ideation lies in maladaptive pattern of behavior and thought. In this case, avoidance behavior fits well into this framework as it has the potential to interfere with the process of problem solving and regulation and hence lead to more and more intense suicidal ideations as time progresses. Clinically, such outcomes are imperative to highlight the significance of early screening and interventions attempts, focused on these specific risk factors. Avoidance behavior and social isolation are the screenings that should be performed on routine assessments and especially on patients with depressive symptomatology or a history of substance use.

### **Limitations and Suggestions**

This research is limited by its cross-sectional nature, which does not allow for causal inference. Self-reported information is also subject to bias, particularly on sensitive topics such as stigma and suicide. The sample is limited to treatment

participants, which restricts the generalizability of findings. Longitudinal designs, the use of community samples, and culturally adapted measures for a more thorough understanding should be employed in future studies.

## CONCLUSION

It is proposed that these findings highlight the importance of avoidance behavior and perceived stigma in the development of suicidal ideation among those with SUD. Interventions focus on these psychosocial constructs might thus substantially strengthen suicide prevention with patients in this population.

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