

CHILDHOOD EMOTIONAL ABUSE AND SUBJECTIVE HAPPINESS IN INDIVIDUALS WITH SUBSTANCE ABUSE: THE ROLE OF EMOTION REGULATION

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ABSTRACT

Early childhood emotional abuse is associated with substance use and poor health. Emotion regulation strategies can be useful to understand how early abuse may affect later happiness, but very little evidence is available in South Asian treatment settings. This study aimed to understand the relationship between childhood emotional abuse, subjective happiness, and emotion regulation strategies, and to examine whether these strategies are associated with the link between abuse and happiness in men with substance use disorders. A cross-sectional study was conducted with 150 male inpatients aged 17 to 40 years in rehabilitation centres in Rawalpindi and Islamabad, selected through purposive sampling. Participants completed the Emotional Abuse Questionnaire, Subjective Happiness Scale, and Emotion Regulation Questionnaire to assess cognitive reappraisal and expressive suppression. Correlation and bootstrapped parallel mediation analyses were conducted, with age and type of substance included as covariates. Childhood emotional abuse showed a negative correlation with subjective happiness ($r = -.27, p < .01$) and positive correlations with cognitive reappraisal ($r = .26, p < .01$) and expressive suppression ($r = .29, p < .01$). Childhood emotional abuse had an adverse association with happiness ($\beta = -.32, p < .01$), with cognitive reappraisal accounting for a small indirect effect that was marginally significant (indirect effect = 0.008, 95% confidence interval [0.000, 0.019]). The indirect effect through expressive suppression was not noteworthy. Overall, childhood emotional abuse was associated with lower subjective happiness among men with substance use disorders, and cognitive reappraisal explained only a small part of this association.

I. INTRODUCTION

A lot of humiliation, rejection, excessive control and verbal hostility from caregivers characterizes emotional abuse in childhood. It is one of the least visible forms of child maltreatment, but a recent systematic study and meta-analysis identified it as being related to depression, anxiety, suicidal behaviour, personality disorders and substance abuse in adults (Xiao et al., 2022). Children who are maltreated are at greater risk of developing substance use and substance use disorders because they go through biological, emotional and contextual pathways through their development (Cicchetti & Handley, 2019). Difficulty in managing emotions is considered one of the main mechanisms that connect early emotional abuse with later problems. A systematic analysis of mediation studies in which most of the studies have been conducted found that emotion dysregulation is a major indirect effect of emotional abuse and psychopathology (Schaumburg & Nimtz, 2026). A wide range of mental

health issues are linked to strategies for managing emotions (Aldao et al., 2010). People with substance use disorders are more likely to use expressive suppression (Stellern et al., 2022) and have more trouble controlling their emotions than people without these disorders.

Emotion Regulation and Subjective Happiness

Two strategies are commonly studied. Cognitive reappraisal is the change in the way we interpret a situation so that its emotional impact is diluted, while expressive suppression is the control of the outward expression of emotion (Gross & John, 2003). According to a meta-analysis of 33 studies, reappraisal was moderately and positively associated with life satisfaction in Western cultures, whereas suppression was negatively associated in Eastern cultures. Subjective happiness is a subjective measure of how happy someone is, and is an important measure of well-being in recovery from substance use disorders.

Childhood Emotional Abuse and Emotion Regulation in Pakistan

In Pakistan, there are still few research findings on emotion regulation of people with substance use disorders but the research on emotion regulation in Pakistan is still lacking. Emotion regulation strategies have been proven to predict depression in male patients receiving treatment for substance use disorders (Shahzad et al., 2020), and a cognitive emotion regulation measure has been translated into Urdu for this group of individuals (Shahzad et al., 2022). The authors of the latter study also observed that stigma prevents women from accessing treatment and this is why treatment samples in Pakistan are mostly men (Shahzad et al., 2022). To the best of our knowledge, few studies have studied the role of emotion regulation strategies in relation to subjective happiness of the children who have experienced childhood emotional abuse in this group. We expected that men who had been emotionally abused in childhood would report lower subjective happiness and less adaptive emotion regulation and those emotion regulation strategies would be part of the impact of abuse on happiness. Finding such a pathway could allow clinicians to choose treatment targets that can be modified, such as emotion regulation skills, rather than the abuse history. The present study aimed to examine the relationship between childhood emotional abuse and subjective happiness and the mediating role of emotion regulation strategies among men in inpatient treatment for substance use disorders in Rawalpindi and Islamabad. Two hypotheses were proposed:

1. Childhood emotional abuse will be significantly associated with subjective happiness among men in inpatient treatment for substance use disorders in Rawalpindi and Islamabad.
2. Emotion regulation strategies (cognitive reappraisal and expressive suppression) will mediate the relationship between childhood emotional abuse and subjective happiness among men in inpatient treatment for substance use disorders in Rawalpindi and Islamabad.

II. METHOD

Participants

The cross-sectional study was piloted in rehabilitation centres in Rawalpindi and Islamabad, Pakistan from March 2024 to September 2024. The sample size of 150 was calculated using G*Power software (Faul et al., 2009) with medium effect size, 0.05 significance level and adequate power used in the calculation, and the participants were recruited through purposive sampling. The participants were 17 to 40 years old and had been diagnosed with substance use disorder, were receiving inpatient treatment and had no history of psychiatric illness. People with a comorbid psychiatric illness and those taking medication for any other medical illness were excluded. The participants differed in socioeconomic status, education, marital status, and family system, type of substance used, age at onset and duration of treatment.

Measures

Data were collected by using a demographic sheet and three self-report questionnaires in Urdu. The demographic sheet reported age, education, socioeconomic status, marital status, and family system, age at the starting point of substance use, type of substance and treatment duration. In terms of self-report questions, we collected data on a demographic sheet and three self-report questionnaires. Urdu versions of all of the scales were used. Childhood

emotional abuse was evaluated on the 30-item Emotional Abuse Questionnaire (Momtaz et al., 2020) where higher scores indicate abuse that is more emotional in childhood. Subjective happiness was measured on the 4-item Subjective Happiness Scale (Bano & Sitwat, 2017) with a 7-point scale, where higher scores indicate greater happiness. The 10-item Emotion Regulation Questionnaire (Abbasi & Kazmi, 2022) was used to assess emotion regulation, with a 7-point scale from strongly disagreeing to strongly agreeing. It has a six-item cognitive reappraisal subscale and a four-item expressive suppression subscale, and a higher score on each subscale indicates more frequent use of that strategy.

Procedure

The authorities of the rehabilitation centres involved were granted permission to do the study, and research protocol was reviewed in accordance with the ethical requirements of the Department of Psychology, Air University. Each candidate was told about the study's aims and procedures, and those who agreed gave informed consent. The participants were guaranteed confidentiality and the right to withdraw at any point in time. The participants completed the questionnaires and were debriefed afterwards. The authors granted permission to use all the measures. Data were analysed using the Statistical Package for the Social Sciences version 26 (IBM Corporation, Armonk, New York, USA). Descriptive statistics were utilized to outline the characteristics of participants, and Cronbach's alpha was employed to assess internal consistency. Pearson correlation was employed to investigate relationships among the study variables. A parallel mediation model was examined with childhood emotional abuse as the predictor, subjective happiness as the outcome, and cognitive reappraisal and expressive suppression as mediators (age and type of substance used as covariates). Bootstrapped confidence intervals were used to estimate indirect effects (Hayes, 2022). We deemed an indirect effect as significant if its 95% confidence interval excluded zero.

III. RESULTS

Table I: Sociodemographic and Substance Use Characteristics of Participants

Characteristic	n (%) / M (SD)
Age, years	28.34 (6.05)
Age at onset of substance use, years	21.59 (5.77)
Education	
Uneducated	9 (6.0)
Primary to matric	76 (50.7)
Intermediate to master's	65 (43.3)
Marital status	
Unmarried	88 (58.7)
Married	58 (38.7)
Divorced	4 (2.7)
Family system	
Joint	107 (71.3)
Nuclear	43 (28.7)
Financial status	
Very good	50 (33.3)
Good	60 (40.0)
Bearable	32 (21.3)
Bad	7 (4.7)
Very bad	1 (0.7)
Living with	
Father and mother	92 (61.3)
Father only	11 (7.3)
Mother only	19 (12.7)
Father and stepmother	9 (6.0)
Mother and stepfather	4 (2.7)

Others	15 (10.0)
Substance use disorder	
Opioid	13 (8.7)
Methamphetamine	45 (30.0)
Cocaine	2 (1.3)
Cannabis	40 (26.7)
Alcohol	14 (9.3)
Polysubstance	35 (23.3)
Other substance	1 (0.7)
Duration of treatment	
1–15 months	140 (93.3)
16–30 months	3 (2.0)
31–45 months	4 (2.7)
46–65 months	3 (2.0)

All 150 participants were men aged 28.34 ± 6.05 years. The majority of the participants were unmarried and lived in joint families, and methamphetamine, cannabis and polysubstance use were the most common substance use (Table 1).

Table II: Descriptive Statistics, Internal Consistency, and Correlations of Study Variables

Variable	M	SD	α	1	2	3	4
1. Childhood emotional abuse	62.51	25.91	.97	—	-.27**	.26**	.29**
2. Subjective happiness	15.98	5.51	.95	—	—	.08	.002
3. Cognitive reappraisal	27.94	6.65	.65	—	—	—	.57**
4. Expressive suppression	18.87	5.78	.64	—	—	—	—

Note. SD = standard deviation; α = Cronbach's alpha. ** $p < .01$.

Internal consistency was high for the Emotional Abuse Questionnaire and the Subjective Happiness Scale, but modest for the cognitive reappraisal and expressive suppression subscales (Table 2). Childhood emotional abuse was negatively correlated with subjective happiness; cognitive reappraisal and expressive suppression were positively correlated. Subjective happiness was not significantly correlated with either emotion regulation strategy, and the two strategies were strongly correlated (Table 2).

Table 3: Parallel Mediation of the Association between Childhood Emotional Abuse and Subjective Happiness by Cognitive Reappraisal and Expressive Suppression

Panel A. Regression paths

Outcome	Predictor	β	SE	R ²
Cognitive reappraisal	Childhood emotional abuse	.26**	.02	.076
Expressive suppression	Childhood emotional abuse	.29**	.02	.085
Subjective happiness	Childhood emotional abuse	-.32**	.02	.080
	Cognitive reappraisal	.15	.07	
	Expressive suppression	.09	.082	
	Type of substance used	.01	.21	
	Age	.05	.07	

Panel B. Indirect effects of childhood emotional abuse on subjective happiness

Mediator	Effect	Boot SE	95% bootstrap CI
Cognitive reappraisal	.008	.005	[.000, .019]
Expressive suppression	.005	.006	[-.007, .017]

Note. β = standardized coefficient; SE = standard error; CI = confidence interval. ** $p < .01$. Age and type of substance used were covariates in the model for subjective happiness.

In the parallel mediation model, childhood emotional abuse positively predicted cognitive reappraisal and expressive suppression and accounted for 7.6% and 8.5% of their variance, respectively (Table 3). Childhood emotional abuse negatively predicted subjective happiness when both mediators were in the model. Neither mediator nor age or type of substance was a significant independent predictor of happiness, and the full model explained 8% of its variance. The indirect effect by cognitive reappraisal was very small, and the lower limit of its confidence interval was 0.000, so it was only marginally significant. The indirect effect by expressive suppression was not significant (Table 3).

IV. DISCUSSION

This study examined whether emotion regulation strategies explain the relationship between childhood emotional abuse and subjective happiness in men receiving treatment for substance use disorders. The main findings were that more emotional abuse in childhood was linked to lower subjective happiness, that it was unexpectedly linked to more cognitive reappraisal and expressive suppression, and that there was only a small indirect effect of cognitive reappraisal. The negative association for childhood emotional abuse and happiness is consistent with the fact that emotional abuse in childhood is associated with many adult mental health problems, including substance abuse (Xiao et al., 2022), and early maltreatment also shapes substance use by several developmental pathways (Cicchetti & Handley, 2019). The evidence indicates that in a treatment setting, the burden of emotional abuse as a child is an important indicator of wellbeing but not only symptoms. The association was small to moderate, so current factors like family support, stigma, and stage of treatment probably affect happiness in the same way. We found that men with more childhood emotional abuse used both strategies more frequently than men who had less mental health problems did. One explanation is that the Emotion Regulation Questionnaire captures how often strategies are used and not how well they work. Children who are raised in hostile or critical homes might be taught to learn to watch and hide their feelings early, and this would lead to suppression, and they may also practise reinterpreting distressing events in order to cope. Similar patterns have also been found elsewhere.

Trauma from childhood has been linked to the suppression of positive emotion in adults with anxiety or depression (Hoffman et al., 2023), and reappraisal in maltreated youth was found to be linked with higher posttraumatic symptoms in some subgroups of people who had experienced maltreatment (Ellis & Kearney, 2025) as well. Reappraisal can also be a process that takes time and effort in some cases (Ford & Troy, 2019). Moreover, Substance abuse disordered individuals have been reported to use suppression more than those without these disorders, so the generally high level of suppression in our sample may have contributed to the positive association. The indirect effect through cognitive reappraisal was very small and the lower limit of its confidence interval was zero, so it should be considered as tentative. The direction of this effect - that more frequent reappraisal was related to slightly higher happiness is consistent with meta-analytic evidence that reappraisal is positively related to life satisfaction (Wu et al., 2024). Expressive suppression did not mediate the association. This is consistent with evidence that suppression and wellbeing are not well-matched in cultures with Eastern values (Wu et al., 2024), but suppression is associated with lower positive affect (Fernandes & Tone, 2021). Mediation studies in other populations have shown larger indirect effects of emotion dysregulation (Schaumburg & Nimtz, 2026), but these studies mainly evaluate difficulty in controlling emotions and not how frequently a strategy is used, so the results may not be directly comparable. The indirect effects of thought suppression and cognitive reappraisal have also been reported to be related to childhood maltreatment and posttraumatic stress symptoms (Sistad et al., 2021), so it might be that these strategies are more important for symptoms than positive wellbeing.

The direct effect of childhood emotional abuse on happiness remained the largest in our model, which means that there are other mechanisms that are likely to be involved. Insecure attachment has been proposed as one of the mechanisms through which feelings dysregulation and maltreatment can have an association with later psychological outcomes (Crow et al., 2021). Childhood abuse and neglect are other risk factors for alexithymia in men with substance dependence (Evren et al., 2009), and different dimensions of emotion dysregulation were found to be associated with the severity of childhood emotional abuse in residential substance treatment (Weiss et al., 2013). The results in this group indicate that emotional processes are relevant in clinical practice. In Pakistan, emotion regulation strategies were linked to depression, which was observed in male patients with substance use disorders (Shahzad et al., 2020), and regulation skills training is relevant in clinical settings as well. Rehabilitation

centres should, in theory, perform a brief screening for childhood emotional abuse during admission and provide trauma-informed treatment to equip therapists with the emotional background of low happiness. Emotion regulation skills training should be taught with the ability to be flexible and not habitual in reappraisal and suppression. Because the variance explained was small, this training should be associated with other supports such as family involvement and stigma reduction.

There are some limitations to be aware of. The cross-sectional design prevents causal inference and the mediation model describes statistical and not temporal pathways. Childhood abuse was reported retrospectively and may be affected by recall and social desirability bias. The cognitive reappraisal and expressive suppression subscales were relatively weak and may have weakened the associations. As such, only male inpatients without psychiatric comorbidity from two neighbouring cities were included through purposive sampling, which limits generalisation to women, outpatients, and people with comorbid conditions. Future studies should include longitudinal designs, include women and outpatients, integrate self-report with clinical or informant data, and measure emotion dysregulation, attachment, and other possible mediators, as well as the frequency of strategy use.

V. CONCLUSION

As for men with substance use disorders in Rawalpindi and Islamabad, childhood emotional abuse was also associated with lower subjective happiness and this relationship was strong even after controlling for emotion regulation techniques. Childhood emotional abuse was also associated with cognitive reappraisal and expressive suppression. Cognitive reappraisal accounted for a small and somewhat significant portion of the relationship between childhood emotional abuse and subjective happiness but expressive suppression did not explain much of it. Childhood emotional abuse seems to be an important, although only partially explained, correlate of well-being for people with substance use disorders.

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