

**Research Thesis**

**IMPACT OF INTERPERSONAL REJECTION ON SUICIDAL IDEATION  
AMONG INDIVIDUALS WITH DRUG ADDICTS: MODERATING ROLE OF  
PARENTAL SUPPORT**



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AMONG INDIVIDUALS WITH DRUG ADDICTS: MODERATING ROLE OF  
PARENTAL SUPPORT**

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IN

CLINICAL PSYCHOLOGY

By

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## DECLARATION

I, Mr. Babur Shah, Registration No. 479-FSS/MSCP/F23 student of MS in Clinical Psychology, session 2023-2025, hereby declare that the matter printed in the thesis titled: 'IMPACT OF INTERPERSONAL REJECTION ON SUICIDAL IDEATION AMONG INDIVIDUALS WITH DRUG ADDICTS: MODERATING ROLE OF PARENTAL SUPPORT` is my own work and has not been printed, published and submitted as research work, thesis or publication in any form in any University, Research Institution etc in Pakistan or abroad.

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## RESEARCH COMPLETION CERTIFICATE

Certified that the research work contained in this thesis titled: **IMPACT OF INTERPERSONAL REJECTION ON SUICIDAL IDEATION AMONG INDIVIDUALS WITH DRUG ADDICTS: MODERATING ROLE OF PARENTAL SUPPORT`** has been carried out and completed by Mr. Babur Shah, Registration No: 479-FSS/MSCP/F23 under my supervision.

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## **DEDICATION**

All praise and gratitude are due to Almighty Allah (SWT), the Most Beneficent and Merciful, whose divine will and blessings enabled me to reach this significant milestone in my academic journey. It is through His guidance, the heartfelt prayers of my parents, and the unwavering support and dedication of my teachers that I have been able to successfully complete my MS thesis. I would like to dedicate this work to my beloved parents and my supervisor, whose crucial roles and constant support have been instrumental throughout this endeavor. I am deeply thankful to my supervisor, Dr. Maryam Khurshid, for his invaluable guidance, insightful feedback, and continuous encouragement throughout the course of this research. His mentorship has been a cornerstone in the completion of this thesis. My sincere appreciation also extends to my peer group for their encouragement, cooperation, and warm wishes, which have kept me motivated. I am especially grateful to my family for their endless support, love, and motivation that carried me through challenging times

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## **ACKNOWLEDGEMENT**

I solemnly declare that the current research entitled: ‘IMPACT OF INTERPERSONAL REJECTION ON SUICIDAL IDEATION AMONG INDIVIDUALS WITH DRUG ADDICTS: MODERATING ROLE OF PARENTAL SUPPORT` is my personal work. It is not plagiarized nor copied from any other sources, and that I have followed all the research and ethical protocols. I am submitting this research to Department of Psychology, Faculty of Social Sciences, International Islamic University Islamabad as a partial fulfillment for the award of the degree of MS in Clinical Psychology. I also declare that I will not use this research for my degree program in future.

## Abstract

The study examines the impact of interpersonal rejection on suicidal ideation among individuals with drug use, emphasize on the moderating role of parental support. Drug abuse is a global issue that significantly affects mental health, often leading to increased suicidal tendencies. Interpersonal rejection, characterized by social exclusion and lack of belongingness, can further contribute to suicidal ideation. However, parental support may act as a protective factor, potentially mitigating these adverse effects. Using a quantitative research design, data was collected from individuals in rehabilitation centers through standardized psychological scales, including the Drug Abuse Screening Test (DAST-10), Suicidal Ideation Questionnaire (SIQ), Parental Support Scale (PSS), and Interpersonal Rejection Sensitivity Scale (IRSS). The findings suggest that interpersonal rejection is positively correlated with suicidal ideation, while strong parental support significantly reduces this risk. These findings focus on the significance of family-based interventions in reducing suicidal thoughts amongst drug users. This research provides valuable insights for psychologists, counselors, and policymakers in designing preventive strategies to enhance psychological well-being in vulnerable populations.

*Keywords: Drug addiction, interpersonal rejection, suicidal ideation, parental support, social exclusion, psychological wellbeing, rehabilitation, moderation analysis.*

### INTRODUCTION

Substance misuse is a global psychological and physical health problem, which continue to grow among adolescents irrespective of color, ethnicity, sex, and other social backgrounds. Ones use prescribed medication (i.e. pain-relievers, tranquilizers, sleeping pills, etc) to find some relief on pain that may be physical such as severe headache, or psychological such as stress, sleeping disorders, etc. However, not everyone abuses drugs with the same intention; some people abused drugs due to curiosity of recreational drugs. Individuals not only take the drugs that is advised by the doctor but they also consume illegal non-prescribed substances. Adolescents in the rapidly evolving world use drugs to harm themselves. Because of low mental or psychological health, individuals used indirect means to self-harm by exposing themselves to toxic substances. Substances or drugs misuse is the consumption of freaky, mind- bending and toxic substances like alcohol, caffeine, cannabis, and tobacco. Drug use lowers mental health and significantly contributes to escalating suicidal ideation. (Segal, 2019)

Drug abuse is not only a global physical and psychological health problem, but it also interacts strongly with social and emotional factors that increase vulnerability to suicidal ideation. one of the most critical psychosocial risk factors linked with suicidal thoughts among drugs – addicted individuals is interpersonal rejection. Rejection from Peers, family members, or significant others often leads to feelings of isolation, low self –worth, and hopelessness. For individuals already struggling with substance abuse, these experiences intensify emotional pain, increase psychological distress, and heighten the risk of suicidal thinking and behaviors.

Research shows that drug-addicted individuals often face stigma, discrimination, and social exclusion. This interpersonal rejection not only weakens their sense of belonging but also reduces their

motivation to seek help. When individuals are repeatedly rejection or excluded, they may turn to drugs as a maladaptive coping strategy, which further worsens their psychological wellbeing and strengthens suicidal ideation.the hopeless cycle of addiction and rejection makes them more prone to self-destructive thoughts.

However, parental care can work as a powerful protective factor against these risks. Supportive, understanding, and emotionally available parents provide a sense of security, acceptance, and resilience that buffers the negative effects of interpersonal rejection. Parental warmth and involvement can reduce feeling of loneliness and helplessness, encourage healthier coping strategies, and lower the risk of suicidal ideation. In fact, parents' support acts as a moderator, weakening the link among suicidal thoughts and interpersonal rejection by fostering a sense of belonging and hope.

Therefore, exploring the impact of interpersonal rejection on suicidal ideation among drug-addicted individuals with an emphasis on the moderating role of parent support is essential. This approach highlights not only the risks associated with rejection and addiction but also emphasizes the value of family support as a defensive factor in mental health and suicide prevention. The relationship between drug abuse, rejection, and suicidality can be understood through the interpersonal theory of suicide (Joiner, 2005),

Drug-addicted individuals often experience both feeling rejected and excluded by society, while also believing that they are a burden on their families. This cycle of addiction and rejection deepens suicidal risk.

Despite this risk, the presence of parental support has been shown to serve as a critical protective factor. Supportive and nurturing parents provide acceptance, guidance, and emotional stability, which can buffer the harmful impact of rejection from other social groups.

When individuals perceive unconditional support and care from their parents, their sense of belongingness and self-worth increases, reducing the likelihood that they will internalize rejection as hopelessness. In this way, parental support plays a moderating role, weakening the connection between interpersonal rejection and suicidal ideation. Research consistently highlights that adolescents and young adults with strong parental bounds show greater resilience against the negative consequences of substance abuse, lower rates of depression, and reduced suicidal thoughts.

Understanding this dynamic is essential, as it highlights both the risk factors (drug abuse and interpersonal rejection) and the protective factors (parental supports) that shape mental health outcomes. Addressing this relationship not only contributes to suicide prevention efforts but also informs rehabilitation programs of individuals struggling with addiction. By recognizing the role of rejection in triggering suicidal ideation and by strengthening family support systems, interventions can be better designed to reduce both substance abuse and its tragic consequences.

## **Drugs**

Drugs are chemicals, which alter the brain functions and body malfunction. There are numerous kinds of these, some of which are prescribed pills, non-prescribed pills such as alcohol tobacco. They are drugs that are not legal (National Institution of Drug Addiction, 2020). Marijuana, caffeine, nicotine, heroin, cocaine, alcohol, tobacco, LSD, speed-ball, MDMA, ketamine, crystal-meth are mostly used. The types of drugs taken include: inhaling, which is by inhaling drugs beneath the skin, by injection, oral, snort, trans-dermal (patches), and in body orifices.

## **Substance misuse**

There is also substance misuse which referred to as drug use. These abuses of substances will also involve in using substances such as cocaine, Heroin, Marijuana and inhalant etc that are not

prescribed. It also involves taking the medically advised medicines drugs which are administered to another individual secondly and it can also be detrimental to our health when we take an over dosage of the advised substance i.e., opioid and thirdly uses the medicines accordingly. The other factor is the abuse of **over-the-counter** drugs. This may cause harm to body at one time and temporary in another time. (NIDA, 2020)

### **Drug abuse**

Various risk factors are identified with drug abuse namely , thoughts behavior, suicidal thoughts, and mental complications.

### **Substance addiction**

Drug/substance cravings relates to the result of the consumption of drugs in a particular number and frequency and impacting health of the user (Segal, 2019). As RIA Gupta (2015) notes, the maximum number of users lies in the 14-19 age range and a large portion of students are smoking the drugs that come in one-gram packets during madness tests to induce drowsiness. Pakistan features approximately 5 percent of its adult population using drugs and among them is the heroin users.

### **Addiction vs abuse**

Drug abuse can be defined as either lawful or unlawful use of drugs. The drugs are also occasionally consumed more than ordinary pills, amount, or dose in order to get relief, feel good and alleviate stress or to live in imagination since in imagination they feel they are powerful. It is a habitual usage of this drug, which could be altered.

Addiction refers to usage of materials and grows dependent on them and addiction develop into dangerous. This addiction also influences the economic state negatively, emotional and psychological issues of a human being and others adversely too.

### **Symptoms and indicators of addictions and drug abuse.**

Symptoms, effects and signs of drugs vary depending on how an individual reacts to the drug. Such typical symptoms are not attending the professional, educational or personal duties such as shirking children, skipping classes or showing no interest in attending conferences and office assignments. Thrill-seeking behavior such as car driving under the influence of alcohol, illegal behavior such as gambling, driving under the influence of alcohol or violence and relationship related issues such as intimate partner violence, misbehavior among peers and boss.

Drug addiction symptoms include tolerance to drugs costs that you need as much drugs as you had before to achieve similar effects of drug use, prevent pain and relieves withdrawal symptoms caused by sickness, nausea, sleeplessness, depression, sweating, shaking, anxiety and irritability. Loss of control of drug consumption, consuming it regardless of its damaging consequences, deserted pursuits and drug reliance are other symptoms of drug addiction (Lawrence et al., 2019).

### **Drug addiction risk factors.**

Lawrence (2019) and his team spent decades working on events and stimulus that cause drug addiction and investigated vulnerable to drugs being a matter of individual to individual. Drug addiction is considered to be crucial in genes, physical health, family mental health, and peers, and social circumstances. The threats that lead to drugs abuse and drug addiction include addicted family history, abuse and neglect or traumatic events, underlying reduced psychological health, menta disorders such as

depression and anxiety, early drug use and method of use such as inhaling, injecting and oral administration that increases likelihood of one indulging into drug use.

## **Suicide**

According to Joiner (2005), Suicide can be defined as a kind of behavior where a person carries out his life ending deliberately or killing himself.

## **Suicidal ideation**

The intentional thinking about death (suicide). (Oden et al., 2010). The case of suicide is also stipulated to be the act which is done not on recommendation or suggestions of anybody. In short suicide is committed in order to commit suicide, in most instances, it is death which either directly or indirectly can be found to be caused by individual himself. (Durkheim, 1897)

## **Suicidal conduct**

Suicidal attempt entails extreme feelings of despair, sadness or homicide or abolishing own life. Otherwise known as Para suicidal behavior (Kepi, 2007)..

## **Common terminologies used for suicide**

The attempts of suicide are referred to in different terms. The terms applied in suicide include Para suicide, cyber-suicide, copycat suicide and anniversary suicide. When one inflicted harm to themselves but in reality does not desire to die, it is para-suicide. The cyber-suicide is an agreement of two or more individuals meeting online and intends to commit suicide using the social media (in Facebook or twitter). Copycat suicide is a type of suicide that is attempted by imitating one or several famous models whose suicidal or attempted suicide got comprehensive media attention. Meanwhile, also referred to as Weather syndrome. The anniversary suicide is when these individuals try to commit

suicide on the same day (Shetty, 2014) when their loved one who inhabits their family committed suicide.

### **Reasons Suicidal ideation, suicidal plan and suicidal behavior.**

Suicidal ideation and attempts have numerous causative factors. It occurs mostly when one believes that he has no power over the vast life circumstances. Thoughts of suicide are experienced by hopelessness, depressions, and any failure in life makes the person thinking that the defeat and the straining nature balance their life. Genetic links are also a causative factor of suicide because the successful in their suicidal mission might have been found to have family history of suicide. (Kennebec et al., 2018).

### **Types of suicide**

The types of suicide described as egoistic, altruistic and anomic define the theory of Durkheim that is deemed to be the most valid theory up to this date. Egoistic suicide is the kind of suicide that a man commits to when there is not much social interactions. The individual laments and tends to be egocentric. The selfless suicide happens when the social interaction of the person is high, and he had close relationships with people. Experts have committed suicide because of over integration by social circle. The anomic

Suicide is suicide and is decided by the person based on impulsive event such as winning the lottery, failure by the society etc. the fatalistic suicide is usually based on despair, having no purpose. Usually done by infertile women, servants and slaves (Shaina, 2014).

## **Factors effecting suicide and suicidal ideation**

Factors which tend to increase suicidal behavior, ideation and plan include incarceration, lack of employment or low employment levels, experiences of abuse or observing recurring abuse, having been diagnosed with a severe illness, such as sexual abuse, HIV, being socially isolated or bullied or harassed, cancer, substance use disorder, and trauma, family history of suicide, previous suicide attempts, having a fatal disease, social loss, including the loss of a significant relationship, job loss, access to poisonous means, including weapons and drugs, being exposed to suicide, not being able to seek assistance or support.

## **Parental support**

The utilization of childrearing practices forms of parent-child relations affects the mental health of children in a way that the parent directly influences the child. Moreover, Pascal-Sanchez and colleagues discovered that poor parenting patterns (IPP) well-defined as the combination of poor observing, shifting discipline and physical punishment appear to be predisposing influences to the psychological wellbeing of adolescents, whilst effective parenting patterns (EPP) were protective ones. Parental warmth was found to facilitate neurological adaptations, empathy, and self-ideal conception in Spanish adolescents. In another study in conducted by Chile and Ecuador, IPP such as bodily punishment and bad monitoring forecast less self-efficacy and more prevalence of externalized behavior. EPP like positive parenting well in the same study should be correlated with improved self-efficacy and psychological well-being. This also corresponded to other studies, which associated IPP with the poor mental health of adolescents.

Cross-cultural studies further emphasize the universal impact of parenting practices on mental health. Research in Chile and Ecuador demonstrated that IPP, such as corporal punishment and lax

supervision, foreseen lower self-efficacy and increased expressing behaviors like aggression and defiance in adolescents (Author et al., 2022). Conversely, EPP, including positive parenting strategies like open communication and emotional validation, were associated with improved self-efficacy and psychological well-being. These findings align with global evidence linking IPP to poorer mental health outcomes, such as anxiety and depression, while highlighting EPP as a cornerstone of healthy adolescent development (Smith & Jones, 2021). Collectively, these studies advocate for culturally sensitive interventions that promote nurturing parenting practices to mitigate mental health risks and enhance adolescents' socio-emotional functioning.

### **Interpersonal Rejection**

Self-efficacy is shaped by our social environment. What it implies is that peers, school and family are key in the development of the self-efficacy in adolescents. Past research discovered that parents especially play a significant role in the development of self-efficacy beliefs among their offspring as adolescents being repeatedly subjected to IPP like corporal punishment held the view that they lack the control over their destiny. Therefore, the hypothesis of the researchers is that self-efficacy might mediate the relationship between IPP and the mental health of adolescents.

Interpersonal rejection also has significant implications for social behavior and relational dynamics. According to the Social Exclusion Theory, individuals who experience rejection often engage in behaviors aimed at restoring social connections or regaining a sense of control (Williams, 2007). For instance, some individuals may exhibit increased conformity or prosocial behavior to avoid future exclusion, while others may respond with aggression or withdrawal (Manner et al., 2007). In adolescents, peer rejection is strongly associated with externalizing behaviors, such as delinquency and substance use, particularly when combined with inadequate parental support (McDonald & Lansford,

2020). Additionally, rejection can disrupt the development of secure attachment styles, leading to difficulties in forming and maintaining healthy relationships in adulthood (Ayduk et al., 2000). These behavioral and relational consequences highlight the need for targeted interventions to address the ripple effects of interpersonal rejection across the lifespan.

## Literature Review

Researchers are working from many years on drug addiction, but they are unable to describe its universal causes and effects. Addiction has been recognized as a serious problem in literature from centuries. This research surrounding the phenomenon of drug addiction paying particular attention to past researchers of relevance for understanding perpetrator of drug addiction. There was an overview of the complex nature of substance use and the various concerns that have surrounded the topic leading in its recognition. The significant researches were conducted in 1960's by National Institute on Drug Abuse.

Students are unaware of the preventive skills which are important for positive and healthy life. Students with healthy behavior such as not using drugs had great association with general Wellbeing. And those who shows involvement in healthy activities such as club sports tends to have positive psychological wellbeing (Lanier, Nicholson & Duncan, 2001). Substance use is associated with factors such as male sex, urban location, west region and many more and founded in different ratios like for mental health problems 5.93(95%), drug use 3.56 and dual diagnosis 6.86 (Fahimi et al., 2015). Students face legal, academic, and mental health problems as a risk factors due to drug addiction (Skidmore & Crowell, 2016). Substance abuse is a problem not only caused by genetic predispositions but also certain other factors like social networks, peers' pressure, and closeness. Students with alcohol or drug abuser friends have 10% risk of increase in unhealthy drinking, 6% for weekly marijuana use and 3% increase risk to use of tobacco. They have fewer chances to involve in psychiatric problems but have high risk to involve in marijuana use (Mason, Zaharakis & Benotsch, 2014).

After a lot of theories and models separately explains addiction and its effect on health some research studied or reviewed these models by correlating them with some other factors. Psychosocial

perspective and suicidal behaviors correlated with adolescent male and female smoking and illicit drug. The use of smoking and illicit drugs is high in boys (Badr & Francis, 2018). The substance use has a greater correlation with suicidal behaviors in adolescents. Boys prey to substance use more strongly than girls but the association of substance use with suicidal ideation is same for both (Wang & Yen, 2017).

The rate of suicidal ideation among adolescents in Swaziland is higher and they use drugs as preventive measure (AL Mansour & Siziya, 2017). Suicide is a threatening problem increasing day by day. Suicidal behavior and suicidal ideations are more common among female students who had poor social support, family history with same problem, drug abuse and low religiosity (Abdu, Hajure & Descaling., 2020). Maddie and Persuade (2014) describes that one significant way of Suicide is to take opioid overdose. Most The patients who use opioid over use had chronic pain. The opioid prescribing tools focus on identifying risk factors for potential abuse, diversion, and propensity for opioid addiction, physicians who consider prescribing opioids should also screen and optimize chronic pain treatment for patients at risk for suicide. There is a positive relation between substance use and SIB (Suicidal Ideation and Behavior) across all substances/drugs like alcohol, tobacco, cannabis, non-medical and UN prescribed drug. Suicidal ideation is a risk factor for substance abusers (Breet et al., 2018) Researches also describe Coping mechanisms as predictors of suicidal ideation among the medical students of Pakistan. Self-distraction , active coping , use of emotional support , use of instrumental support, positive reframing , planning , humor, acceptance and religion are negative predictors of suicidal ideation whereas denial, substance use, venting and self-blame were positive predictors of suicidal ideation ( AK ram & Ahmad, 2018)

Substance use is a hazardous problem and also a disorder that exist among adolescents and adulthood and also in teenagers. But in student's substance abuse is destructive as there is a significant

relation of heavy drinking with grades and it increases the risk of sexual assault while they are drunk. Important and noticeable thing was that mostly it happens with females (Serowoky & Kawasaki, 2017)

Certain emerging issues in the relationship between adolescent substance use and suicidal behavior are linked to common ways of substance addiction and increased use of cannabinoids. Substance abuse also gives rise to suicidal behavior (Shlosberg, Zalsman & Shoval, 2014) Gender differences in substance use and psychiatric distress exists among medical students. Men are more involved in binge drinking than females and 2/3 of respondents reported low mental health and 10% of students accepted that they have suicidal ideation. (Merlo, Curran & Watson, 2017)

Borges and Loera (2010) emphasizes on the role of drug use and alcohol in suicidal behavior and the found that alcohol and substance use has long lasting effect like suicidal ideation and suicidal ideations are triggered from substance use but notable thing is alcohol is more health hazardous and prominent trigger for suicidal ideation and behavior.

Moreover Schepis (2016) argues that prescription of opioid addiction misuse has adverse consequences on older Americans which causes increased prevalence of suicidal ideation and states that older men think about suicide more than women and prescribed opioid misuse is increasing the risk of suicidal ideation.

Mental Health, Substance Abuse, and Suicide has negative impact on Homeless Adults. The logistic regression was found between drug abuse, mental health and suicide and it describes that homeless adults with anxiety are more triggered by suicidal attempts, behavior and substance abuse than adults without anxiety (Lee et al., 2017).

Psychoactive substance use and suicidal behavior among adolescents has a strong correlation. Suicidal behavior and substance use are interlinked, and mental health plays the role of mediator. (Janssen, Spike & Beck, 2017)

Use of psychotropic substances, inadequate Internet use, suicidal ideation and other psychopathological symptoms are interlinked within the adolescent population and there is a logistic regression between substance use, internet addiction psychotherapy and suicidal ideation.

Consumption of different drugs in male and female of teenage are emerging day by day and male abusers are more than female abusers (Serrano et al., 2017). Religious therapy has unremarkable impact on people with drug abuse and their psychological wellbeing regardless of age, marital status, and educational level (Bano et al., 2007).

### **Rationale of the study**

The students are the riches of every region; their future would greatly influence the state of affairs in the entire world. Accordingly, the students are the main focus of the evolutionary and developmental aspects of any kingdom. Issues associated with mental health, Drug addiction and suicidal ideation/ Intentions represent a powerful and increasing universal health problem that requires epidemiological data among students in universities and colleges.

The current research intends to help study the problems behind the occurrence of psychological problem among the university students and college students. It will strive to deal with evidence that teenagers are engaging themselves in suicidal acts and drug addiction that is triggering a decline in their mental health. Thus, psychological well-being of the students can be provided in the apt measures in future. It also tries to shed light on the issues such that clinical psychologists, counselors, school psychologist and sociologists can be hired at University levels to address them. Along with that

therapeutic intervention programs may be introduced in order to alleviate or to deal with such concerns in student and preventive skills programs must be applied to engage the students in healthy and recreational activities.

## **Problem Statement**

Drug abuse is a growing global concern, significantly impacting mental health and increasing the risk of suicidal ideation. Individuals experiencing interpersonal rejection are particularly vulnerable to suicidal thoughts, as social exclusion exacerbates emotional distress. However, the role of parental support in mitigating these effects remains underexplored. This study aims to investigate the moderating influence of parental support on the relationship between interpersonal rejection and suicidal ideation among individuals with drug use.

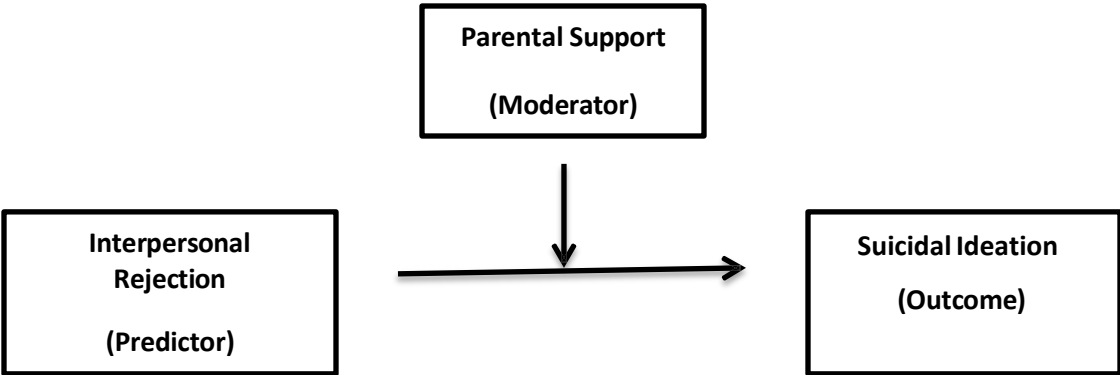
## **Objectives**

1. To investigate the relationship between drug abuse and psychological well-being among adolescents.
2. To assess the moderating role of parental support and interpersonal rejection on the relationship among drug abuse.
3. To evaluate the different demographic variables of study variables.

## **Hypothesis**

1. Drug addicts with suicidal ideation will support high on interpersonal rejection.
2. Parental support will show moderating relationship between interpersonal rejection and suicidal ideation
3. High parental support may buffer the negative impact of rejection on suicidal thoughts.

**Conceptual Framework**



### METHOD

#### Research Design

A cross sectional survey design was used for this study

#### Sampling

Purposive convenient sampling technique was used to choose the sample, allowing participants to be included based on their availability, willingness, and particular qualities to take part in the research. It was important to understand that the results might not apply to the whole population. The sample size consisted of 100.

#### Inclusion Criteria

1. Participants should be within a specified age range of adolescents
2. The participant must be enrolled in an inpatient or outpatient rehabilitation program for substance use, ensuring they are currently undergoing treatment for a period of at least 3 months

#### Exclusion Criteria

1. No data was collected from outside the rehabs.
2. Uneducated adolescents were not part of the present research.

## **Instruments**

### **Drug Abuse Screening Test (DAST-10)**

The DAST-10 Drug Abuse Screening Test is a short-term screening tool that is used to determine the possibility of a problematic drug user. It is comprised of 10 questions, which evaluate different aspects of the drug use and its effects. DAST-10 is currently popular in the clinical, research, and community-based screening to identify substance use disorders, other than alcohol and tobacco Skinner (1982). the drug abuse screening test (DAST).

### **Suicidal Ideation Questionnaire (SIQ)**

Developed by Dr. William M Reynolds (1987). Is a self-report instrument designed to assess the frequency of suicidal thoughts in adolescents. It serves as a valuable tool in identifying individuals at risk and facilitating early intervention. One of the most well-known instruments is the SIQ-SR (Suicidal Ideation Questionnaire Self-Report), which is appropriate for adolescents and young adults.

### **Parental Support Scale (PSS)**

The Parental Support Scale (PSS) is a psychometric instrument designed to assess individuals' perceptions of parental support, particularly in the context of students navigating educational environments. Developed by Yazedjian and Toews in 2016, the Parental Support Scale–Student Version (PSS-SV) evaluates how students perceive their parents' support during their college experience.

### **Interpersonal rejection scale:**

The Interpersonal Rejection Sensitivity Scale (Rohner et al., 2020) serves as a standardized tool to assess how sensitive an individual is to the potential of being rejected in their interpersonal relationships. This study utilized the IRSS, which consists of 13 items. Participants respond using a 4-

point Likert-type scale, with options ranging from 1 = not at all true of me to 4 = very true of me. On the 13-item IRSS, scores can vary from a minimum of 13 (indicating no self-reported rejection sensitivity) to a maximum of 52 (indicating the highest possible self-reported rejection sensitivity); scores of 33 or higher suggest a significant perception of interpersonal rejection sensitivity among participants. Rohner et al. (2020) reported a Cronbach's alpha of .90 for the 13-item IRSS, while the current study found a Cronbach's alpha of .72. However, with the approval of Rohner Research Publications, items 3 and 12 were removed, reducing the IRSS to 11 items (see Results). For the 11-item IRSS, scores range from a low of 11 (indicating no self-reported rejection sensitivity) to a high of 44 (indicating the maximum possible self-reported rejection sensitivity) (Rohner et al., 2020), and the Cronbach's alpha for the current sample was calculated to be .83.

## **Procedure**

Participants at the rehabilitation center were approached by the researchers after permission was granted by the relevant authorities. A brief introduction was given about the research and its significance, after which informed consent was obtained from the participants. Following informed consent, data were gathered from the participants, and any uncertainties regarding the items were clarified. The participants were specifically asked to respond with utmost honesty and sincerity, and after the completion of the process, they were acknowledged for their assistance and participants.

## **Data Analysis**

Analyze the quantitative data using suitable statistical methods. Examine the distributions and characteristics of the variables in the sample using descriptive statistics, correlation and moderation analysis.

## **Ethical Consideration**

Ethical approval was obtained from the Ethical Review Board, Department of Psychology, IIUI, and the Ethics Committee of the International Islamic University, Islamabad. In addition, all necessary information was provided to the participants, and a written declaration of consent was taken, with full assurance of privacy and confidentiality throughout the process and for the collected data. To ensure confidentiality, the data collected were not shared with anyone, and the names of the participants were not mentioned anywhere in the report or data file.

## RESULTS

**Table 1**

*Descriptive values of Suicidal Ideation Questionnaire, Parental Support Scale, and Interpersonal rejection scale (N=100)*

Scales	No. of Items	Mean	SD	A
Suicidal Ideation Questionnaire	19	68.54	14.23	.85
Parental Support Scale	18	19.98	5.96	.71
Interpersonal rejection scale	13	64.76	12.87	.70

The Suicidal Ideation Questionnaire, Parental Support Scale, and Interpersonal rejection scale descriptive data are displayed in Table 1. All scales are dependable for measuring drug abuser, according to the dependability results.

**Table 2**

*Correlation of Suicidal Ideation Questionnaire, Parental Support Scale, and Interpersonal rejection scale (N=100)*

	Suicidal Ideation Questionnaire	Parental Support Scale	Interpersonal rejection scale
Suicidal Ideation Questionnaire	-	-.74**	.68**
Parental Support Scale		-	.69**
Interpersonal rejection scale			-

\*\*p<.01

Table 2 findings show a strong positive correlation between the Suicidal Ideation Questionnaire and Interpersonal rejection scale. Further shows a negative correlation between the Suicidal Ideation and Parental Support Scale.

**Table 3**

*Moderating Role of Parental support in relationship between interpersonal rejection and suicidal ideation (N=100)*

Variables	<i>B</i>	<i>SEB</i>	<i>t</i>	<i>P</i>	<i>95%CI</i>	
					<i>LL</i>	<i>UL</i>
Constant	28.18	.81	34.99	.65	26.59	29.77
interpersonal rejection	.24	.07	3.54	.58	.10	.37
Parental support	.23	.12	1.87	.46	0.47	4.41
suicidal ideation * Parental support	.02	.01	2.28	.32	0.14	0.01

*Note. CI = Confidence Interval; LL = Lower Limit; UL = Upper*

**Main effect of predictor.** Results indicate that interpersonal rejection is associated with significant increase in Parental support ( $B = .24$ ,  $t = 3.54$ ,  $p < .58$ , 95% CI).

**Main effect of the moderator.** At the mean value of the interpersonal rejection there was a significant positive relationship between interpersonal rejection and Parental support  $\beta = .23$ ,  $t = 1.87$ ,  $p < .46$ , 95% CI (.47- 4.41). **Interaction.** There is a significant interaction between suicidal ideation and Parental support  $\beta = .02$ ,  $t = 2.28$ ,  $p < .32$ , 95% CI (.14-.01). This indicates that relationship between interpersonal rejection and suicidal ideation is conditional upon Parental support.

**DISCUSSION**

The present study aimed to examine the impact of interpersonal rejection on suicidal ideation among individuals with drug addiction, and to determine whether parental support moderates this relationship. Using standardized psychological measures (IRSS, SIQ, PSS), results revealed significant relationships among the study variables, confirming the proposed hypotheses.

The findings of this study demonstrate that interpersonal rejection positively correlates with suicidal ideation, meaning that individuals who experience higher levels of rejection are more likely to develop suicidal thoughts. This aligns with previous research that emphasizes social exclusion as a critical psychological stressor that increases vulnerability to suicidal behavior. For example, Joiner's (2005) Interpersonal Theory of Suicide posits that perceived burdensomeness and thwarted belongingness — both consequences of interpersonal rejection — directly contribute to suicidal ideation. Similarly, research by Van Orden et al. (2010) supports that feelings of exclusion and isolation can trigger self-destructive cognitions, particularly in individuals already experiencing emotional or behavioral instability due to substance abuse.

Furthermore, the results revealed a negative correlation between parental support and suicidal ideation, indicating that individuals who perceive higher levels of parental support report lower levels of suicidal thoughts. This is consistent with previous findings that suggest parental warmth, empathy, and open communication protect against psychological distress and suicidal tendencies (Masood et al., 2016; Pascal-Sanchez et al., 2021). Supportive parents act as

emotional anchors, offering stability, guidance, and a sense of belonging, which collectively mitigate the impact of rejection and emotional pain.

The moderation analysis provided further insights by confirming that parental support significantly weakens the relationship between interpersonal rejection and suicidal ideation. In other words, even when an individual faces social rejection, the presence of strong parental support buffers the negative psychological consequences, reducing the likelihood of suicidal thoughts. These findings are consistent with studies by Duong and Bradshaw (2017) and Fuentes et al. (2022), who found that emotionally available and supportive parents help foster resilience and adaptive coping mechanisms among adolescents and young adults facing psychosocial stress.

This study also extends existing literature by highlighting the unique context of individuals with drug addiction, a population particularly vulnerable to both social rejection and suicidal ideation. Drug-dependent individuals often experience intense stigmatization, leading to social exclusion, low self-esteem, and hopelessness (Breet et al., 2018). However, those who maintain a close, supportive bond with their parents demonstrate greater emotional stability and lower suicidal risk. Therefore, the findings emphasize the importance of family-based interventions and psychological rehabilitation programs that actively involve parents to strengthen emotional connections and reduce feelings of isolation in recovering addicts

## **Descriptive Statistics**

Table 1 presents the descriptive values for the **suicidal ideation questionnaire, parental support scale**, and interpersonal rejection scale among 150 participants. The results show that the mean score for suicidal ideation was  $M = 68.54$ ,  $SD = 14.23$ , for parental support  $M = 19.98$ ,

SD = 5.96, and for interpersonal rejection M = 64.76, SD = 12.87. The reliability coefficients (Cronbach's) were found to be acceptable for all scales:  $\alpha = .85$  and  $\alpha = .70$  for interpersonal rejection, indicating that all measures were dependable for assessing the respective constructs.

### **Correlation Analysis**

Table 2 shows the correlation between suicidal ideation, parental support, and interpersonal rejection. The results revealed a strong positive correlation between suicidal ideation and interpersonal rejection ( $r = .69, p < .01$ ), suggesting that higher levels of interpersonal rejection are associated with increased suicidal ideation. Conversely, there was a strong negative correlation between suicidal ideation and parental support ( $r = -.74, p < .01$ ), indicating that higher levels of parental support are associated with lower levels of suicidal ideation. Additionally, a negative correlation was found between parental support and interpersonal rejection ( $r = -.68, p < .01$ ). These findings support the proposed hypotheses regarding the relationships among the study variables.

### **Moderation Analysis**

To examine the moderating role of parental support in the relationship between interpersonal rejection and suicidal ideation, a regression analysis was conducted (table 3).

The main effect of interpersonal rejection on suicidal ideation was positive and significant ( $B = .24, t = 3.34, p < .05, 95\% \text{ CI } [.10, .37]$ ), indicating that as interpersonal rejection increases, suicidal ideation also increases. The main effect of parental support was negative but not significant ( $B = -.23, t = 1.87, p > .05, 95\% \text{ CI } [-.47, .41]$ ).

Importantly, the interaction term between interpersonal rejection and parental support was found to be significant ( $B = .02$ ,  $t = 2.28$ ,  $p < .05$ , 95% CI [.14, .01]). This indicates that parental support moderates the relationship between interpersonal rejection and suicidal ideation. Specifically, individuals with higher levels of parental support showed weaker associations between interpersonal rejection and suicidal ideation, suggesting that parental support buffers the negative impact of interpersonal rejection.

### **Limitations and Suggestions**

1. Despite the valuable findings, several limitations should be acknowledged to guide future research:
2. The study employed a purposive convenient sampling method with a relatively small sample size ( $N = 100-150$ ), limiting the generalizability of the findings. Future research should include larger and more diverse samples from different rehabilitation centers and community settings to enhance external validity.
3. Because this study used a cross-sectional survey design, causal relationships cannot be firmly established between interpersonal rejection, parental support, and suicidal ideation. Future studies should adopt longitudinal or experimental designs to determine the directionality of these relationships over time.
4. The use of self-report questionnaires (DAST-10, SIQ, PSS, IRSS) may introduce social desirability bias or inaccurate reporting due to participants' reluctance to disclose sensitive information about drug use and suicidal thoughts. Incorporating multi-method assessments (e.g., clinical interviews or reports from caregivers) would yield more reliable results.

5. This study did not analyze the gender or cultural differences that may influence experiences of rejection or the expression of suicidal ideation. Future research should explore how gender roles and cultural norms shape the moderating role of parental support.
6. Other contextual factors, such as peer support, therapy participation, or socioeconomic status, were not examined. Including these variables in future models would provide a more comprehensive understanding of the psychosocial dynamics influencing suicidal ideation.

### **Suggestions for Future Research and Practice**

1. Conduct intervention-based studies to examine how structured parental support programs can reduce suicidal thoughts among individuals in drug rehabilitation.
2. Develop psychoeducation modules for parents to enhance empathy, communication, and involvement in their children's recovery.
3. Incorporate psychological counseling sessions focusing on coping skills, emotion regulation, and self-esteem building to counteract rejection sensitivity.
4. Encourage community and policy-level initiatives that reduce stigma toward drug users, promoting social reintegration and psychological recovery

### **Conclusion**

In conclusion, the present study found that interpersonal rejection significantly predicts suicidal ideation among individuals with drug addiction, and that parental support plays a moderating (protective) role in this relationship. The findings confirm that rejection and isolation

intensify suicidal tendencies, while parental warmth, understanding, and involvement reduce the psychological harm caused by rejection.

These results underscore the critical need for family-centered therapeutic strategies within rehabilitation and counseling programs. Strengthening parental involvement can enhance emotional regulation, improve treatment outcomes, and ultimately reduce suicidal ideation among individuals struggling with substance use. The study contributes to the growing body of literature emphasizing the interconnectedness of family dynamics, social relationships, and mental health in the context of addiction recovery.

Overall, it may be concluded that interpersonal rejection increases suicidal ideation, but strong parental support serves as a powerful buffer, promoting resilience and psychological well-being among drug addicts.

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## APPENDICES

### Annexure A: Drug Abuse Screening Test (DAST-10)

#### Drug Abuse Screening Test (DAST-10) Urdu

1. کیا آپ نے ٹھنی وجوہات کے علاوہ دیگر مقاصد کے لیے منشیات استعمال کی ہیں؟  
ہاں / نہیں
2. کیا آپ ایک وقت میں ایک سے زیادہ منشیات استعمال کرتے ہیں؟  
ہاں / نہیں
3. کیا آپ ہمیشہ جب چاہیں منشیات کا استعمال روک سکتے ہیں؟  
ہاں / نہیں
4. کیا آپ کو منشیات کے استعمال کے نتیجے میں "ٹیک آؤٹ" یا "فلٹس بیک" ہوا ہے؟  
ہاں / نہیں
5. کیا آپ کبھی اپنے منشیات کے استعمال کے بارے میں برائے نامہ گار محسوس کرتے ہیں؟  
ہاں / نہیں

6. کیا آپ کے شریک حیات (یا والدین) نے کبھی آپ کے منشیات کے ساتھ تعلق کی شکایت کی ہے؟

ہاں / نہیں

7. کیا آپ نے اپنی منشیات کے استعمال کی وجہ سے اپنے خاندان کو نظر انداز کیا ہے؟

ہاں / نہیں

8. کیا آپ نے منشیات حاصل کرنے کے لیے غیر قانونی سرگرمیوں میں حصہ لیا ہے؟

ہاں / نہیں

9. کیا آپ نے منشیات لینا بند کرنے پر کبھی چھوڑنے کے علامات (بیاری) محسوس کیے ہیں؟

ہاں / نہیں

10. کیا آپ نے منشیات کے استعمال کی وجہ سے طبی مسائل کا سامنا کیا ہے (جیسے یا دواخت کی کمی، میپامائٹس، منجھکے، خون بہنا، وغیرہ)؟

ہاں / نہیں

## Annexure B: Suicidal Ideation Questionnaire

### Beck Scale for Suicidal Ideation

سوالات کے آکری حصہ ان سوالات پر مبنی ہے جس سے ہمیں پتہ چلنے لگا کہ کبھی حالات کی بنا پر آپ کو خیال آئے کہ آپ اپنی زندگی کی نسبت مہربانے کو ترجیح دیں گے تو ایسے میں آپ کے خیال کے مطابق آپ کا طرز عمل کیا ہوگا؟  
ہر بیان کے لیے کسی ایک جواب پر (✓) کا نشان لگائیں۔ برائے مہربانی کسی بھی بیان کے لئے ایک سے زیادہ جواب کا انتخاب نہ کریں۔

1- زندہ رہنے کی خواہش

1- درمیانی سے شدید 2- کمزور 3- نہیں ہے

2- مرنے کی خواہش

1- درمیانی سے شدید 2- کمزور 3- نہیں ہے

3- زندگی یا موت کا جواز

1- اندر رہنا موت پر مساوی ہے 2- دونوں برابر ہیں 3- مرنے کی زندگی پر مساوی لگتا ہے

4- خودکشی کرنے کی خواہش

1- نہیں ہے 2- کمزور 3- درمیانی سے شدید

5- غیر ارادی خودکشی کی کوشش کی صورت میں

1- زندگی بچانے کیلئے احتیاطی اقدام کروں گا

2- زندگی یا موت کو قسمت پر چھوڑوں گا

3- زندگی بچانے یا اس کے ہٹا کیلئے ضروری اقدامات سے گریز کروں گا۔ (مثلاً ذیابیطس (شوگر) میں انسولین یا دوا کا لینا ترک کر دینا)

نوٹ: اگر سوال نمبر 4 اور 5 کا جواب (1) دیا ہے تو یقیناً سوالات چھوڑیں۔

6- خودکشی کے تصور یا خواہش کا دورانیہ

1- مختصر یا سرسری (چند لمحات) 2- نسبتاً طویل (کئی گھنٹے) 3- مسلسل (متواتر) یا مستقل (کئی دن)

7- خودکشی کے تصور یا خواہش کی کثرت

1- کبھی کبھار (بے اوقات) یا ایک دو دفعہ خیال آتا 2- وقت فوقتاً خیال آتا 3- مستقل یا

مستقل خیال رہتا

8- خودکشی کی خواہش یا تصور کی طرف رویہ

1- رد کر دینا 2- غیر فیصلہ کن (لا تعلق) 3- متوجہ کرنا

9۔ خود کشی کی خواہش یا اہمیت خود کشی پر متاثر ہونے کی صلاحیت

- 1۔ ضبط (کنٹریول) کا احساس ہے  
2۔ ضبط (کنٹریول) کا یقین نہیں ہے  
3۔ کوئی کنٹریول یا ضبط نہیں ہے
- 10۔ خود کشی کا عمل کرنے کی کوشش سے روکنے والی وجوہات (مشلا حسد ان، مذہب، ناکامی کی صورت میں شدید چوٹ، موت کی صورت میں نافرمانی واپسی راستہ)

- 1۔ ان وجوہات کی بنا پر خود کشی نہیں کروں گا  
2۔ ان وجوہات کا کچھ لحاظ ہے  
3۔ ان وجوہات کی بہت کم یا بالکل پرواہ نہیں ہے
- 11۔ منصوبہ بندی کے تحت خود کشی کے خیال کی وجوہات

1۔ ماحول پر اثر انداز ہونا، توجہ حاصل کرنا، اہمیت نام  
2۔ (1) اور (3) دونوں  
3۔ فنر، مسائل کا حل

12۔ سوچی سمجھی کوشش کیلئے منصوبہ بندی یا طریقہ کار

- 1۔ سوچا نہیں  
2۔ سوچا لیکن تفصیلات پر کام نہیں کیا  
3۔ اچھی طرح منصوبہ بندی کرنی

13۔ طریقہ کار کا موجود ہونا یا موقع ملنا

1۔ طریقہ کار کا موجود ہونا یا موقع ملنا

2۔ طریقہ کار پانے میں وقت لگے گا، موقع فی الحال میسر نہیں

3۔ طریقہ کار اور موقع دونوں میسر ہیں، یا مستقبل میں مل جائیں گے

14۔ خود کشی کی کوشش کرنے کی صلاحیت کا احساس

- 1۔ ہر وقت نہیں، کمزور، خوف زدہ، متاثر نہیں  
2۔ حوصلے اور صلاحیت کے بارے میں یقین نہیں  
3۔ حوصلے اور صلاحیت کا یقین نہیں

15۔ عملی کوشش کرنے کا امکان یا پیش بندی

- 1۔ نہیں ایسا ہرگز نہیں  
2۔ یقین نہیں، معلوم نہیں  
3۔ ہاں کافی حد تک یقین ہے

16۔ ممکنہ کوشش کی درحقیقت تیاری

- 1۔ کافی تیاری نہیں  
2۔ تھوڑی بہت (مشلا دو یا زہر جمع کرنا شروع کرنا)  
3۔ مکمل بھروسہ پوری تیاری (دوا کا موجود ہونا، بسلیڈ یا

بھسری ہوئی صندوق

17۔ خود کشی کے بارے میں تشریح یا ڈائری لکھنا

- 1۔ کوئی نہیں  
2۔ شروع کی مگر مکمل نہیں کی، اس کے متعلق سوچا تھا  
3۔ مکمل کی تھی

18۔ موت کی توقع کرتے ہوئے حتمی کام (مشلا بیس، وصیت، تحائف)

1- کوئی نہیں 2- شوپا بہت یا کچھ انتظامات کئے تھے 3- مکمل منصوبہ بنایا بہت یا مکمل انتظامات

کئے تھے (تفصیلی منصوبہ بندی کر لی تھی)

19- دھوکہ دہی یا سوچی سمجھی کوشش کو چھپانا (خود کشی کے خیال کو لوگوں تک پہنچانے کے حوالے سے)

1- کھل کر اظہار کیا 2- اظہار سے اجتناب کیا 3- دھوکہ دینے، چھپانے یا

جھوٹ بولنے کی کوشش

## Annexure C: Paental Support Scale

Not At All True	Not True	Average	True	Very True	
					1۔ مجھے لگتا ہے میرا باپ جانتا ہے کہ میں چیزوں کے بارے میں کیسا محسوس کرتا ہوں۔
					2۔ میرا باپ مجھے زندگی گزارنے کے بارے میں بتانے کی کوشش کرتا ہے۔
					3۔ جب بھی ممکن ہو میرا باپ مجھے اپنی سرخشی سے کام کرنے کی اجازت دیتا ہے۔
					4۔ جب کوئی مسئلہ ہو میرا باپ میری رائے اور نقطہ نظر کو سمجھتا ہے۔
					5۔ میرا باپ مجھے اپنے فیصلے خود کرنے کی اجازت دیتا ہے۔
					6۔ میرا باپ اصرار کرتا ہے کہ میں اپنے کام ان کے طریقے کے مطابق کروں۔
					7۔ میرا باپ عام طور پر میری رائے سے چیزوں کو کرنے پر راضی ہوتا ہے۔
					8۔ میرا باپ متاثر شدہ منتخب کرنے میں میری مدد کرتا ہے۔
					9۔ میرا باپ میری بہت سی ضروریات کے بارے میں بہت حساس نہیں ہے۔

Not At All True	Not True	Average	True	Very True	
					1۔ مجھے لگتا ہے میسری ماں جانتی ہیں کہ میں چیزوں کے بارے میں کیسا محسوس کرتا ہوں۔
					2۔ میسری ماں مجھے زندگی گزارنے کے بارے میں بتانے کی کوشش کرتی ہیں۔
					3۔ جب بھی ممکن ہو میسری ماں مجھے اپنی مرضی سے کام کرنے کی اجازت دیتی ہیں۔
					4۔ جب کوئی مسئلہ ہو میسری ماں میسری رائے اور نقطہ نظر کو سمجھتی ہے۔
					5۔ میسری ماں مجھے اپنے فیصلے خود کرنے کی اجازت دیتی ہے۔
					6۔ میسری ماں اصرار کرتی ہیں کہ میں اپنے کام ان کے طریقے کے مطابق کروں۔
					7۔ میسری ماں عام طور پر میسری رائے سے چیزوں کو کرنے پر راضی ہوتی ہیں۔
					8۔ میسری ماں معتد صد منتخب کرنے میں میسری مدد کرتی ہیں۔
					9۔ میسری ماں میسری بہت سی ضروریات کے بارے میں بہت حساس نہیں ہیں۔

## Annxure D: Interpersonal Rejection Scale

Interpersonal Rejection Sensitivity Scale (IRSS)

### باہمی تعلقات میں مسترد/رد ہونے کے متعلق پیمانہ

#### IRSS

ترجمہ: ماہذیر ریاض اور بشریٰ ساجد (2018، 2020)

مصنف: Prof. Ronald P. Rohner

University of Connecticut, USA

نام: \_\_\_\_\_ تاریخ: \_\_\_\_\_

مندرجہ ذیل بیانات اس بات کی نشاندہی کرتے ہیں کہ لوگ اپنے بارے میں کیا محسوس کرتے ہیں۔ ہر بیان کو غور سے پڑھیں اور سوچ کر بتائیں کہ یہ بیان آپ کی کس حد تک صحیح ترجمانی کرتا ہے۔ جو اب بات جلدی جلدی درج کریں اور غور و فکر کی بجائے اپنے ذہن میں آنے والا پہلا جواب لکھیں۔

ہر بیان کے سامنے بائیں جانب جواب کے لیے چار خانے بالترتیب 'اکثر و بیشتر' 'کبھی کبھی' 'بہت کم' اور 'کبھی نہیں' دیئے گئے ہیں۔ جو بیان آپ سمجھتے / سمجھتی ہیں کہ آپ کے بارے میں صحیح ہے تو اپنے آپ سے مزید سوال کریں کہ کیا یہ بیان اکثر و بیشتر آپ کے بارے میں صحیح ہے یا کبھی کبھی ایسا ہوتا ہے اگر آپ سمجھتے / سمجھتی ہیں کہ اکثر ہو بیشتر آپ ایسا محسوس کرتی ہیں تو آپ کا کم اکثر و بیشتر صحیح کے نیچے 'X' کا نشان لگادیں اور اگر کبھی کبھار ایسا محسوس ہوتا ہے تو پھر کبھی کبھی صحیح کے نیچے 'X' کا نشان لگائیں۔ اگر آپ سمجھتے / سمجھتی ہیں کہ آپ نے ایسا کبھی بھی محسوس نہیں کیا جیسا کہ بیان میں کہا گیا تو آپ کبھی نہیں کے نیچے 'X' کا نشان لگادیں اور اگر بہت کم ایسا ہوتا ہے تو آپ بہت کم کے نیچے 'X' کا نشان لگادیں۔

یاد رہے کہ کسی بیان کا کوئی صحیح یا غلط جواب نہیں ہے۔ اس لئے اپنی رائے کا آزادانہ اظہار کریں۔ جواب دیتے وقت آپ کے پیش نظر اپنا حقیقی رویہ ہونا چاہیے نہ کہ آپ اپنی خواہش کا اظہار کریں کہ آپ ایسا رویہ اختیار کرنا چاہتے / چاہتی ہیں۔

مثال:-

اگر آپ ہمیشہ اپنے بارے میں اچھا محسوس کرتا کرتی ہیں۔ تو جواب یوں دیں:

تقریباً ہمیشہ صحیح	بعض اوقات صحیح	بہت کم صحیح	تقریباً کبھی نہیں
X			

میں ہمیشہ اپنے بارے میں اچھا محسوس کرتا کرتی ہوں۔

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Interpersonal Rejection Sensitivity Scale (IRSS)

اب آپ صفحہ الٹائیں اور اپنے جوابات درج کریں

تقریباً کبھی نہیں	بہت کم صحیح	بعض اوقات صحیح	تقریباً ہمیشہ صحیح	
				1. میں دوسروں کی تنقید کے بارے میں حساس ہوں۔
				2. اگر میرے دوست خراب موڈ میں ہوں تو میں سوچتا/سوچتی ہوں کہ کہیں اس کی وجہ میں تو نہیں ہوں۔
				3. اجنبی لوگوں سے بات کرتے ہوئے مجھے فکر ہوتی ہے کہ وہ میرے بارے میں کیا سوچ رہے ہوں گے۔
				4. دوسروں کا مجھے رد کرنا جذباتی طور پر مجھ پر منفی اثر ڈالتا ہے۔
				5. میں لوگوں پر اپنے قائم کردہ تاثر کے بارے میں فکر مند رہتا/رہتی ہوں۔
				6. اگر کوئی مجھ پر تنقید کرے تو میں پریشان ہو جاتا/جاتی ہوں۔
				7. میں لوگوں کے ساتھ میل جول کے دوران اپنے مسترد/رد کرنے کی علامات کے بارے میں چوکس رہتا/رہتی ہوں۔
				8. میں لوگوں کی اپنے بارے میں رائے سے متعلق فکر مند رہتا/رہتی حالانکہ میں جانتا/جانتی ہوں کہ یہ اہمیت نہیں رکھتی۔
				9. مجھے اکثر خوف رہتا ہے کہ لوگوں کو میری خامیاں نظر آجائیں گی۔
				10. جب میں لوگوں کی گفتگو نہ سن پاؤں تو مجھے یہ پریشانی ہوتی ہے کہ وہ میرے بارے میں کچھ منفی باتیں کر رہے تھے۔
				11. اگر مجھے لگے کہ کوئی شخص میرے بارے میں رائے قائم کر رہا ہے تو میں شدید پریشان ہوتا/ہوتی ہوں۔

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