IJBMC
International Journal of Body, Mind and Culture

Volume 13, Issue 4, pp 249-266
DOI: 10.61838/ijbmc.v13i4.1247

Article type:
Qualitative Research

Motivation for Participation in Rehabilitation among Individuals with Substance Use Disorder: A Thematic Analysis

1 Department of Psychology, Bo.c., Islamic Azad University, Borujerd, Iran.
2 Department of Psychology, Payame Noor University, Tehran, Iran.
3 Department of Mathematics, Bo.c., Islamic Azad University, Borujerd, Iran.

Corresponding author email address:
mahdi.ghodrati@pnu.ac.ir

Marjan Sadat. Arshiha[1], Mehdi. Ghodrati Mirkohi[2*], Hassan. Piriaei[3]

Article history:

Received 23 Jan 2026
Revised 28 Feb 2026
Accepted 12 March 2026
Published online 01 Apr 2026

How to cite this article:
Arshiha, M. S., Ghodrati Mirkohi, M., & Piriaei, H. (2026). Motivation for Participation in Rehabilitation among Individuals with Substance Use Disorder: A Thematic Analysis. International Journal of Body, Mind and Culture, 13(4), 249-266.

ABSTRACT

Objective: This study aimed to identify the components shaping motivation for participation in rehabilitation among individuals with substance use disorder.

Methods and Materials: This applied qualitative study used thematic analysis based on Braun and Clarke's approach. Participants included 19 specialists and therapists from addiction treatment centers in Tehran and 16 clients undergoing rehabilitation. Expert participants had at least 10 years of clinical or therapeutic experience, and clients had participated in rehabilitation programs for at least six months. Data were collected through semi-structured interviews using snowball sampling. Interviews continued until theoretical saturation was reached after 35 interviews. Data were analyzed through open, axial, and selective coding using MAXQDA software. Intercoder reliability was assessed using Holsti's coefficient.

Findings: Thematic analysis identified 8 overarching themes and 32 main themes shaping motivation for rehabilitation participation. The overarching themes were internal reconstruction and personal transformation; social and environmental support; therapeutic awareness and self-knowledge; coping skills and emotion regulation; cognitive and emotional deterrents; social and identity reconstruction; individual and meaning-related growth after treatment; and quality of services and the treatment process. Coding reliability was acceptable, with Holsti coefficients of 0.76, 0.73, and 0.77 across three selected interviews. The findings showed that rehabilitation motivation is formed through the interaction of internal decision-making, hope, self-efficacy, family and peer support, therapeutic alliance, craving control, emotional regulation, identity reconstruction, and humane treatment services.

Conclusion: Motivation for participation in substance use rehabilitation is a multidimensional, interactive, and process-oriented phenomenon that begins within the individual and is stabilized through relationships, treatment structures, and the social environment.

Keywords: Motivation, Rehabilitation, Substance Use disorder, Thematic Analysis.

Introduction

Substance use disorder is a problem that threatens public health and increases the global burden of disease (Shen et al., 2023). Substance use disorder is one of the most prominent social harms that can easily weaken the cultural and social foundations of a country and endanger its human dynamism (Ahmadi & Yazdanfar, 2002). Substance use disorders are considered a major public health challenge, and urgent attention to their global trends and future projections is essential for developing effective health policies and interventions (Kim et al., 2025). Substance use disorders are among the leading causes of morbidity and mortality worldwide. They cause great personal suffering for patients and their loved ones and have destructive medical, social, and economic effects (Robinson & Weir, 2004).

Every year, substantial national resources are spent on combating substance use, treatment, and the damages caused by it (Drugs, 2024). In recent years, despite the risks and complications of addiction, the number of victims of this fatal disorder has increased day by day, and it has now become a serious warning for societies and an important social issue (Ekhtiari et al., 2020).

Available statistics indicate a growing demand for narcotic substances. In 2006, the number of users of narcotic and psychotropic substances among the world population aged 15 to 64 years was 208 million, and in 2020, with a 32% increase, it reached 275 million. Forecasts indicate that by 2030, the number of users of narcotic and psychotropic substances among the global population aged 15 to 64 years will increase to 299 million (Golestaneh et al., 2021). Women still make up a smaller proportion of drug users worldwide; however, their rate of tendency toward substance use and development of substance use disorders is increasing faster than that of men. Currently, women constitute about 45% to 49% of methamphetamine users and users of pharmaceutical stimulants, pharmaceutical opioids, and sedatives Drugs (2024) Iran has not been exempt from this increasing trend. Approximately 4 million people in Iran are continuous or non-continuous users of narcotic substances, of whom 2.8 million are continuous users (Ali & Babaei, 2023). It should be stated that few phenomena can be found that threaten human societies as seriously as addiction. Substance use disorders pose a major challenge to public health worldwide and are among the leading causes of mortality and disability globally (Huynh et al., 2022). Substance use, primarily through high-risk behaviors such as injecting drugs with non-sterile equipment, increases the risk of various health problems such as hepatitis, human immunodeficiency virus/acquired immunodeficiency syndrome, and infections (Danpanichkul et al., 2025).

One of the major problems in treating substance use disorder is the high rate of relapse, because substance reuse leads to more negative consequences, such as the likelihood of greater substance use, more severe substance dependence, use of multiple substances, increased criminal behaviors, and additional costs. This makes attention to relapse prevention essential (Alaghi et al., 2025). Drug withdrawal as a treatment is possible through various methods and is not very difficult; the main problem is relapse into use despite its catastrophic consequences (Shahraki et al., 2018). Relapse is a critical stage in the recovery process that can disrupt treatment efforts and prevent the achievement of recovery goals (DiClemente & Crisafulli, 2022). Substance abusers often fail to continue treatment or leave treatments unfinished due to demographic factors, accompanying clinical characteristics, and weak motivation (Poorasl et al., 2007; Rowe & Liddle, 2003).

In addition, recent studies have shown that influential personal factors, such as lack of motivation, are major barriers that increase the likelihood of relapse and intensify emotional and psychological relapse (DiClemente & Crisafulli, 2022; Krijnen-de Bruin et al., 2022). Clients with substance use disorder who lack motivation to pursue treatment often abandon and discontinue treatment, leading to early relapse (Lappan et al., 2020). Conversely, studies have shown that a strong desire to change positively predicts the outcome of substance use disorder treatment (Votaw & Witkiewitz, 2021). As a result, many researchers around the world have focused their work on preventing further progression toward physical relapse by implementing effective interventions for the early symptoms of emotional and psychological relapse, as well as creating hope for abstinence (DiClemente & Crisafulli, 2022; Ndou & Khosa, 2023). Motivational enhancement therapy is a therapeutic approach designed to increase the client's intrinsic motivation to prevent relapse. It aims to resolve ambivalence about change and strengthen commitment to recovery. Research has shown that this therapeutic

Ijbmc.org
E-ISSN: 2345-5802

approach can have a positive effect on various outcomes related to substance abuse treatment and treatment engagement (Crits-Christoph et al., 2009).

It should be noted that a combination of biological, psychological, and social factors is involved in the development of substance use disorder. Therefore, physical detoxification alone as treatment does not eliminate the risk of relapse and does not necessarily return the individual to normal life (Ekhtiari et al., 2020; Volkow & Blanco, 2023). In many cases, the affected individual did not have a favorable or appropriate life condition before substance use and was somehow in conditions that pushed them toward substance use. Therefore, in addition to treatment, correction and rehabilitation are also needed. In the literature, what is used in line with treatment and correction is referred to as rehabilitation (Massah et al., 2018). Merely keeping the individual in certain special centers, keeping them away from access to the substance used, and reducing dependence do not constitute rehabilitation according to scientific standards. As mentioned earlier, rehabilitation is not limited to returning the individual to life before the disorder, because there were factors in that life that contributed to the emergence of the disorder and must be examined, corrected, or, in other words, developed. Therefore, rehabilitation is the process of re-entering society along with correction and treatment (Massah et al., 2018).

The greater effectiveness of correction and treatment, or rehabilitation, has a positive correlation with increased interaction and continuous and active presence of individuals in the treatment program, which is referred to as participation in the treatment process (Anaraki, 2022). Participation is a broad concept and is more than merely a communicative process. The essence of participation is bilateral, interactive, active, and mutual involvement of individuals, including influence and being influenced. Ultimately, participation can be defined as the continuous, active, and effective presence of the audience in a process (Rahnema, 2020). Given the challenges related to clients in substance abuse treatment, addressing their biopsychosocial needs, such as comorbid disorders, housing, employment, and helping them maintain long-term abstinence, researchers have increasingly called for studies that can improve treatment service delivery and maximize treatment benefits by identifying factors related to treatment engagement, which is defined as participation in treatment and positive treatment experience (Dillon et al., 2020). Studies conducted by Broome et al., (1996), Drieschner & Verschuur (2010), and Hser et al., (1999) have identified treatment engagement as an important predictor of desirable treatment outcomes.

In order to increase this participation, the underlying causes or predictors of behavior must be examined, and in this regard, motivation has always been considered one of the main factors (Lai, 2011). Words such as motivation, emotion, and movement are all derived from the Latin verb *movere*, meaning "to move" (Khosrozadh et al., 2025; Reeve, 2024). Having motivation leads individuals to engage in activities, use their abilities to perform tasks, create challenges, and master them (Manjaly & Iglesias, 2020). Addiction motives refer to the factors that incline or encourage an individual toward substance use (Miranda et al., 2023). Motivation, as one of the key factors in the process of addiction, plays a fundamental role in understanding, predicting, and treating addiction (Namjoo Baghini et al., 2024). These motives can arise from individual, social, environmental, and even some biological and genetic factors (Ragona et al., 2023). Therefore, for action to occur, it is enough for motivation to set the driving engine in motion. As stated, rehabilitation in substance use disorder is a long-term process that requires comprehensive actions.

Setting positive life goals is very important for individuals struggling with drug addiction, as it can inspire them to overcome their addiction. Although specific goals may vary from person to person, they serve as powerful motivators for these individuals to break free from substance abuse and move toward a new path. For example, cultivating dreams of a better future, striving for self-improvement to enhance one's health, and seeking acceptance and support from loved ones are all motivational goals. By focusing on these goals, individuals can acquire the resilience needed to overcome challenges related to substance use (Thika et al., 2025).

Domestic and international studies have shown that motivation to participate in substance use disorder treatment is a multidimensional phenomenon influenced by individual, family, and therapeutic factors. In domestic studies, Mokhtarpoor et al. (2024) showed that health literacy and motivation to receive maintenance treatments have a significant relationship with the

intention to quit. Araban et al. (2026) also found that perceiving addiction as a disease can predict treatment motivation. Solaimani et al. (2025) and Norouzi et al. (2025) emphasized the role of social capital and supportive relationships in successful quitting, and Ali & Babaei (2023) considered family functioning an effective factor in preventing the tendency to reuse substances. Jalilian et al. (2014) also identified spousal support and participation in self-help groups as factors contributing to stability in quitting. In the area of individual skills, Taherifard et al. (2021) considered risky decision-making and craving as predictors of relapse, and Monfared et al. (2023) highlighted the role of self-control in treatment desire. Bagheri Sheykhangafshe et al. (2023) also demonstrated the effectiveness of motivational facilitation therapy in increasing readiness for (Bagheri Sheykhangafshe et al., 2023; Miller, 1992), in their systematic review, confirmed the role of motivational and cognitive-behavioral interventions in strengthening treatment engagement.

At the international level, consistent evidence has also been reported. Harerimana et al. (2020), in a systematic review, identified external factors such as social support and therapeutic relationships as effective in sustaining motivation. Amat et al. (2020) highlighted the role of emotional factors, family conflicts, and lack of support in relapse. Wood (2020) introduced social capital and hope as facilitators of treatment. Yang et al. (2023), in their factorial model, referred to the role of coping and cognitive appraisals in substance use behavior. Simpson & Joe (1993) also showed that motivation and awareness of the problem predict treatment retention. In addition, Martinelli et al. (2023) considered recovery a long-term identity-based process that requires stigma reduction and stable social support, and O'Leary et al. (2025) confirmed the effectiveness of psychosocial and cognitive-behavioral interventions in reducing substance use and improving treatment outcomes.

As stated, motivation is considered one of the key determinants of behavior, and given that the rehabilitation process cannot be achieved without the individual's own behavior and participation, qualitative and multidimensional examination of motivation can lead to the discovery of deep and useful concepts in this field. In addition, developing a questionnaire to assess motivation for participation in rehabilitation among individuals with substance use disorder can further clarify the rehabilitation process.

Methods and Materials

Study Design

In this study, the researcher aimed to identify the components that shape motivation for participation in rehabilitation among individuals with substance use disorder. Therefore, it can be stated that the objectives of this study are developmental, its nature is exploratory, its approach is qualitative, and its research design is thematic analysis. Thematic analysis is a method in qualitative research that focuses on identifying, analyzing, and interpreting patterns of meaning within qualitative data. It is a process that can transform the scattered data obtained from the exploratory interviews of this study, regarding the components of motivation for participation in rehabilitation among individuals with substance use disorder, into rich data.

The statistical population included 19 specialists and therapists working in addiction treatment centers in Tehran, as well as 16 clients of these centers who were undergoing rehabilitation. Semi-structured interviews were conducted with participants until theoretical saturation was reached. Sampling in this study was carried out using the snowball method; that is, at the end of each interview session, the participant was asked to introduce another person based on knowledge and expertise in this field. In addition, the strategy for selecting expert specialists and therapists was based on executive activities and therapeutic experience, with the necessary condition being at least 10 years of therapeutic experience. For clients undergoing rehabilitation, the inclusion criterion was at least 6 months of participation in treatment programs.

After conducting 35 interviews, data analysis indicated that no new data were being added to the previous data, as a high percentage of the data extracted from the final interviews was repetitive. Therefore, after conducting 35 interviews and reaching theoretical saturation, the interviews were concluded. Considering the importance of the research method in this study, after the interviews were completed, the recorded notes were reviewed by the researcher, the content of the recorded interviews was transcribed, and finally, the data were analyzed using MAXQDA software. Data

interpretation was conducted using the method proposed by Braun & Clarke (2006).

Findings and Results

In the findings section, first, the demographic information of the participants is presented, followed by the qualitative findings of the study. Tables 1 and 2 show the demographic information of the interviewees.

Table 1

Characteristics of the Research Sample

Code	Age	Educational level
1	34	Diploma
2	37	Associate degree
3	25	Lower secondary education
4	39	Bachelor's degree
5	28	Diploma
6	32	Bachelor's degree
7	38	Diploma
8	37	Lower secondary education
9	43	Bachelor's degree
10	27	Diploma
11	33	Associate degree
12	41	Diploma
13	48	Bachelor's degree
14	29	Lower secondary education
15	23	Diploma
16	36	Educational level not reported

Table 2

Characteristics of Specialist and Therapist Participants in the Qualitative Phase

Code	Specialty	Age	Educational level
1	Clinical psychologist	35	Master's degree
2	Social worker	40	Bachelor's degree
3	Medical specialist	43	Professional doctorate
4	Family counselor	40	Master's degree
5	Psychology	51	Master's degree
6	MBA management	51	Master's degree
7	Psychology	48	Master's degree
8	Nurse	47	Bachelor's degree
9	Educational psychology	51	Master's degree
10	Psychiatrist	41	Master's degree
11	Career counselor	35	Master's degree
12	Legal expert and judicial social worker	51	Bachelor's degree
13	Master's degree in psychology	48	Master's degree
14	Physical education and exercise therapy	41	Bachelor's degree
15	Health management	44	Master's degree
16	Rehabilitation counseling	39	Master's degree
17	Nurse	48	Bachelor's degree
18	Psychology	44	Master's degree
19	Physician	45	Professional doctorate

To understand the overall content, all written data related to the interviews were reviewed. Then, the text of each interview was typed separately and implemented in MAXQDA software using Braun & Clarke (2006) method. The first stage of analysis was devoted to identifying and extracting initial concepts from the interview content. Accordingly, after each interview, the researcher reviewed it several times and extracted the

concepts present in the interview text. In total, 35 interviews were conducted and the initial concepts were extracted. Then, through close attention to the identified concepts and recognition of their similarities and differences, broader categories called subthemes were formed, and homogeneous and related concepts were placed within these broader categories. The outcome of this process was the identification of initial concepts, 32 central themes, and 8 overarching themes. The thematic analysis process is presented below in six steps.

Step 1: Familiarization with the Data

At this stage, the researcher immersed themselves in the data by listening repeatedly to the audio files of the interviews and reading their transcripts several times. To achieve a more accurate understanding, initial notes were taken during reading. This stage helped the researcher become fully familiar with the interview content and form an overall view of the concepts.

Step 2: Generating Initial Codes

The textual data were divided into meaningful sections, and initial codes were extracted for each section. The coding process was carried out line by line through careful examination of each statement. Initial concepts, or open codes, were identified. A sample of this process is presented in Table 3.

Table 3

Sample of the Initial Concept Extraction Process

Interview number	Initial concepts
1	Internal decision to change and rebuild life; experience of nonjudgmental support from the therapist; challenge of maintaining abstinence in stressful situations; role of social support in treatment stability; reconstruction of self-esteem and self-acceptance; creation of goal-oriented motivation for recovery; need for positive alternatives to fill leisure time
2	Motivation arising from fear and awareness of the negative consequences of substance use; desire to return to social norms and peace; awareness of physical risk as a stimulus for quitting; need for social approval and support; positive and empathetic therapeutic relationship; strengthening self-efficacy and internal reward; motivation based on personal and social goals; need for a positive-oriented approach in treatment; strengthening self-esteem through active participation
3	Sense of family responsibility as a stimulus for change; starting treatment due to external pressure; reduction of loneliness through group therapy; role of financial pressure in weakening motivation to quit; social approval as a reinforcer of recovery behavior; gradual self-belief and hope for the future; request for structural support for return to society
4	Cognitive reconstruction of identity and scientific view of addiction; using knowledge to increase hope for recovery; recognizing psychological factors of craving and coping with them; role of empathy and mutual understanding in group therapy; internal motivation based on learning and personal growth; need for a scientific and practical approach in treatment; strengthening self-efficacy and sense of personal control
5	Social motivation and reconstruction of positive identity; modeling and inspiration from peers; social pressure and risk of reduced motivation; positive substitute for coping with stress and negative emotions; reconstruction of self-acceptance and positive self-image; learning from successful models and creating motivation
6	Creating meaning and purpose in the recovery process; awareness of the negative effects of substance use on family relationships; psychological challenge in facing an identity without substance use; combination of learning and support for motivation; practical strategy for reconstructing identity and sense of worth; need for positive alternatives to fill leisure time
7	Motivation arising from health threats; role of emotional support in starting treatment; physical challenges of the withdrawal process; role of professional support in treatment stability; hope and motivation to continue treatment; importance of treatment facilities for sustaining change
8	Personal goal for independence and self-sufficiency; turning point for behavior change; psychological trigger of craving and challenge of self-control; training in coping skills; strengthened self-belief and internal motivation; positive substitute and strengthening self-confidence
9	Internal motivation based on personal growth and self-knowledge; insight into the negative effects of substance use and beginning change; psychological challenge of treatment and initial resistance; role of professional support and coping skills; positive motivation and internal reward for progress; support for self-reflection and consolidation of change
10	Social and family motivation; strengthening motivation through emotional support; threat to motivation and competitive challenge; support for practical success; motivation arising from positive self-image; strengthening the external supportive environment
11	Occupational goal and competitive motivation; cognitive turning point for change; psychological pressure related to professional rehabilitation; role of peers with similar experiences in motivation; internal motivation based on service and personal goal; strengthening skills and self-efficacy
12	Motivation to change environment and lifestyle; turning point in behavior change; psychological challenge and internal pressure; motivation based on a sense of security and belonging; reconstruction of skills and self-belief; positive substitute for substance use and increased motivation
13	Deep insight and motivation for lasting change; creating motivation through real experience; role of the treatment team in sustaining change; motivation based on scientific understanding and self-awareness; curiosity and internal motivation for self-improvement; strengthening self-efficacy and sense of personal control
14	Personal goal and motivation for personal growth; emotional stimulus for change; psychological challenge and coping motivation; motivation based on social belonging and shared experience; reconstruction of social skills and long-term motivation; increasing skills and preparation for a healthy life
15	External factor creating initial motivation; conversion of external motivation into internal motivation; effect of treatment environment on behavior and discipline; increased self-belief and personal motivation; development of self-efficacy and personal goal; reward system for continuation of positive behavior

16	Moral motivation and social responsibility; recognition of substance use triggers; environmental management and coping skills; supportive environment and reconstruction of trust
17	Role of therapist's positive attitude in creating motivation; emotional support of family in the early stages of treatment; role of group therapy in strengthening social motivation; negative effect of therapist's negative attitude; humane and empathetic relationship in treatment; weakness in the humanistic approach of rehabilitation centers; positive reinforcement to increase motivation; realistic education to prevent disappointment; need for psychological support for treatment staff; human dignity in the rehabilitation process
18	Role of hope in creating recovery motivation; effect of social and economic conditions on reducing motivation; importance of livelihood and social status in treatment motivation; empowering patients for self-reliance; role of skill training in maintaining treatment motivation; strengthening self-efficacy in the treatment process; reducing structural barriers to treatment; effect of inefficient administrative system on reducing motivation; institutional coordination to facilitate treatment
19	Pain and suffering as a stimulus for change; effect of initial successful experience on continuing motivation; role of medication therapy in controlling craving and strengthening motivation; facilitating treatment through craving control; increasing awareness to enhance treatment motivation; redefining failure to prevent disappointment; increasing motivational resilience against failure; removing physiological barriers to treatment
20	Role of family in creating motivational barriers; role of family in strengthening motivation; reducing family pressure and strengthening motivation; rebuilding family trust in motivation; realistic education for family to reduce pressure
21	Importance of therapeutic relationship in creating motivation; creating motivation through belonging and being useful; role of successful examples in strengthening motivation; increasing motivation and self-esteem through assigning responsibility; role of daily planning in maintaining motivation and preventing overactivity
22	Effect of environment and service quality on motivation; strengthening motivation through reward and encouragement; role of empowerment and training of treatment staff in maintaining patients' motivation
23	Role of comparing pain and fear in creating initial motivation; strengthening motivation through identity reconstruction and recording progress; reducing craving and strengthening self-control to maintain motivation
24	Importance of initial encounter and its effect on motivation; role of empathy in creating motivation and trust; removing physical barriers to maintain motivation
25	Role of belief in one's own ability in maintaining motivation; strengthening skills to increase motivation; reducing social stigma to support motivation
26	Biological and pharmacological role in strengthening motivation; importance of multidimensional treatment in maintaining motivation; role of maintenance pharmacotherapy in preventing treatment dropout
27	Role of economic and occupational expectations in motivation; creating motivation through real job opportunities; skill training for motivational stability
28	Creating motivation through hope for legal life change; reducing ambiguity and increasing motivation through clear information; reducing administrative barriers to maintain motivation
29	Role of spirituality in creating motivation; using spirituality to strengthen motivation and self-control; strengthening motivation through a sense of responsibility and charitable work
30	Physiological effects of exercise on motivation; using tangible progress for motivation; reducing physical barriers to maintain motivation
31	Identity reconstruction to strengthen motivation; using the social environment to maintain motivation; reducing anxiety and strengthening treatment adherence
32	Role of internal motivation in starting abstinence; strengthening motivation through awareness and personal analysis; role of family support in maintaining motivation; environmental management and reducing craving; positive changes in lifestyle and stable motivation
33	Diversity of sources of motivation among patients; environmental factors in maintaining motivation; managing social and psychological barriers; reconstructing behaviors and lifestyle for maintaining abstinence
34	External and internal factors in creating motivation; strengthening motivation through self-sufficiency and personal progress; reducing craving and increasing success in quitting; lasting lifestyle changes to maintain motivation
35	Internal motivation arising from negative experiences of substance use; role of humane behavior and therapist support; reducing motivation-inhibiting factors

Step 3: Searching for Themes/Subthemes

At this stage, the initial codes were classified into broader categories based on conceptual and content similarities. The outcome of this stage was the identification of 32 subthemes, or central themes.

Table 4

Initial Concepts and Subthemes

Subtheme	Sample statements	Brief explanation
1. Self-efficacy	Strengthening self-efficacy and sense of personal control; reconstructing skills and self-belief	The individual's belief in their ability to manage life and make lasting positive changes
2. Motivation and stability in change	Motivation based on personal and social goals; strengthening motivation through identity reconstruction and recording progress	Continuity in behavior change and treatment adherence through internal motivation and clear goals
3. Internal decision to change	Internal decision to change and rebuild life; personal goal for independence and self-sufficiency	The person's self-directed willingness to rebuild life and quit substance use without external pressure
4. Healthy relationships	Healthy relationships and reconstruction of communication; social rehabilitation	Creating and maintaining positive relationships with family, friends, and society

Ijbmc.org
E-ISSN: 2345-5802

5. Personal growth	Internal motivation based on personal growth and self-knowledge; learning life skills	Individual development, increased self-awareness, and improvement of personal abilities
6. Life skills training	Role of skill training in maintaining treatment motivation; training in coping skills	Learning practical skills to manage life and prevent relapse
7. Hope for the future	Gradual self-belief and hope for the future; strengthening motivation through awareness and personal analysis	Creating a positive outlook and belief in the possibility of progress and improved life conditions
8. Replacing healthy behaviors	Need for positive alternatives to fill leisure time; constructive activities	Using positive activities to fill free time and reduce craving
9. Concern for family	Awareness of the negative effects of substance use on family relationships; concern about losing family	Concern and responsibility toward family as a stimulus for quitting
10. Family support	Sense of family responsibility as a stimulus for change; role of family support in maintaining motivation	Emotional and practical support from family in treatment and rehabilitation
11. Sense of worth	Creating meaning and purpose in the recovery process; strengthening self-esteem through active participation	Strengthening personal value and self-belief in the rehabilitation process
12. Recognizing the roots of addiction	Recognizing psychological factors of craving and coping with them; insight into the negative effects of substance use	Identifying factors affecting addiction for effective coping and relapse prevention
13. Craving control	Challenge of maintaining abstinence in stressful situations; facilitating treatment through craving control	Ability to manage triggers and craving in critical situations
14. Fear of consequences	Motivation arising from fear and awareness of negative consequences of use; role of comparing pain and fear	Understanding the negative physical and social effects of substance use and creating motivation to quit
15. Therapist's attitude	Therapist's positive attitude in creating motivation; human dignity in the rehabilitation process	Creating a respectful and empathetic treatment environment to strengthen motivation
16. Treatment services	Role of environment and service quality in motivation; effect of treatment facilities	Quality and suitability of medical and psychological services for treatment stability
17. Sense of social belonging	Reduction of loneliness through group therapy; creating motivation based on social belonging	Sense of belonging and social support in therapy groups and social networks
18. Fear of a negative future	Fear of a negative future and social consequences; cognitive turning point for change	Anticipating negative consequences and motivation to prevent future failures
19. Understanding addiction as a disease	Cognitive reconstruction of identity and scientific view of addiction; using knowledge to increase hope for recovery	Scientific understanding of addiction and acceptance of it as a disease rather than a personal weakness
20. Positive relationship with therapist	Positive and empathetic therapeutic relationship; role of belief in the patient's ability in maintaining motivation	Empathy, trust, and therapist support for increasing motivation and continuing treatment
21. Peer support	Role of peers with similar experiences in motivation; modeling and inspiration from peers	Creating social belonging, modeling, and motivation through peers in treatment
22. Motivation arising from health threat	Awareness of physical risk as a stimulus for quitting; role of medication therapy in controlling craving	Motivation arising from awareness of physical consequences of use and prevention of health outcomes
23. Moral and social motivation	Moral motivation and social responsibility; recognizing substance use triggers	Social and moral responsibility as a stimulus for quitting and continuing treatment
24. Positive alternatives	Need for positive alternatives to fill leisure time; constructive activities	Use of healthy methods and activities to strengthen motivation and maintain abstinence
25. Purposefulness in life	Motivation based on personal and social goals; need for goal-oriented motivation	Defining clear goals to maintain motivation and continue the treatment path
26. Restoring social credibility	Reconstruction of self-esteem and self-acceptance; reconstruction of social trust	Return of the individual's status and credibility in family and society
27. Understanding emotions	Role of empathy and mutual understanding in group therapy; coping skills	Awareness and management of feelings and negative emotions in the treatment process
28. Coping with stress	Positive substitute for coping with stress and negative emotions; training in coping skills	Effective coping with psychological pressure and stress without using substances
29. Therapist respect	Positive attitude of therapist in creating motivation; human dignity in rehabilitation process	Creating a respectful and empathetic therapeutic environment to strengthen motivation
30. Fear and social consequences	Social consequences; role of social and economic conditions in motivation	Understanding the social effects of substance use and strengthening motivation to return to social norms
31. Personal goal and growth motivation	Personal goal and motivation for personal growth; emotional stimulus for change	Defining personal growth goals and using internal motivation for progress
32. Restoring motivation and skills	Reconstruction of skills and self-belief; strengthening motivation and empowerment	Rehabilitation of the individual in terms of skills and increased treatment adherence

Step 4: Reviewing Themes

The purpose of reviewing themes was to refine and modify the subthemes, form the main themes, analyze the internal relationships among codes, ensure the semantic coherence of themes, merge, delete, or separate some themes when necessary, and examine the consistency of themes with the whole dataset. As a result of this review, some themes were merged and some were separated to form a meaningful and coherent network.

Step 5: Defining and Naming Overarching Themes

This stage involved selecting precise and clear conceptual titles for each main theme, formulating a

clear and analytical definition for each theme, and choosing names that reflected the overall meaning of each theme. Precise conceptual titles were selected for the main and subthemes, analytical definitions were developed for each theme, and the extent to which the titles reflected the overall meaning of the themes was ensured. Based on the 32 subthemes from the previous stage, 8 main themes were created.

Step 6: Preparing the Final Report

At this stage, the research findings are presented in the form of the final report. The subthemes were organized into 8 overarching themes, or main themes. These themes represent the components of motivation for participation in rehabilitation among individuals with substance use disorder. The result of this process is presented in Table 5.

Table 5

Identification of Main Themes

Main theme	Subtheme	Revised definition
1. Internal reconstruction and personal transformation	1. Internal decision to change	A self-directed decision to quit substance use and rebuild life based on self-awareness and internal motivation
	2. Hope for the future	Belief in the possibility of a better life and personal progress, which strengthens motivation to continue treatment
	3. Motivation and stability in change	The ability to maintain motivation and continue the path of quitting even when facing barriers and challenges
	4. Self-efficacy	Sense of control over life and confidence in one's ability to manage behaviors and positive changes
2. Social and environmental support	5. Family support	Emotional and practical support from family that helps maintain treatment and patient motivation
	6. Peer support	Creating motivation and a sense of belonging through the presence and empathy of peers who have undergone treatment
	7. Positive relationship with therapist	Empathetic and supportive interaction with the therapist that strengthens trust and motivation
	8. Sense of social belonging	Experience of social support and reduced loneliness that increases motivation to continue treatment
3. Therapeutic awareness and self-knowledge	9. Understanding addiction as a disease	Understanding addiction as a disease rather than a personal weakness in order to correct behavior and manage life
	10. Increased self-awareness	Better recognition of one's feelings, thoughts, and behaviors for growth and effective change
	11. Recognizing the roots of addiction	Identifying psychological and behavioral factors affecting addiction to prevent relapse
	12. Understanding emotions	Ability to identify and manage emotions and feelings in the recovery process
4. Coping skills and emotion regulation	13. Craving control	Using psychological and behavioral strategies to resist the urge to use substances
	14. Coping with stress	Managing pressure and stress without returning to substance use
	15. Replacing healthy behaviors	Engaging in positive activities such as exercise, art, or employment to reduce craving
	16. Emotion management	Learning coping skills to control anger, anxiety, and negative emotions
5. Cognitive and emotional deterrents	17. Fear of consequences	Motivation arising from awareness and experience of the physical, psychological, and social consequences of substance use
	18. Concern for family	Sense of responsibility and commitment toward family as a stimulus for quitting
	19. Fear of a negative future	Awareness of the negative effects of continued use and creation of motivation for change
	20. Social consequences	Understanding the social consequences of addiction to prevent harm and return to society
6. Social and identity reconstruction	21. Restoring social credibility	Effort to regain positive status and social acceptance after quitting
	22. Sense of family responsibility	Individual commitment to family and roles to maintain treatment motivation
	23. Others' perceptions	Effect of positive attitudes from others on strengthening motivation and continuing treatment
	24. Becoming a positive role model	Desire to become a positive model for others in order to strengthen motivation
7. Individual and meaning-related growth after treatment	25. Sense of worth	Increased sense of personal value and self-belief in the rehabilitation process
	26. Purposefulness in life	Defining new personal and meaningful goals for continuing a healthy life
	27. Healthy relationships	Desire to establish positive and stable relationships in personal and social life
	28. Personal growth	Using the treatment experience to develop abilities and personal progress
8. Quality of services and treatment process	29. Therapist respect	Respectful, empathetic, and accepting behavior of the therapist to strengthen trust and motivation

	30. Treatment services	Availability of adequate medical and psychological facilities to support the recovery process
	31. Life skills training	Learning practical and social skills for better life management after quitting
	32. Humane therapeutic relationship	Interaction based on respect, trust, and empathy to support motivation and treatment continuity

Evaluation of Qualitative Reliability

To ensure that researcher bias did not affect the results, intercoder reliability was used. In this method, each content category is tested based on the level of agreement between coders. For this purpose, statistical tests are used that consider the complexity of variable coding in determining reliability and clarify whether the observed agreement between coders is due to chance or the correct application of the concepts and definitions specified in the research protocol.

In using this method, after coding was completed by the researcher, the transcribed text of 3 interviews out of the conducted interviews was randomly selected and provided to another coder along with the concepts, dimensions, and operational definitions. This coder, who was familiar with the research context and had complete mastery of thematic analysis, was allowed to use only the inductive method in thematic analysis and to add any new category to the previous set if observed. Finally, the level of agreement between the researcher's coding and the control coding was examined using Holsti's coefficient according to the following formula:

$$PAO = 2M / (N1 + N2)$$

In the above formula, M represents the number of coding units shared between the two coders, and N1 and N2 represent the total number of units coded by the first and second coders, respectively. The PAO value ranges from zero, indicating no agreement, to one, indicating complete agreement. If it is greater than 0.70, it is considered desirable, and in this case, the reliability of the research categories is confirmed.

Table 5

Reliability Assessment of the Coding Process in the Qualitative Phase

Interview number	N1: Number of codes by first coder	N2: Number of codes by second coder	M: Number of agreements	Intercoder reliability (PAO)
5	14	12	10	0.76
11	16	14	11	0.73
17	10	8	7	0.77

As shown, the reliability of the interviews in the qualitative phase was confirmed.

Discussion and Conclusion

The present study was conducted with the aim of identifying the components that shape motivation for participation in rehabilitation among individuals with substance use disorder. The results showed that motivation for participation in rehabilitation among individuals with substance use disorder is a multidimensional, interactive, and process-oriented phenomenon that begins within the individual and becomes stabilized within the context of relationships, treatment structures, and the social environment. Explaining these findings within motivational and therapeutic theories provides a deeper understanding of the mechanisms that shape motivation.

The first main theme was internal reconstruction and personal transformation. This theme included four subthemes: internal decision to change, hope for the future, motivation and stability in change, and self-efficacy. "Internal decision to change" indicates the individual's conscious and self-directed choice to quit substance use and is related to self-determination theory, which emphasizes the role of autonomy and internal decision-making in motivation. "Hope for the future" reflects a positive attitude toward life and belief in the possibility of improving conditions; this element is consistent with goal-setting theory and the directionality of behavior, because hope for the future strengthens the path and motivation for maintaining healthy behavior. "Motivation and stability in change" refers to the individual's ability to maintain positive behavior and cope with relapse-related temptations, which is related to Prochaska and DiClemente's stages of change model,

because moving from contemplation to action and maintenance requires persistence and continuous motivation. Finally, "self-efficacy" reflects the individual's belief in their ability to manage conditions and succeed in quitting, and is explained by Bandura's self-efficacy theory. The more confidence the individual has in their own abilities, the greater the likelihood of success and continuation of therapeutic behavior. These findings indicate that internal change is the foundation of motivation for participation in rehabilitation, and creating a sense of autonomy, hope, and trust in personal abilities are important foundations of this motivation. Specifically, the findings of the present study are consistent with Mokhtarpoor et al. (2024) , who showed that health literacy, mental health literacy, and motivations for receiving methadone predict the intention to quit. This finding confirms that awareness and internal motivation play a fundamental role in forming the decision to quit. The results of Araban et al. (2026), who identified illness perception as a predictor of treatment motivation, are also consistent with the subtheme of "understanding addiction as a disease" in the present study. At the international level, the factorial structure of the PDAT scale in the study by Simpson & Joe (1993), which introduced "motivation" and "awareness of the problem" as predictors of treatment retention, is consistent with the present findings. Moreover, the results of Chen et al. (2007), who showed that many patients are in the contemplation and ambivalence stage, are consistent with the present study's emphasis on the "personal decision to change" and the transition from contemplation to action.

The second theme was social and environmental support. This theme included four subthemes: family support, peer support, positive relationship with the therapist, and sense of social belonging. Family support includes emotional support, attention, and encouragement from family members, which play an important role in reducing anxiety and increasing motivation and can be explained by social support theory. Peer support, especially the presence of friends or groups with shared experiences, creates a sense of belonging and empathy, and according to Bandura's observational learning theory, observing the successful behavior of others strengthens belief in the possibility of change. A positive relationship with the therapist includes empathy, active listening, and nonjudgmental acceptance, which is consistent with therapeutic alliance theory and forms the basis of trust and cooperation in the treatment process. Finally, a sense of social belonging, meaning the individual's belief in support and acceptance by the surrounding environment, can be explained by attachment theory and increases emotional security and psychological stability. These findings show that social and environmental support, as a context for strengthening motivation, plays a vital role in successful rehabilitation. The findings of the present study are consistent with studies showing that family support and peer groups increase the likelihood of remaining in treatment. The results of Norouzi et al. (2025), Solaimani et al. (2025) showed that social capital and social relationships predict successful quitting. These findings are fully consistent with the subthemes of "family support," "reduction of judgment," and "role of peer groups" in the present study. Ali & Babaei (2023) also highlighted the role of family functioning and emotional climate in preventing the tendency to reuse substances, which confirms the importance of the family's emotional context in strengthening motivation. The findings of Jalilian et al. (2014), who considered spousal support and participation in NA meetings as factors contributing to stability in quitting, are also consistent with the present results. At the international level, the systematic review by Harerimana et al. (2020), which identified therapeutic relationships and support networks as external factors affecting motivation, supports the findings of the present study. Wood (2020) also identified social capital and hope as effective factors in treatment, which is consistent with the present findings regarding the link between social support and motivation for participation.

The third theme was therapeutic awareness and self-knowledge. This theme included four subthemes: understanding addiction as a disease, increasing self-awareness, recognizing the roots of addiction, and understanding emotions. Understanding addiction as a disease means having a scientific and psychological understanding of addiction as a disorder rather than a character weakness. This can be explained by the biopsychosocial model of addiction and leads to reduced self-stigma and increased treatment motivation. Increasing self-awareness includes recognizing one's behaviors, emotions, and personal patterns and is consistent with humanistic approaches such as Rogers' theory. This self-knowledge provides the basis for

personal growth and conscious decision-making. Recognizing the roots of addiction means awareness of the psychological, behavioral, and environmental causes of substance use. This can be explained by the five-factor personality theory and cognitive behavioral theory and helps the individual identify and manage substance use triggers. Finally, understanding emotions includes the ability to recognize and regulate emotions and is consistent with emotion regulation theory. This skill increases the individual's stability in the treatment process and reduces the risk of returning to substance use. Thus, awareness and self-knowledge are the internal engine of motivation for participation in rehabilitation and provide a basis for effective decision-making and constructive behaviors. These findings are consistent with the study by Araban et al. (2026), who introduced illness perception as a predictor of treatment motivation. The results of Monfared et al. (2023), who identified self-control as an effective factor in desire for treatment, are also consistent with the subtheme of "personal growth and self-knowledge" in the present study. At the international level, the findings of Simpson & Joe (1993) regarding the role of "problem awareness" in predicting early treatment dropout confirm that insight into the disease is a determining factor in treatment engagement. In addition, the five-factor model of Yang et al. (2023), which highlighted "coping" and "positive and negative expectations" in motivation for substance use, shows that the individual's cognitive understanding and evaluation of substance use play a key role in regulating motivation, which is consistent with the present findings.

The fourth theme was coping skills and emotion regulation. This theme included four subthemes: craving control, use of alternative activities, emotion management, and problem-solving in high-risk situations. Craving control refers to the individual's ability to resist relapse-related urges and is explained by Bandura's self-efficacy theory. The stronger the individual's belief in their ability to control behavior, the greater the likelihood of success in quitting. The use of alternative activities, such as exercise or art, shifts attention and reduces motivation to use substances, and is consistent with observational learning theory and operant conditioning. Emotion management includes identifying, accepting, and regulating negative emotions and is related to emotion regulation theory, preventing the occurrence of high-risk behaviors. Problem-solving in high-risk situations also strengthens the individual's ability to plan and act logically in response to triggers and can be explained by cognitive behavioral approaches. Overall, developing these skills helps stabilize motivation and prevent relapse. The present results are consistent with studies that have highlighted the role of coping skills in relapse prevention. Regarding the theme of "coping skills and craving management," the present results are consistent with the findings of Taherifard et al. (2021), who identified risky decision-making and craving as predictors of relapse; this highlights the importance of training in self-regulation and craving control skills. Amat et al. (2020) study, which identified fatigue, hopelessness, anger, and lack of support as relapse risk factors, is also consistent with the subthemes of "emotion control" and "environment management" in the present study. Furthermore, the results of Mousali et al. (2021), who identified emotional instability and lack of family cooperation as relapse factors, show that strengthening emotional skills and family support plays a protective role, a topic also emphasized in the present findings.

The fifth theme was cognitive and emotional deterrents. This theme included four subthemes: fear of consequences, concern for family, fear of a negative future, and social consequences. Although these factors have a deterrent nature, in many cases they act as cognitive stimuli for beginning or continuing treatment. Fear of consequences refers to the individual's awareness of the physical, psychological, and legal consequences of continued substance use. This fear is a type of cognitive appraisal of risk and can be explained by expectancy-value theory; that is, individuals change their behavior when they evaluate the negative consequences of the current condition as serious and costly. This finding is also consistent with the health belief model, because perceived severity and susceptibility to negative consequences increase the likelihood of action for behavior change. Concern for family reflects emotional and cognitive responsibility for the harm that substance use causes to family members. This subtheme shows that emotional bonds and family roles can become deterrents against continued use. This finding can be explained by attachment theory, because secure emotional bonds strengthen responsibility and the desire to preserve relationships. From the perspective of social role theory, internalizing roles such

as "responsible parent" or "supportive spouse" can strengthen motivation to quit. Fear of a negative future refers to concern about losing occupational, social, and personal opportunities if substance use continues. This fear is a type of cognitive prediction of long-term consequences and is consistent with future orientation theory. Individuals who can imagine a negative future are more likely to decide to change their behavior. This finding is also related to Prochaska and DiClemente's stages of change model, because perceived future threat can move the individual from contemplation to preparation for action. Social consequences include experiences of social stigma, loss of credibility, social rejection, and loss of status in society. This subtheme can be explained by labeling theory, meaning that the label "addict" can affect the individual's social identity. However, in some cases, this experience of reduced social dignity becomes a factor for identity reconstruction and an attempt to regain credibility. This is also consistent with social identity theory, because the individual tries to distance themselves from a negative identity and reconstruct a more positive identity. Findings related to the fifth theme are consistent with the results of Taherifard et al. (2021), because they showed that risky decision-making and craving, which are rooted in cognitive and emotional processes, are among the most important predictors of relapse (Monfared et al., 2023). By highlighting the role of self-control in desire for treatment, implicitly showed that weakness in cognitive and emotional regulation can reduce motivation for treatment engagement. In the same regard, Bagheri Sheykhangafshe et al. (2023), by proving the effectiveness of motivational facilitation therapy, indicated that doubts, fears, and internal conflicts are among the most important cognitive barriers to initiating change. At the international level, Amat et al. (2020) and Mousali et al. (2021) highlighted the role of emotional factors and internal conflicts in the continuation of substance use and relapse, and Yang et al. (2023) showed that negative cognitive appraisals and ineffective coping strategies can maintain substance use behavior. This consistency indicates that cognitive and emotional deterrents play a fundamental role in weakening treatment motivation and making the recovery process fragile through fear, concern, and negative predictions.

The sixth theme, social and identity reconstruction, refers to a process in which, after entering the treatment pathway, the individual tries to define a new identity, regain lost social status, and take on more positive roles in family and society. This theme concerns transformation in self-concept, social role, and personal identity, and it appropriately includes the following subthemes because they all reflect movement from the identity of a substance user toward a recovered and responsible identity. Restoring social credibility refers to the individual's desire to regain reputation, trust, and social status. This component can be explained within the framework of social stigma theory; that is, the individual seeks to redefine their identity and repair their social image in order to escape the negative label. From the perspective of social identity theory, the individual also attempts to shift their membership from a stigmatized group to a group with higher social status. A sense of family responsibility reflects the activation of parental, spousal, or filial roles in the recovery process. This component can be explained by social role theory, such that returning to meaningful roles increases the sense of worth and commitment and strengthens motivation for change. Others' perceptions refer to the importance of social evaluation and environmental feedback. According to the "looking-glass self" theory, the individual redefines the self through others' perceptions; therefore, a change in the attitudes of people around them can help strengthen the new identity and continue treatment. Becoming a positive role model reflects the individual's desire to become a successful example for children, family, or other substance users. This component can be explained by social learning theory, because the individual is not only influenced by models but can also become a source of modeling for others and thereby stabilize their recovered identity. Findings related to the sixth theme are consistent with the results of Norouzi et al. (2025) and Solaimani et al. (2025), because they highlighted the role of social capital and supportive relationships in successful quitting, showing that restoring social status can help stabilize recovery. Ali & Babaei (2023), by emphasizing family functioning in relapse prevention, also pointed to the importance of activating family roles and responsibility in treatment stability. Jalilian et al. (2014) also considered spousal support and participation in self-help groups as factors in continuing abstinence,

which is consistent with the concept of identity reconstruction within social relationships. At the international level, Wood (2020) identified social capital and hope as facilitating factors in treatment, and Martinelli et al. (2023) considered recovery a long-term identity-based process requiring self-redefinition and stigma reduction. This research convergence shows that recovery is not merely the cessation of substance use, but a deep process of reconstructing personal and social identity that is stabilized through restoring credibility, strengthening family roles, and becoming a positive role model.

The seventh theme was individual and meaning-related growth after treatment. This theme refers to a deep transformation in the psychological and existential dimensions of the individual that goes beyond the cessation of substance use and leads to reconstruction of meaning, worth, and life direction. This theme shows the transition from mere survival to meaningful living and appropriately includes the following subthemes because they all indicate improvement in the individual's inner quality of life after treatment. Sense of worth refers to strengthening self-esteem and belief in personal competence. This component can be explained within the framework of self-determination theory, such that satisfying the basic needs for competence and autonomy increases a sense of worth and helps stabilize recovery. In the humanistic view, restoring self-respect is also one of the signs of healthy psychological growth. Purposefulness in life reflects having a clear vision, meaning, and direction for the future. This component is consistent with meaning therapy; according to this view, finding meaning in suffering and past experiences can become a driving force for continuing recovery. When individuals perceive life as purposeful, the likelihood of returning to destructive behaviors decreases. Healthy relationships refer to reconstructing interactions based on trust, respect, and healthy boundaries. From the perspective of attachment theory, forming secure relationships can improve emotion regulation and increase psychological security, which plays an essential role in maintaining recovery. Personal growth refers to the development of skills, self-awareness, and psychological maturity. This component can be explained by the concept of post-crisis growth, meaning that after passing through the experience of addiction and treatment, the individual can reach a higher level of awareness and personal transformation. Findings related to the seventh theme are consistent with the results of Wood (2020), who introduced social capital and hope as facilitating factors in treatment, which is directly related to the formation of purposefulness and hope for the future. Martinelli et al. (2023) also considered recovery a long-term identity-based process that requires self-redefinition and the construction of new meaning in life. This view is directly consistent with the components of sense of worth and personal growth. In addition, O'Leary et al. (2025) showed the effectiveness of psychosocial interventions in improving treatment outcomes, indicating the role of healthy relationships and personal transformation in maintaining recovery. At the domestic level, Jalilian et al. (2014), by emphasizing spousal support and participation in self-help groups, pointed to the importance of relationship reconstruction and formation of a new identity, which provides the basis for sustainable personal growth.

The eighth theme was quality of services and treatment process. This theme refers to the structural and interactional characteristics of the treatment system that can play a facilitating or inhibiting role in motivation for participation and treatment continuity. This theme shows that treatment is not merely an individual action; rather, the quality of professional interaction, the type of services provided, and the client's lived experience of the treatment environment play an essential role in forming treatment commitment. The following subthemes are appropriately placed under this theme because they are all related to the individual's experience of the treatment process. Therapist respect refers to the client's perception of their dignity, worth, and value in interaction with the therapist. This component can be explained within the humanistic approach, where unconditional acceptance and therapist empathy provide a safe foundation for change. Feeling respected reduces treatment resistance and strengthens internal motivation. Treatment services include access, continuity, comprehensiveness, and quality of pharmacological and psychosocial interventions. According to the biopsychosocial model, treatment effectiveness increases when physical, psychological, and social dimensions are addressed in an integrated way. Inefficiency or disorganization in services can weaken the client's motivation. Life skills training refers to empowering the individual in areas such as emotion

regulation, problem-solving, and decision-making. This component can be explained by social learning theory, because acquiring adaptive skills increases the individual's self-efficacy and reduces the likelihood of returning to substance use. Humane therapeutic relationship reflects the quality of the emotional and professional bond between therapist and client. Within the framework of therapeutic alliance theory, a relationship based on trust and collaboration is one of the strongest predictors of treatment success. Experiencing a humane and nonjudgmental relationship can increase commitment to treatment. Findings related to the eighth theme are consistent with Bagheri Sheykhangafshe et al. (2023), because they demonstrated the effectiveness of motivational facilitation therapy in increasing readiness for change, highlighting the importance of a professional approach and therapeutic relationship. Mokhtarpoor et al. (2024), by emphasizing the role of health literacy and motivation to receive maintenance treatment, also pointed to the importance of service quality and proper understanding of the treatment process. At the international level, Harerimana et al. (2020) considered therapeutic relationships and external support effective in sustaining motivation, which is consistent with the component of a humane therapeutic relationship. In addition, O'Leary et al. (2025) confirmed the effectiveness of psychosocial and cognitive behavioral interventions in improving treatment outcomes, indicating the importance of comprehensiveness and quality of treatment services.

Considering the eight extracted themes, it can be suggested that therapeutic interventions in the field of substance use disorder should adopt a multidimensional and integrated approach, focusing simultaneously on internal reconstruction, strengthening social support, enhancing self-awareness, teaching coping skills, and improving the quality of treatment services**.** Treatment programs can stabilize patients' internal motivation by strengthening self-efficacy, hope for the future, and purposefulness in life, and reduce the likelihood of relapse through training in emotion regulation, craving control, and stress management skills. In addition, designing family-centered workshops and peer groups can increase social support and provide the groundwork for reconstructing personal and social identity.

On the other hand, the findings show that the quality of the therapeutic relationship and the client's humane experience of the treatment process play a determining role in maintaining recovery. Therefore, it is recommended that treatment centers invest not only in pharmacological services but also in life skills training, strengthening the therapeutic alliance, and improving therapists' communication competencies. Simultaneous attention to the meaning-related and identity dimensions after treatment, including increasing a sense of worth, family responsibility, and formation of healthy relationships, can help stabilize long-term recovery. Overall, a comprehensive approach that views the individual not merely as a user but as a human being reconstructing identity and meaning can significantly increase the effectiveness of rehabilitation programs.

Acknowledgments

The authors express their gratitude and appreciation to all participants.

Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants. Ethical considerations in this study were that participation was entirely optional.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

Funding

This research was carried out independently with personal funding and without the financial support of any governmental or private institution or organization.

Authors' Contributions

All authors equally contribute to this study.

References

Ahmadi, J., & Yazdanfar, F. (2002). Substance use among Iranian university students. *International Journal of Drug Policy*, *13*(6), 507-508. https://doi.org/10.1016/S0955-3959(02)00066-X

Alaghi, M., Hojjati, H., Maghsoodloo Rad, A., Latifi, N., & Bagheri, J. (2025). The relationship between drug craving and perceived social support among rehabilitated individuals with substance use disorder: A cross-sectional study. *Journal of Nursing Reports in Clinical Practice*, 1-9. https://doi.org/10.32598/JNRCP.2025.1342

Ali, M. B., & Babaei, M. (2023). Relationship between procrastination and attitude toward substance use among medical students. *J Neurosci Neurol Res*, *2*(1), 1-10. https://doi.org/10.59657/2837-4843.brs.23.007

Amat, M. A. C., Ahmad, J., Jailani, O., Jaafar, W. M. W., & Zaremohzzabieh, Z. (2020). Relapse among drug addicts in East Coast Malaysia: A qualitative study of risk factors. *Journal of Academic Research in Business and Social Sciences*, *10*(12), 432-447. https://doi.org/10.6007/IJARBSS/v10-i12/8337

Anaraki, N. R. (2022). *Life on drugs in Iran: Between prison and rehab*. SYRACUSE University Press. https://doi.org/10.1353/book.111340

Araban, M., Salahshouri, A., Ghorrabi, A. T., & Jiba, M. (2026). An exploration into the factors contributing to addiction relapse: A qualitative study. *Heliyon*, *12*(1). https://doi.org/10.1016/j.heliyon.2025.e44266

Bagheri Sheykhangafshe, F., Tajbakhsh, K., Savabi Niri, V., Eghbali, F., & Shabahang, R. (2023). The effectiveness of motivational enhancement therapy for addiction treatment and attitudinal ambivalence towards addiction. *Journal of Research in Psychopathology*, *4*(12), 9-16. 10.22098/jrp.2023.12349.1163

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, *3*(2), 77-101. https://doi.org/10.1191/1478088706qp063oa

Broome, K. M., Knight, K., Hiller, M. L., & Simpson, D. D. (1996). Drug treatment process indicators for probationers and prediction of recidivism. *Journal of Substance Abuse Treatment*, *13*(6), 487-491. https://doi.org/10.1016/S0740-5472(96)00097-9

Chen, M.-J., Su, K.-H., & Tsai, W. (2007). Competitive tension: The awareness-motivation-capability perspective. *Academy of management Journal*, *50*(1), 101-118. https://doi.org/10.5465/amj.2005.15993147

Crits-Christoph, P., Gallop, R., Temes, C. M., Woody, G., Ball, S. A., Martino, S., & Carroll, K. M. (2009). The alliance in motivational enhancement therapy and counseling as usual for substance use problems. *Journal of consulting and clinical psychology*, *77*(6), 1125. https://doi.org/10.1037/a0017045

Danpanichkul, P., Duangsonk, K., Diaz, L. A., Chen, V. L., Rangan, P., Sukphutanan, B., Dutta, P., Wanichthanaolan, O., Ramadoss, V., & Sim, B. (2025). The burden of alcohol and substance use disorders in adolescents and young adults. *Drug and alcohol dependence*, *266*, 112495. https://doi.org/10.1016/j.drugalcdep.2024.112495

DiClemente, C. C., & Crisafulli, M. A. (2022). Relapse on the road to recovery: learning the lessons of failure on the way to successful behavior change. *Journal of health service psychology*, *48*(2), 59-68. https://doi.org/10.1007/s42843-022-00058-5

Dillon, P. J., Kedia, S. K., Isehunwa, O. O., & Sharma, M. (2020). Motivations for treatment engagement in a residential substance use disorder treatment program: A qualitative study. *Substance abuse: research and treatment*, *14*, 1178221820940682. https://doi.org/10.1177/1178221820940682

Drieschner, K. H., & Verschuur, J. (2010). Treatment engagement as a predictor of premature treatment termination and treatment outcome in a correctional outpatient sample. *Criminal Behaviour and Mental Health*, *20*(2), 86-99. https://doi.org/10.1002/cbm.757

Drugs, U. N. O. o. (2024). *World Drug Report 2024 (Set of 3 Booklets)*. Stylus Publishing, LLC. https://www.unodc.org/unodc/en/data-and-analysis/world-drug-report-2024.html

Ekhtiari, H., Noroozi, A., Farhoudian, A., Radfar, S. R., Hajebi, A., Sefatian, S., Zare-bidoky, M., Razaghi, E. M., Mokri, A., & Rahimi-Movaghar, A. (2020). The evolution of addiction treatment and harm reduction programs in Iran: a chaotic response or a synergistic diversity? *Addiction*, *115*(7), 1395-1403. https://doi.org/10.1111/add.14905

Golestaneh, S. E., Tajeri, B., Borjali, M., Sobhi Gharamaleki, N., & Sarami Foroushani, G. (2021). Determining craving by emotion regulation and psychological capital mediated by problem-solving styles in substance-dependent males aged 20 to 45 years. *Middle Eastern Journal of Disability Studies*, *11*, 7-7. 10.29252/mejds.0.0.194

Harerimana, B., Csiernik, R., Kerr, M., & Forchuk, C. (2020). Extrinsic factors influencing the person's motivation for engagement and retention in the addiction recovery process. A systematic literature review. *Rwanda Journal of Medicine and Health Sciences*, *3*(1), 93-108. https://doi.org/10.4314/rjmhs.v3i1.11

Hser, Y.-I., Polinsky, M. L., Maglione, M., & Anglin, M. D. (1999). Matching clients' needs with drug treatment services. *Journal of Substance Abuse Treatment*, *16*(4), 299-305. https://doi.org/10.1016/S0740-5472(98)00037-3

Huynh, K. D., Murgo, M. A., & Lee, D. L. (2022). Internalized heterosexism and substance use: A meta-analysis. *The Counseling Psychologist*, *50*(5), 674-707. https://doi.org/10.1177/00110000221086910

Jalilian, F., Motlagh, F., Amoei, M., Hatamzadeh, N., Gharibnavaz, H., & Mirzaei Alavijeh, M. (2014). Which one support (family, friend or other significant) is much more important to drug cessation. *A Study among men Kermanshah addicts, the west of Iran. J Addict Res Ther*, *5*(174), 2. https://www.omicsonline.org/open-access/which-one-support-family-friend-or-other-significant-is-much-more-important-to-drug-cessation-a-study-among-men-kermanshah-addicts-the-west-of-iran-2155-6105.1000174.php?aid=23530

Khosrozadh, M., Moghadam, P. K., Delshad, E. S., Mohammadi, R., Mohammadi, S., & Yarahmadi, S. (2025). Motivational Strategies for Learning Among Undergraduate Nursing Students: A Descriptive and Analytical Study. *Journal of Archives in Military Medicine*, *13*(13). https://doi.org/10.5812/jamm-164463

Kim, S., Lee, H., Woo, S., Lee, H., Park, J., Kim, T., Fond, G., Boyer, L., Rahmati, M., & Smith, L. (2025). Global, regional, and national trends in drug use disorder mortality rates across 73 countries from 1990 to 2021, with projections up to 2040: a global time-series analysis and modelling study. *EClinicalMedicine*, *79*. https://doi.org/10.1016/j.eclinm.2024.102985

Krijnen-de Bruin, E., Scholten, W., Muntingh, A., Maarsingh, O., van Meijel, B., van Straten, A., & Batelaan, N. (2022). Psychological interventions to prevent relapse in anxiety and depression: A systematic review and meta-analysis. *PLoS*

One, *17*(8), e0272200. https://doi.org/10.1371/journal.pone.0272200

Lai, E. R. (2011). Motivation: A literature review. *Person Research's Report*, *6*, 40-41. https://www.scirp.org/reference/referencespapers?referenceid=1830854

Lappan, S. N., Brown, A. W., & Hendricks, P. S. (2020). Dropout rates of in-person psychosocial substance use disorder treatments: a systematic review and meta-analysis. *Addiction*, *115*(2), 201-217. https://doi.org/10.1111/add.14793

Manjaly, Z.-M., & Iglesias, S. (2020). A computational theory of mindfulness based cognitive therapy from the "Bayesian brain" perspective. *Frontiers in Psychiatry*, *11*, 404. https://doi.org/10.3389/fpsyt.2020.00404

Martinelli, T., Roeg, D., Bellaert, L. d., Van de Mheen, D., & Nagelhout, G. (2023). Understanding the process of drug addiction Recovery through First-Hand Experiences: A qualitative study in the Netherlands using lifeline interviews. *Qualitative Health Research*, *33*(10), 857-870. https://doi.org/10.1177/10497323231174161

Massah, O., Taremian, F., Moloodi, R., Farhadi, M. H., & Ahounbar, E. (2018). Relapse Among Patients Referring to Residential Rehabilitation Centers for Drug Use Disorders in Iran and Its Related Factors. *Iranian Rehabilitation Journal*, *16*(2), 139. https://doi.org/10.32598/irj.16.2.139

Miller, W. R. (1992). *Motivational enhancement therapy manual: A clinical research guide for therapists treating individuals with alcohol abuse and dependence* (Vol. 2). US Department of Health and Human Services, Public Health Service, Alcohol …. https://www.niaaa.nih.gov/sites/default/files/match02.pdf

Miranda, S., Trigo, I., Rodrigues, R., & Duarte, M. (2023). Addiction to social networking sites: Motivations, flow, and sense of belonging at the root of addiction. *Technological Forecasting and Social Change*, *188*, 122280. https://doi.org/10.1016/j.techfore.2022.122280

Mokhtarpoor, H., Tehranineshat, B., Naderi, Z., & Amirinia, M. (2024). Explaining the causes and motivations for multiple substance use from the perspectives of users and therapists: A qualitative study. *Heliyon*, *10*(23). https://doi.org/10.1016/j.heliyon.2024.e40620

Monfared, N., Jadidi, M., & Golestani Pour, M. (2023). Explanation of the structural model of desire for treatment based on addiction memory, desire to use and tolerance of ambiguity with the mediation of self-control in people seeking to quit. *Medical Journal of Mashhad university of Medical Sciences*, *66*(3). https://doi.org/10.61838/kman.jayps.4.2.9

Mousali, A. A., Bashirian, S., Barati, M., Mohammadi, Y., Moeini, B., Moradveisi, L., & Sharma, M. (2021). Factors affecting substance use relapse among Iranian addicts. *Journal of Education and Health Promotion*, *10*, 129. https://doi.org/10.4103/jehp.jehp_984_20

Namjoo Baghini, N., Soltani, A., Monzari Tavakoli, A., & Monzari Tavakoli, H. (2024). Factor structure and validity of the substance use motives measure in students. *Fundamentals of Mental Health*, *26*(1), 59-70. 10.22038/JFMH.2024.75015.3087

Ndou, N., & Khosa, P. (2023). Factors influencing relapse in individuals with substance use disorders: an ecological perspective. *Social Work/Maatskaplike Werk*, *59*(1), 1-23. https://doi.org/10.15270/59-1-1089

Norouzi, A., Behan, S., & Chitsaz, M. A. (2025). Social factors affecting the reduction of drug addicts' relapse. *Journal of Psychological Science*, *24*(145), 261-281. https://openurl.ebsco.com/openurl?sid=ebsco:plink:crawler-gcd&id=ebsco:gcd:182487232&crl=f&jrnl=17357462

O'Leary, C., Coren, E., Gellen, S., Roberts, A., & Armitage, H. (2025). The effectiveness of psychosocial interventions for reducing problematic substance use, mental ill health, and housing instability in people experiencing homelessness in high income countries: A systematic review and meta-analysis. *Campbell Systematic Reviews*, *21*(1), e70019. https://doi.org/10.1002/cl2.70019

Poorasl, A. M., Vahidi, R., Fakhari, A., Rostami, F., & Dastghiri, S. (2007). Substance abuse in Iranian high school students. *Addictive behaviors*, *32*(3), 622-627. https://doi.org/10.1016/j.addbeh.2006.05.008

Ragona, A., Mesce, M., Cimino, S., & Cerniglia, L. (2023). Motivations, behaviors and expectancies of sexting: The role of defensive strategies and social media addiction in a sample of adolescents. *International journal of environmental research and public health*, *20*(3), 1805. https://doi.org/10.3390/ijerph20031805

Rahnema, M. (2020). Participation. In *The applied theatre reader* (pp. 143-149). Routledge. https://doi.org/10.4324/9780429355363-28

Reeve, J. (2024). *Understanding motivation and emotion*. John Wiley & Sons. https://www.wiley.com/en-us/Understanding+Motivation+and+Emotion%2C+8th+Edition-p-9781394219049

Robinson, H., & Weir, R. (2004). Substance. https://philpapers.org/rec/ROBSYI

Rowe, C. L., & Liddle, H. A. (2003). Substance abuse. *Journal of Marital and Family Therapy*, *29*(1), 97-120. https://doi.org/10.1111/j.1752-0606.2003.tb00386.x

Shahraki, G., Sedaghat, Z., & Fararouei, M. (2018). Withdrawing attempt and its related factors among Iranian substance users: A case-control study. *Substance Abuse Treatment, Prevention, and Policy*, *13*(1), 45. https://doi.org/10.1186/s13011-018-0184-z

Shen, J., Hua, G., Li, C., Liu, S., Liu, L., & Jiao, J. (2023). Prevalence, incidence, deaths, and disability-adjusted life-years of drug use disorders for 204 countries and territories during the past 30 years. *Asian journal of psychiatry*, *86*, 103677. https://doi.org/10.1016/j.ajp.2023.103677

Simpson, D. D., & Joe, G. W. (1993). Motivation as a predictor of early dropout from drug abuse treatment. *Psychotherapy: Theory, research, practice, training*, *30*(2), 357. https://doi.org/10.1037/0033-3204.30.2.357

Solaimani, A., Baghbanian, A., Behmanesh, M. A., & Kassani, A. (2025). Social Capital as a Predictor of Substance Misuse Relapse: Findings from a Case-Control Study. *Journal of Health Sciences & Surveillance System*, *13*(3), 301-307. https://doi.org/10.5812/healthscope-148904

Taherifard, M., Basharpoor, S., Hajloo, N., & Narimani, M. (2021). Modeling substance use relapse based on risky decision making, attentional bias, and reward sensitivity: with the mediating role of craving: a descriptive study. *Journal of Rafsanjan University of Medical Sciences*, *20*(7), 747-766. https://doi.org/10.52547/jrums.20.7.747

Thika, S., Intarakamhang, U., & Sakunpong, N. (2025). Motivation for Health Behavior in Women's Addiction Undergoing Rehabilitation Treatment: A Qualitative Study. *International Journal of High Risk Behaviors and Addiction*, *14*(1). https://doi.org/10.5812/ijhrba-148450

Volkow, N. D., & Blanco, C. (2023). Substance use disorders: a comprehensive update of classification, epidemiology, neurobiology, clinical aspects, treatment and prevention. *World Psychiatry*, *22*(2), 203-229. https://doi.org/10.1002/wps.21073

Votaw, V. R., & Witkiewitz, K. (2021). Motives for substance use in daily life: A systematic review of studies using ecological

momentary assessment. *Clinical psychological science*, *9*(4), 535-562. https://doi.org/10.1177/2167702620978614

Wood, A. K. (2020). Facilitating accountability for online political advertisements. *Ohio St. Tech. LJ*, *16*, 520. https://nyulawreview.org/wp-content/uploads/2026/05/101-NYU-L-Rev-593.pdf

Yang, J.-Y., Kim, M., & Sohn, A. (2023). Development and validation of a questionnaire for assessing drug use motives in the general population in South Korea. Healthcare, https://doi.org/10.3390/healthcare12010086