Unraveling the Fragility of Willpower: Exploring the Role of Emotional Resilience and Social Perception in Substance Abuse Recovery

Shruti Sharma*, Ms. Aditi Bhatia**

* *Postgraduate student, Department of Humanities and Social Sciences, Netaji Subhas University of Technology, Dwarka, New Delhi, India*

** *Guest Faculty, Department of Humanities and Social Sciences, Netaji Subhas University of Technology, Dwarka, New Delhi, India*

E-mail ID: sharma.shruti212000@gmail.com; ab7730605@gmail.com

Corresponding Author: Shruti Sharma, Humanities and Social Sciences, Netaji Subhas University of Technology, Dwarka, New Delhi, India

E-mail ID: sharma.shruti212000@gmail.com

Abstract

Background

Substance Use Disorders (SUDs) remain a pressing public health concern in India, where limited access to treatment, societal stigma, and cultural narratives that portray addiction as a moral failure often hinder recovery.

Aim & Objectives

This study aimed to explore how emotional resilience and social perception influence the

recovery process in individuals overcoming substance use, challenging the dominant narrative of willpower as the sole driver of change.

Methods

Grounded in a constructivist-interpretivist paradigm, the study employed a qualitative phenomenological design. In-depth, semi-structured interviews were conducted with five individuals in recovery from substance use. Reflexive Thematic Analysis was used to analyze the data, allowing experiential and emotionally grounded themes to emerge.

Results

Six major themes were identified: (1) the social gateway to addiction, (2) emotional chaos and vulnerability, (3) rebuilding the self, (4) networks of support, (5) systemic gaps and institutional impact, and (6) the search for meaning beyond sobriety. Participants described addiction as rooted in emotional pain and social disconnection, while recovery was sustained through emotional regulation, compassion, peer support, and renewed meaning-making.

Conclusion

The findings highlight that addiction recovery is a dynamic, socially embedded process rather than a solitary act of willpower. Interventions must therefore adopt a holistic, culturally sensitive approach that prioritizes emotional and relational dimensions of healing.

Keywords: substance abuse, addiction recovery, willpower, emotional resilience, social perception, qualitative research, India

Introduction

In India, alcohol and drug abuse present a serious public health concern that has a profound impact on social well-being, productivity, and health. Alcohol, cannabis, and opioid use are all highly prevalent, according to extensive surveys like the *National Mental Health Survey* (2015–2016) and the *National Survey on Extent and Pattern of Substance Use in India* (2019) (Sarkar & Ghosh, 2019). Alcohol use disorder affects approximately 4.6% of the population, cannabis use disorder 2.8%, and opioid use disorder 2.1%, with opioid use nearly three times higher in India than the global average (Singh, 2020). Heroin is the most commonly abused opioid, followed by pharmaceutical opiates, and inhalant use is increasing among young people (Sarkar & Ghosh, 2019).

Despite this prevalence, a significant treatment gap remains: more than 86% of those with hazardous alcohol use and 73% of those with drug use disorders do not receive formal treatment (Sarkar & Ghosh, 2019). Barriers include inaccessibility, high costs, a scarcity of qualified providers, and, most importantly, stigma. Addiction is frequently portrayed as a personal flaw or "lack of willpower," rather than a chronic, relapsing disorder (Murthy et al., 2010). In the Indian sociocultural context, where family honour and social conformity are highly valued, this viewpoint heightens shame, delays intervention, and encourages secrecy surrounding substance abuse. However, neurocognitive research shows that addiction alters brain functions that govern decision-making, emotional regulation, and impulse control, fundamentally undermining the notion that recovery can be achieved solely through willpower (Murthy et al., 2010).

Relapse remains a common challenge, with rates ranging from 3% to 90%, depending on factors such as stress, age, and social environment. Many people relapse due to inadequate

aftercare, unsupportive home environments, or psychological vulnerabilities, rather than a lack of commitment. According to Bandura's self-efficacy theory, a lack of confidence in managing stress or resisting cravings increases the risk of relapse. Empirical studies show that coping styles, perceived support, and emotional regulation all influence relapse (Shanmugam et al., 2021; McDonnell et al., 2018).

In India, rehabilitation centres and Narcotics Anonymous (NA) play a significant role in recovery. NA provides a peer-led, nonclinical model based on the 12 steps that promotes belonging and motivation. Frequent attendance has been linked to less distress and better coping (Tianingrum et al., 2019). In contrast, rehabilitation centres offer structured treatment through detox and counselling; however, challenges such as inadequate funding and limited follow-up care jeopardise long-term outcomes—nearly 45% relapse within six months (Sharma & Gautam, 2020). Studies emphasise the importance of family and community support in maintaining abstinence (Rathinam & Ezhumalai, 2021; Dixit et al., 2015).

Traditionally, willpower has been defined as conscious self-control used to delay gratification (APA, 2012). However, studies show that addiction impairs executive functioning and decision-making (Kelley, 2024), making relying solely on willpower problematic. Snoek et al. (2016) discovered that recovery is less dependent on raw willpower and more on practical strategies and structured support. Ainslie (2020) reframed willpower as a combination of impulse suppression and resolve, connecting current choices to future goals. These perspectives highlight that, while willpower is important, it is insufficient on its own.

Resilience, or the ability to adapt constructively to stress or trauma, is protective in the recovery process. It helps people regulate their emotions, manage cravings, and prevent relapse (Horn and Feder, 2018). According to research, low resilience and maladaptive coping are associated with relapse (Shanmugam et al., 2021; McDonnell et al., 2018), whereas resilient people maintain abstinence in the face of external pressures.

Social perceptions have a significant impact on recovery. Stigma and negative societal attitudes cause exclusion and low self-efficacy, whereas supportive family and community networks boost motivation (National Institute on Drug Abuse, 2022; Gyawali et al., 2018). Basu (2020) emphasised that recovery is rooted in meaningful social engagement rather than individual struggle. Beliefs in free will and responsibility also influence motivation for recovery (Vonasch et al., 2017). In India, where family reputation strongly influences behaviour, social perception becomes critical to recovery paths.

This study conceptualises recovery from four different perspectives. Self-Determination Theory (Ryan & Deci, 2000) emphasises intrinsic motivation and the value of autonomy, competence, and relatedness. The Ego Depletion Theory (Baumeister et al., 1998) explains how constant exercise of self-control can deplete willpower. Resiliency Theory (Zimmerman, 2013) focuses on adaptive coping and strength building in the face of adversity. Labelling Theory (Becker, 1963) explains how stigma and societal labels influence identity and recovery outcomes. Together, these theories position recovery as a biopsychosocial process influenced by motivation, resilience, and social interactions.

Despite a large international literature, most Indian studies are quantitative, rely on Western frameworks, and rarely investigate lived experiences. Few studies investigate the interaction of willpower, resilience, and social perception in recovery. Given the Indian sociocultural context, which is marked by stigma, family expectations, and a lack of aftercare, willpower must be rethought as a fluid trait embedded in emotional and social reality. This study aims to provide culturally grounded insights by investigating how these constructs interact in Indian recovery narratives.

Objectives

The main goals of the study were

1. To explore how individuals in recovery describe their experiences with willpower.
2. To examine how emotional resilience influences sustained recovery.
3. To understand how social perception and stigma shape the recovery experience

Method

Research Design

This study was situated within a constructivist–interpretivist paradigm, which assumes that reality is socially constructed and multiple realities exist depending on cultural and individual contexts. A qualitative phenomenological design was adopted to explore the lived experiences of recovery from substance use. This approach prioritises participant voices and allows for detailed, contextualised accounts of recovery processes. Semi-structured interviews

were used to elicit detailed narratives, with the analytic process guided by Reflexive Thematic Analysis (Braun & Clarke, 2006, 2021).

Participants

Purposeful sampling was used to recruit five participants. Participants were required to be (a) over the age of 18, (b) self-identify as being in recovery from substance use, and (c) fluent in English or Hindi. Individuals in acute detoxification or psychiatric inpatient care were excluded, as were those who were unable or unwilling to participate in narrative interviews.

Participants ranged in age, socioeconomic status, and recovery contexts, providing a variety of perspectives on the role of willpower, emotional resilience, and social perception.

Data Collection

Participants were recruited through rehabilitation professionals, Narcotics Anonymous coordinators, and academic networks. Semi-structured interviews were conducted in locations chosen for participant comfort, such as rehabilitation centres, university campuses, and NA meeting venues. Each interview lasted 45-60 minutes, was audio-recorded with permission, and then transcribed verbatim. Field notes were taken to record nonverbal cues, pauses, and emotional expressions.

The data collection process was supported by three primary tools. The first was an informed consent form that explained the study's purpose, emphasised that participation was voluntary, and guaranteed confidentiality with the option to withdraw at any time. The second

was a socio-demographic information sheet, which was intended to collect background information such as age, education, duration of substance use, length of sobriety, and the support systems that influenced each participant's recovery. The third was a semi-structured interview schedule that included guiding questions about central constructs such as willpower, emotional resilience, stigma, and social support, while also allowing participants to describe their experiences in their own words.

Data Analysis

The data were analysed inductively with Reflexive Thematic Analysis (Braun & Clarke, 2006, 2021). Six iterative steps were required to complete the process. First, the researcher immersed themselves in the transcripts by reading and rereading them, giving them time to notice tone, pauses, and emotional texture. Second, initial codes were created by highlighting sections of text that addressed the central issues of willpower, resilience, and social perception. Third, these codes were organised into potential sub-themes, which included patterns of meaning and recurring expressions. In the fourth step, the emerging themes were evaluated and refined against the entire dataset to ensure coherence and depth. Fifth, the final themes were defined and named, capturing the essence of the participants' experiences while remaining true to their voice. Finally, the analysis was written as a narrative report supplemented with verbatim participant quotes.

Throughout the process, themes were viewed as insights co-constructed by participant narratives and the researcher's interpretation, rather than static "findings." This approach

emphasised recovery as a socially and emotionally embedded process, as opposed to a purely individual act of willpower.

Quality Assurance

Long-term data engagement and triangulation across transcripts, field notes, and contextual observations increased credibility. Thick descriptions and verbatim quotes guaranteed the authenticity of participant voices. Reflexive journaling during coding and theme development captured the researcher's positionality and interpretive role, which aided confirmability. Analytic memos that documented coding choices helped to maintain transparency in analytic decisions.

Ethical Considerations

The ethics committee of the host institution gave its approval. Informed consent was taken prior to participation, with flexibility for written or verbal consent depending on participant preference. Pseudonyms were used in transcripts and reporting to ensure confidentiality. Interviews were conducted with sensitivity to potential retraumatization, and participants were debriefed at the end of each session. When necessary, assistance was provided through referrals.

Researcher Positionality

The researcher, a graduate student in psychology with clinical experience in substance use settings, was both an insider (conceptual familiarity) and an outsider (new to lived recovery narratives). Journaling was used to practise reflexivity, which acknowledges how personal

beliefs and emotions influenced data interpretation. Subjectivity was embraced as a strength, allowing for empathetic understanding while maintaining analytical rigour.

Results

This study explored how emotional resilience and social perception shape recovery from substance use, highlighting the limitations of willpower when viewed in isolation. Data from five semi-structured interviews were analyzed inductively using reflexive thematic analysis (Braun & Clarke, 2006, 2021), resulting in six major themes.

Social Gateway to Addiction

Substance use began in collective settings—through peers, cousins, or friends—where it carried meanings of belonging and validation. As P1 reflected: “After my 10th standard, I did weed for the first time with my cousins… for the first time in my life, I was not worried.”

Emotional Chaos and Vulnerability

Substance use functioned as an attempt to regulate guilt, emptiness, or distress rather than as a pursuit of pleasure. P5 explained, “There was an emptiness without it, and to erase that, I did drugs.”

Rebuilding the Self

Recovery was experienced as rediscovering selfhood through reflection and practices like journaling. As P1 noted: “When I go back and read [my old journal], I realize how much I’ve grown.”

Networks of Support

External support from family, peers, and recovery groups provided structure and accountability against relapse. P4 emphasised: “If I ever feel like getting high, they come to the place I am… and support me by not letting me do the drug.”

Systemic Gaps and Institutional Impact

Formal rehabilitation was often experienced as punitive and rigid, failing to meet emotional needs. P1 described: “Rehab is the worst place in the world. I started crying the moment I entered.”

Searching for Meaning Beyond Sobriety

Recovery was framed as a spiritual and existential journey beyond abstinence. P5 shared: “Today I will say it is not my will; it’s God’s will… I’m better because I stopped working by my will.”

Taken together, these themes illustrate recovery as relational, emotional, and meaning-driven. Substance use was rooted in belonging and coping, while recovery required identity reconstruction, social support, systemic reform, and purpose beyond abstinence.

Figure 1

Thematic Map

Discussion

This study set out to understand why willpower often feels fragile in substance use recovery and how resilience and social perception shape that experience. The voices of participants made clear that recovery is not a solitary act of control but a daily negotiation held together by emotions, relationships, systems, and meaning.

The Social Gateway to Addiction

Substance use began not as rebellion but as a need for belonging. Peers, cousins, and admired elders became enablers, offering validation and identity. As Borsari and Carey (2006) found, peer norms strongly shape youth substance use; our findings extend this by showing how

these bonds shape worldview and self-worth. Addressing addiction, therefore, requires looking beyond substances to the rituals and relationships that made them meaningful.

Emotional Chaos and Vulnerability

For participants, the urge to use was less about pleasure and more about silencing unbearable feelings—shame, guilt, anxiety, and emptiness. One participant even described cutting himself during withdrawal, not to die, but to feel something when the void felt louder than pain. Berking et al. (2011) showed that poor emotion regulation predicts relapse; our findings add lived texture, revealing how substance use became a form of survival when willpower alone cracked under the weight of unhealed wounds.

Rebuilding the Self

Recovery was not just leaving substances behind but rediscovering selfhood. Through journaling, reflection, and moments of acceptance, participants slowly rebuilt agency. Dingle et al. (2015) argue recovery involves constructing a new identity beyond the ‘addict’ label. Our findings support this, showing that participants did not strive to become someone new but rather to become whole again.

Networks of Support

Recovery was sustained where relationships offered scaffolding—whether a mother’s persistence or the steady reassurance of “keep coming back” at NA. Echoing Tracy and Wallace (2016), who highlight peer support as vital for recovery, our participants showed that in India,

such networks are not optional but foundational. Here, resilience was born in connection, not isolation.

Systemic Gaps and Institutional Impact

While interpersonal support offered safety, formal institutions often felt rigid and punitive. Rehab was described as “the worst place in the world”, enforcing abstinence without addressing readiness. Grella and Stein (2013) noted similar gaps in treatment responsiveness. By contrast, NA provided compassion and flexibility, pointing to the need for more trauma-informed and culturally attuned systems in India.

Searching for Meaning Beyond Sobriety

Finally, participants revealed that abstinence alone was not enough—recovery also meant finding meaning. Spiritual surrender, journaling, and even psychedelic experiences gave clarity and purpose. Heinz et al. (2007) link spirituality to sustained recovery, and our findings build on this by showing that meaning is not a single event but an ongoing act of re-rooting identity and purpose.

Taken together, these themes show that recovery cannot be reduced to willpower alone. It is emotional, relational, systemic, and spiritual. By listening to lived experiences, this study highlights the fragile scaffolding of recovery—not discipline in isolation, but resilience grown through relationships, reflection, and meaning.

Limitations

This study offers rich qualitative insights, but several limitations must be noted. The small sample size of five limits generalisability, and a broader, more diverse group could have revealed varied recovery experiences across socioeconomic, cultural, and gender contexts. Its regional focus further narrows the scope, as recovery is shaped by specific community and cultural environments. Reliance on self-reported narratives raises risks of memory gaps or social desirability bias, especially given addiction stigma. Finally, the cross-sectional design captures recovery at one moment in time, overlooking its dynamic and non-linear course; longitudinal research would provide a deeper understanding.

Future Research

Future studies should examine how spirituality and meaning-making shape recovery across diverse cultural and philosophical contexts, deepening understanding of resilience and transformation. Quantitative approaches could test variables such as emotional resilience, social support, and peer networks, providing empirical validation. Longitudinal designs are essential to capture recovery's evolving nature over time. Research must also include under-represented groups such as women, LGBTQ+ individuals, and those from rural or marginalised backgrounds, whose experiences may present distinct challenges.

Conclusion

This study challenges the image of recovery as a solitary triumph of willpower. Participants revealed recovery as a daily negotiation—managing pain, seeking connection, and finding meaning in a world that often judged before understanding. It was less about perfection

than persistence, less about control than care. The findings call for shifting focus from abstinence alone to transformation, from stigma to compassion, and from individual struggle to collective support. Recovery emerged as a mosaic of self-awareness, resilience, relationships, and purpose —reminding us that healing is rarely achieved alone, nor should it be.

Declarations

Funding

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

Conflicts of Interest

The author declares no conflicts of interest with respect to the research, authorship, and/or publication of this article.

Ethical Approval

The study was conducted in accordance with ethical standards for research in psychology. Informed consent was obtained from all participants prior to data collection. Participation was voluntary, and confidentiality and the right to withdraw at any time were assured.

Informed Consent from Participants

Written and verbal informed consent was obtained from all participants in the study.

Acknowledgments

The author expresses sincere gratitude to the participants for sharing their experiences with honesty and courage. Their insights made this work possible.

Author Contributions

The author was solely responsible for the conceptualisation, data collection, analysis, and writing of this article.

References

Ainslie, G. (2020). Willpower with and without effort. *Behavioral and Brain Sciences*, *44*. https://doi.org/10.1017/s0140525x20000357

American Psychological Association. (2012). *Willpower*. https://www.apa.org/topics/personality/willpower

Basu, D. (2020). Of mice and men.....The unforgettable narrative of how social factors shape substance use, addiction, and recovery. *Indian Journal of Social Psychiatry*, *36*(4), 270–270. https://doi.org/10.4103/ijsp.ijsp_393_20

Baumeister, R. F., Bratslavsky, E., Muraven, M., & Tice, D. M. (1998). Ego depletion: Is the active self a limited resource? *Journal of Personality and Social Psychology, 74*(5), 1252–1265. https://doi.org/10.1037/0022-3514.74.5.1252

Becker, H. S. (1963). *Outsiders: Studies in the sociology of deviance*. Free Press.

Berking, M., Margraf, M., Ebert, D., Wupperman, P., Hofmann, S. G., & Junghanns, K. (2011). Deficits in emotion-regulation skills predict alcohol use during and after cognitive–behavioral therapy for alcohol dependence. *Journal of Consulting and Clinical Psychology*, *79*(3), 307–318. https://doi.org/10.1037/a0023421

Borsari, B., & Carey, K. B. (2006). How the quality of peer relationships influences college alcohol use. *Drug and Alcohol Review*, *25*(4), 361–370. https://doi.org/10.1080/09595230600741339

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

Braun, V., Clarke, V. (2021). One size fits all? What counts as quality practice in (reflexive) thematic analysis? *Qualitative Research in Psychology*. https://doi.org/10.1080//14780887.2020.1769238

Devi, S., & Singh, S. (2023). Relapse in Drug Addiction: A Review https://www.researchgate.net/profile/Sunita-Devi-16/publication/376207171_Relapse_in_Drug_Addiction_A_Review/links/659f8fe840ce1c5902d3e6f0/Relapse-in-Drug-Addiction-A-Review.pdf

Dingle, G.A., Cruwys, T., & Frings, D. (2015). Social Identities as Pathways into and out of Addiction. *Frontiers in Psychology*, *6*. https://doi.org/10.3389/fpsyg.2015.01795

Dixit, S., Chauhan, V.S., & Azad, S. (2015). Social Support and Treatment Outcome in Alcohol Dependence Syndrome in Armed Forces. *Journal of Clinical and Diagnostic Research*. https://doi.org/10.7860/jcdr/2015/14142.6739

Grella, C.E., & Stein, J.A. (2013). Remission from substance dependence: Differences between individuals in a general population longitudinal survey who do and do not seek help. *Drug and Alcohol Dependence*, *133*(1), 146–153. https://doi.org/10.1016/j.drugalcdep.2013.05.019

Gyawali, S., Sarkar, S., Balhara, Y.P.S., Kumar, S., Patil, V., & Singh, S. (2018). Perceived stigma and its correlates among treatment seeking alcohol and opioid users at a tertiary care centre in India. *Asian Journal of Psychiatry*, *37*, 34–37. https://doi.org/10.1016/j.ajp.2018.07.018

Heinz, A., Epstein, D. H., & Preston, K.L. (2007). Spiritual/Religious Experiences and In-Treatment Outcome in an Inner-City Program for Heroin and Cocaine Dependence. *Journal of Psychoactive Drugs*, *39*(1), 41–49. https://doi.org/10.1080/02791072.2007.10399863

Horn, S.R., & Feder, A. (2018). Understanding Resilience and Preventing and Treating PTSD. *Harvard Review of Psychiatry*, *26*(3), 158–174. https://doi.org/10.1097/hrp.0000000000000194

Kelley, T. L. (2024). | *The Myth of Willpower and Addiction* https://twinlakesrecoverycenter.com/myth-willpower-addiction/

McDonnell, E., Hevey, D., McCauley, M., & Ducray, K. N. (2018). Exploration of associations between early maladaptive schemas, impaired emotional regulation, coping strategies and resilience in opioid-dependent poly-drug users. *Substance Use & Misuse, 53*(14), 2320–2329. https://doi.org/10.1080/10826084.2018.1473438

Murthy, P., Manjunatha, N., Subodh, B.N., Chand, P., & Benegal, V. (2010). Substance use and addiction research in India. *Indian Journal of Psychiatry*, *52*(7), 189–189. https://doi.org/10.4103/0019-5545.69232

National Institute on Drug Abuse. (2022). *Stigma and discrimination*. https://nida.nih.gov/research-topics/stigma-discrimination

Rathinam, B., & Ezhumalai, S. (2021). Resilience among Abstinent Individuals with Substance Use Disorder. *Indian Journal of Psychiatric Social Work*, *12*(2), 96–102. https://pubmed.ncbi.nlm.nih.gov/35058672

Ryan, R.M., & Deci, E.L. (2000). Self-determination Theory and the Facilitation of Intrinsic motivation, Social development, and well-being. *American Psychologist*, *55*(1), 68–78. https://selfdeterminationtheory.org/SDT/documents/2000_RyanDeci_SDT.pdf

Sarkar, S., & Ghosh, A. (2019). The magnitude and vicissitudes of substance use disorders in India. *Indian Journal of Social Psychiatry*, *35*(2), 99. https://doi.org/10.4103/ijsp.ijsp_50_19

Sarkar, S., Tom, A., Das, S., Bharadwaj, B., & Ghosh, A. (2022). Systematic review: Rates and determinants of relapse to alcohol: A systematic review of Indian studies. *Journal of*

Mental Health and Human Behaviour, *27*(1), 8–18. https://doi.org/10.4103/jmhhb.jmhhb_191_20

Shanmugam, B., Das, B., Bhattacharjee, D., & Ezhumalai, S. (2021). Expressed Emotions and Coping among Relapsed Persons with Alcohol Dependence Syndrome: A Comparative Study. *Indian Journal of Mental Health*, *8*(4), 429. https://pmc.ncbi.nlm.nih.gov/articles/PMC8757773/

Singh, O. (2020). Substance use in India – Policy implications. *Indian Journal of Psychiatry*, *62*(2), 111–111. https://doi.org/10.4103/psychiatry.indianjpsychiatry_207_20

Snoek, A., Levy, N., & Kennett, J. (2016). Strong-willed but not successful: The importance of strategies in recovery from addiction. *Addictive Behaviors Reports*, *4*, 102–107. https://doi.org/10.1016/j.abrep.2016.09.002

Tianingrum, N.A., Feriani, P., Susanti, E.W., Purdani, K.S., Winarti, Y., & Safrudin, B. (2019). The Effect of Narcotics Anonymous Meeting toward Relapse Prevention among Prisoners. *Indian Journal of Public Health Research & Development*, *10*, 634-638.

Tracy, K., & Wallace, S. (2016). Benefits of peer support groups in the treatment of addiction. *Substance Abuse and Rehabilitation*, *7*, 143–154. https://doi.org/10.2147/sar.s81535

Vonasch, A.J., Clark, C.J., Lau, S., Vohs, K.D., & Baumeister, R.F. (2017). Ordinary people associate addiction with loss of free will. *Addictive Behaviors Reports*, *5*, 56–66. https://doi.org/10.1016/j.abrep.2017.01.002

Zimmerman, M.A. (2013). Resiliency Theory. *Health Education & Behavior*, *40*(4), 381–383. https://doi.org/10.1177/1090198113493782