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RESEARCH ARTICLE (ORIGINAL)

Stress, Emotional Intelligence, and Risk of Treatment Adherence in Drug-Dependent Women

Estrés, Inteligencia Emocional y Riesgo en la Adherencia al Tratamiento en Mujeres Drogodependientes

Stress, Inteligência Emocional e Risco de Adesão ao Tratamento em Mulheres Toxicodependentes

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Abstract
Background: A lack of stress coping strategies and low emotional intelligence in women can lead to lower stress tolerance and increasing the likelihood of relapse into substance use.
Objective: To analyze the impact of perceived stress and emotional intelligence on adherence to alcohol and drug dependence treatment in women.
Methodology: A descriptive and correlational study was conducted with a sample of 61 single, Christian women with complete secondary education who were undergoing treatment for polydrug use at a rehabilitation center. Levels of stress, emotional intelligence, and treatment adherence were assessed. Data were analyzed using Pearson's correlation coefficient and multiple linear regression.
Results: There is a negative relationship between perceived stress and emotional intelligence (r =-0.460; p <0.001) and adherence to treatment (r -0.370; p<0.001). Furthermore, higher emotional intelligence was associated with greater treatment adherence (F (2.58) = 8.83; R^2 =20.7%; p <0.001).
Conclusion: High stress and poor emotional regulation increase the risk of substance use and treatment dropout in women with addiction.

Keywords: emotional intelligence; emotions; women; substance-related disorders; treatment adherence and compliance

Resumen
Marco contextual: La falta de estrategias de afrontamiento al estrés y baja inteligencia emocional en mujeres puede generar menor tolerancia al estrés, y aumentar la probabilidad de recaída en el consumo de sustancias.
Objetivo: Analizar el efecto del estrés percibido y la inteligencia emocional sobre la adherencia al tratamiento de dependencia al alcohol y drogas en mujeres.
Metodología: Estudio descriptivo, correlacional, con una muestra de 61 mujeres solteras, con secundaria terminada, cristianas y policonsumidoras de un centro de rehabilitación. Se midió estrés, inteligencia emocional y adherencia al tratamiento. Para analizar se utilizó el coeficiente de correlación de Pearson y un modelo de regresión lineal múltiple.
Resultados: Existe relación negativa entre el estrés percibido, inteligencia emocional (r =-0,460; p< 0,001) y la adherencia al tratamiento (r =-0,370; p<0,001). Además, mayor inteligencia emocional se asoció con mayor adherencia al tratamiento (F (2, 58) =8,83; R^2 = 20,7%; p<0,001).
Conclusión: Estrés elevado y la baja regulación emocional aumentan el riesgo de consumo y abandono del tratamiento en mujeres con adicción.

Palabras clave: inteligencia emocional; emociones; mujeres; trastornos relacionados con sustancias; cumplimiento y adherencia al tratamiento

Resumo
Enquadramento: A falta de estratégias para lidar com o stress e a baixa inteligência emocional nas mulheres podem levar a uma menor tolerância ao stress e aumentar a probabilidade de recaída no consumo de substâncias.
Objetivo: Analisar o efeito do estresse percebido e da inteligência emocional na adesão ao tratamento para a dependência de álcool e drogas em mulheres.
Metodologia: Este estudo descritivo e correlacional incluiu uma amostra de 61 mulheres solteiras, com o ensino secundário completo, cristãs e consumidoras de múltiplas drogas, provenientes de um centro de reabilitação. Foram medidos o stress, a inteligência emocional e a adesão ao tratamento. O Coeficiente de Correlação de Pearson e um Modelo de Regressão Linear Múltipla foram utilizados para a análise.
Resultados: Existe uma relação negativa entre o stresse percebido e a inteligência emocional (r = -0,460; p<0,001) e a adesão ao tratamento (r =-0,370; p<0,001). Além disso, uma maior inteligência emocional esteve associada a uma maior adesão ao tratamento (F (2,58) = 8,83; R^2 = 20,7%; p<0,001).
Conclusão: O stress elevado e a má regulação emocional aumentam o risco de consumo de substâncias e abandono do tratamento em mulheres com dependência.

Palavras-chave: inteligência emocional; emoções; mulheres, transtornos relacionados ao uso de substâncias; cooperação e adesão ao tratamento

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Introduction

Alcohol and drug use is among the leading causes of addiction, and women represent a vulnerable group with specific characteristics that must be considered when planning treatment (Oficina de las Naciones Unidas contra la Droga y el Delito, 2023; Organización Mundial de la Salud, 2024).

Women who use alcohol and drugs experience a combination of social and psychological factors that increase their vulnerability, including stigmatization, barriers to accessing specialized treatment, and greater exposure to gender-based violence, often exacerbated by substance use (Secretaría de Salud, Subsecretaría de Prevención y Promoción de la Salud & Dirección General de Epidemiología, 2020). These circumstances not only intensify the consequences of consumption but also hinder help-seeking and adherence to available treatments.

Globally, women account for 2.6% of deaths related to alcohol consumption (Organización Mundial de la Salud, 2024). In Mexico, between 2016 and 2017, 67% of women aged 18 to 65 reported lifetime alcohol use, 41.3% in the past year, and 10.8% heavy episodic drinking; approximately 1% showed signs of dependence. Regarding illicit drugs, 7% had ever used them, 1.6% in the past year, and 0.2% met dependence criteria—yet only 12.8% sought treatment (Secretaría de Salud, 2017). However, women represented only 7.9% of admissions to rehabilitation centers in 2018, with a male-to-female treatment demand ratio of 12:1 (Secretaría de Salud, Subsecretaría de Prevención y Promoción de la Salud & Dirección General de Epidemiología, 2020). These statistics reveal a significant gap in access to and continuity of care, underscoring the need to define the problem within the Mexican context and to analyze factors influencing women's treatment adherence.

When women seek treatment, several factors may affect adherence, including perceived stress arising from situations beyond their control, such as relationship conflicts, family issues, childcare demands, work-related stress, illness, or bereavement (Calvo et al., 2018; Garke et al., 2021; Gold et al., 2020; Haghani & Khodabakhshi-Koolaee, 2022; Hansen-Rodríguez, 2020; Johnson & Blanchard, 2016; Obeid et al., 2020; Valentino & Aston-Jones, 2010; Zargar et al., 2019). This stress manifests through psychological and emotional responses that can lead to unhealthy coping strategies, such as alcohol and drug use (Calvo et al., 2018; Garke et al., 2021; Gold et al., 2020; Haghani & Khodabakhshi-Koolaee, 2022; Obeid et al., 2020).

Based on these considerations, this study provides a reference point for designing interventions that enhance treatment adherence by promoting stress regulation skills and strengthening emotional intelligence. Therefore, the objective of this study was to analyze the impact of perceived stress and emotional intelligence on treatment adherence among women with alcohol and drug dependence.

Background

Stress arises from the interaction between an external stimulus and an individual's cognitive appraisal of that stimulus as dangerous and overwhelming in relation to their resources. According to Lazarus and Folkman (1986) stress does not depend solely on the stressor itself but rather on the perception and evaluation of the situation − representing a universal mental process that links stressful events with well-being and personal coping abilities. In this regard, identifying the circumstances that trigger stress, as well as the emotions involved, may help improve the cognitive and emotional processes that women experience when facing stressful situations.

Stress is not inherently detrimental. However, when women face excessive demands and are unable to adjust properly, the resulting pressure may become overwhelming. Without appropriate coping tools, their balance can be disrupted, leading to a negative experience of stress (Cohen et al., 1983; Martínez, 2018). Stress can be managed in various ways, but emotional regulation plays a decisive role. From this perspective, emotional intelligence contributes to the management of the factors that influence how emotions affect thoughts and behaviors, enabling the development of strategies to manage emotions and reactions and cope with stress more adaptively (Garke et al., 2021; Gold et al., 2020; Haghani & Khodabakhshi-Koolaee, 2022; Obeid et al., 2020).

Emotional intelligence can be assessed and applied in various contexts. In the specific case of alcohol and drug use, it is a resource that helps address risk factors associated with treatment dropout or relapse (Bar-On, 2000; Keefer et al., 2018; Martínez, 2018; Ottonello et al., 2019). Through emotional intelligence, women can develop stress coping tools, such as self-regulation skills, emotional management, and cognitive strategies. However, many women struggle to apply these skills effectively, which hinders their ability to regulate stress in challenging situations. A lack of adequate strategies, combined with low emotional intelligence, can make stress management more difficult and, consequently, increase the likelihood of treatment dropout and relapse into substance use (Haghani & Khodabakhshi-Koolaee, 2022; Keefer et al., 2018; Martínez, 2018; Ottonello et al., 2019; Valentino & Aston-Jones, 2010).

Hypothesis

Perceived stress and emotional intelligence influence treatment adherence in women with alcohol and drug dependence.

Methodology

A descriptive, correlational, and cross-sectional design was used. Data were collected at a single point in time

to observe the participants' current situation without manipulation of variables (Grove & Gray, 2019).

The population consisted of 70 female residents of an addiction rehabilitation center in Monterrey, Nuevo León, Mexico, aged between 18 and 60 years (M = 24.66; SD = 7.75). The sample consisted of 61 women selected through purposive sampling. Although the sample is not representative of all women who use substances, it adequately reflects the characteristics of a population receiving treatment at this type of rehabilitation facility.

Data were collected using a sociodemographic questionnaire that gathered information on participants' age, marital status, number of children, religion, educational attainment, months in treatment, and number of admissions and relapses.

The Perceived Stress Scale (PSS), developed by Cohen et al. (1983) and adapted into Spanish by Remor and Carrobles (2001), assesses the level of emotional stress based on the perception of life events as stressful, unpredictable, or uncontrollable. The scale comprises 14 items rated on a five-point Likert scale ranging from *"Never"* to *"Very often"*, with total scores ranging from 14 to 56. Items 1-3, 8, 11, 12, and 14 measure perceived stress directly, while items 4-7, 9, 10, and 13 are reverse-scored. Higher scores indicate greater perceived stress. The Mexican version reports a Cronbach's α of 0.79 (Tapia et al., 2020).

The Emotional Quotient Inventory: Short (EQ-i:S; Bar-On, 2000; López-Zafra et al., 2014) evaluates emotional and social aspects of behavior through self-perception. It consists of 51 items rated on a five-point Likert scale ranging from *"Never"* to *"Always"*. Although the instrument includes subscales, they were not used in this study. The EQ-i:S also includes a positive impression scale and an inconsistency index to assess response validity. In its Spanish adaptation, the instrument has a Cronbach's alpha coefficient of 0.93 (López-Zafra et al., 2014). All items, including negatively worded items (3, 4, 8-10, 15, 16, 21, 22, 26-28, 33, 34, 37, 39, 40, 44, 45, 48, 49, 50), except those on the positive impression scale, are summed to obtain the total score, which ranges from 45 to 225. Higher scores indicate greater emotional intelligence.

The *Cuestionario de Variables Predictoras de Abandono y Adherencia al Tratamiento en Adicciones* (Questionnaire on Predictive Variables for Dropout and Adherence to Addiction Treatment; VPA-30; Sirvent et al., 2010) measures patients' risk of treatment dropout or adherence. It consists of 30 items rated on a Likert-type scale, with the average risk score indicating short-term dropout risk (0-1 = low risk; 2-3 = high risk). Lower scores correspond to greater treatment adherence. The instrument has been validated in Spanish reporting a Cronbach's α of 0.74 (Sirvent et al., 2010).

For data collection, Participants were gathered in a space designated by the center's management, where the purpose of the study, as well as potential risks and benefits, were explained. Anonymity and confidentiality were ensured by not recording participants' names. After providing signed informed consent, the instruments were administered.

This study was conducted in accordance with the provisions of the General Health Law on Health Research (Cámara de Diputados, 1987) and was approved by the Ethics and Research Committee (FAEN-D-1575).

Data were analyzed using IBM SPSS Statistics 26.0. Descriptive statistics, including frequencies, percentages, and measures of central tendency and dispersion, were calculated. The Kolmogorov-Smirnov test with Lilliefors correction was applied to assess data normality, confirming a normal distribution. Consequently, Pearson's correlation coefficient was used. Finally, multiple linear regression models were used to determine predictive effects.

Results

Most participants reported being single, having completed secondary education, identifying as Christian, and having been admitted to the rehabilitation center for an average of two months. In addition, most indicated that this was their second admission, and poly-drug use was the most common reason for treatment entry (Table 1).

Table 1

Participants' descriptive statistics

Variable	Category	*f*	%
Marital status	Single	42	68.9
	Civil partnership / Married	14	23.0
	Separated / Divorced	5	8.1
Educational attainment	Secondary	28	45.9
	Primary	19	31.1
	Other	14	23.0
Religion	Christian	32	52.4
	Catholic	25	41.0
	Other	4	6.6
Length of stay	1 month	18	29.6
	2 months	26	42.6
	6 months	8	13.1
	1 year	9	14.7
Frequency of admission	One time	10	16.4
	Two times	33	54.1
	Three times	10	16.4
	≥ Four times	8	13.1
Primary substance	Alcohol	6	9.8
	Marijuana	12	19.7
	Methamphetamine	18	29.5
	Polydrug use	25	41.0

Note. n = 61; f = Frequency; % = Percentage.

Table 2 shows that participants generally reported high levels of perceived stress (M = 42.9; SD = 15.1). Emotional intelligence was, overall, at a medium level across the assessed factors (M = 59.5; SD = 10.3). With regard to treatment adherence, nearly half of the participants felt confident about continuing with treatment (M = 45.8; SD = 13.1).

Table 2

Descriptive statistics of the study variables

Variables	*M*	*Mdn*	*SD*	*Min-Max*
Perceived stress	42.9	44.6	15.1	13-80
Emotional intelligence	59.5	56.8	10.3	40-83
Treatment adherence	45.8	49.5	13.1	13-66

Note. n = 61; M = Mean; *Mdn* = Median; SD = Standard deviation.

Table 3 shows a negative correlation between perceived stress and emotional intelligence (r = -0.460, p < 0.001), as well as between perceived stress and treatment adherence (r = -0.370, p < 0.001). In contrast, emotional intelligence was positively correlated with treatment adherence (r = 0.308, p < 0.016).

Table 3

Pearson's correlation coefficient for the perceived stress, emotional intelligence, and treatment adherence variables

Variables	PS	EI
Emotional intelligence	-0.460**	1
Adherence to treatment	-0.370**	0.308*

Note. n = 61; PS = Perceived stress; EI = Emotional intelligence.
*$p < 0.05$, **$p < 0.01$.

The study hypothesis was tested using a multiple linear regression model (Table 4), with an explained variance of 20.7%. The results indicate that perceived stress is the variable that negatively affects treatment adherence.

Table 4

Multiple linear regression analysis for the impact of perceived stress and emotional intelligence on treatment adherence

Model 1	Unstandardized coefficients		Standardized coefficients	p-value	95% CI for B	
	β	SE	B		LL	UL
Constant	65.87	6.65				
Perceived stress	-0.276	0.085	-0.401	0.002	-0.446	-0.105
Emotional intelligence	0.120	0.093	0.160	0.201	-0.066	0.307
$F_{(2, 58)} = 8.83$ $R^2 = 20.7\%$, $p < .001$						

Note. β = Estimated coefficient; SE = Standard error; CI = Confidence interval; LL= Lower limit; UL = Upper limit; F = F statistic; R^2 = Explained variance.

Discussion

This research analyzed the impact of perceived stress and emotional intelligence on treatment adherence in women with alcohol and drug addiction. The participants had a mean age of 27 years; most were single, had completed secondary education, identified as Christian, and had been in treatment for more than two months. These findings are consistent with those reported by Liu and Chui (2020) but differ from the results of Calvo et al. (2018), Garke et al. (2021), and Tsavou and Petkari (2020), who observed mean ages between 30 and 40, single marital status, and secondary education. These differences may be explained by the cultural and socioeconomic contexts of countries such as China, Spain, the United States of America, and Cyprus.

Regarding substances of abuse, two-thirds of the participants were poly-drug users, while one-third reported using methamphetamine use, similar to what was reported by Martínez (2018), Hansen-Rodríguez (2020), and Nadimi (2016), but different from what is described by Calvo et al. (2018) and Garke et al. (2021), who identified alcohol and cocaine as the primary substances driving treatment demand. Obeid et al. (2020) reported alcohol consumption exclusively, whereas Tsavou and Petkari (2020) reported general drug use, except alcohol and tobacco.

Concerning treatment history, most participants had been admitted to a rehabilitation center at least twice, a finding consistent with Calvo et al. (2018). At least one-third of the participants reported undergoing one or two prior treatments. Other studies did not report this information, suggesting that future research should include these data, as they may provide insight into the reasons and circumstances leading participants to seek further treatment.

A high level of perceived stress was observed among the women, associated with feelings of lack of control over situations and difficulties in completing tasks, which intensified their psychological distress. This finding aligns with previous research (Gold et al., 2020; Hansen-Rodríguez, 2020; Liu & Chui, 2020; Obeid et al., 2020), which reported moderate stress levels among women and highlighted that some use substances as a coping strategy to relieve discomfort, due to the immediate reward generated by alcohol and drugs through dopaminergic action.

The elevated stress levels in this study could be explained, firstly, by the characteristics of institutionalized care, which isolates participants and maintains them in a state of confinement. Such conditions may create dependence and limit decision-making regarding personal preferences, daily routines, or previous activities, including self-care, hobbies, entertainment, or the possibility of going out. Secondly, separation from children, partners, family, or

friends may exacerbate emotional distress due to limited daily communication, further increasing the perception of isolation.

In contrast, participants reported an average level of emotional intelligence, consistent with the findings of Garke et al. (2021) and Obeid et al. (2020). This moderate influence of emotional intelligence could be explained by the relatively short treatment period, which limits exposure to emotional regulation strategies, as well as the institutional setting, which restricts social interaction and opportunities to practice emotional skills.

Furthermore, evidence suggests a negative relationship between stress and emotional intelligence in women with low levels of education, corroborating the findings of Garke et al. (2021) and Obeid et al. (2020). This association indicates that as perceived stress increases, negative emotional responses also rise, compromising the ability to manage and regulate stress and making it more difficult to handle both personal and interpersonal emotions. Elevated stress levels also appear to hinder treatment adherence, suggesting that higher stress increases the likelihood of treatment dropout.

Regarding emotional intelligence, women who exhibit greater emotional regulation and control demonstrate higher motivation and commitment to treatment, consistent with findings from Calvo et al. (2018), Garke et al. (2021), Obeid et al. (2020), and Tsavou and Petkari (2020). This capacity enables cognitive processing of emotions, supporting rational decision-making and adaptive coping strategies in stressful situations, such as engaging in physical activity, meditation, mindfulness, spirituality, or voluntary psychological therapy.

In terms of predictive effects, perceived stress negatively influenced treatment adherence, whereas emotional intelligence did not show a significant predictive effect. This finding aligns with prior research (Garke et al., 2021; Gold et al., 2020; Haghani & Khodabakhshi-Koolaee, 2022; Tsavou & Petkari, 2020), suggesting that while emotional intelligence is important, its impact may be moderated by stress levels and sociodemographic factors, including age, educational attainment, or length of stay, which can mediate the relationship between emotional skills and adherence.

Conclusion

The results indicate that high levels of stress are negatively associated with emotional intelligence and treatment adherence, whereas higher emotional intelligence is linked to an increased likelihood of continuing in the therapeutic process. These findings suggest the implementation of targeted intervention programs that incorporate emotional regulation strategies, mindfulness, psychosocial support, and individualized therapeutic care to improve adherence and reduce relapse. Additionally, training rehabilitation center staff to identify contextual stressors and promote effective coping strategies is recommended.

Finally, further research is needed to explore women's experiences within the context of addiction, considering factors that may influence treatment adherence, such as family, cultural, and social roles.

This study has several limitations. First, the sample size restricts the generalizability of the findings to other populations of women undergoing addiction treatment. Second, external validity is limited because the sample was drawn from a single rehabilitation center in Monterrey, Nuevo León, Mexico, which may not be representative of populations with different sociodemographic or contextual characteristics.

Author contributions

Conceptualization: Villarreal-Mata, J. L.
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Writing – review and editing: Guzmán-Ramírez, V.

Thesis/Dissertation

This article is derived from the dissertation entitled 'Explanatory model of relapse risk in adults undergoing treatment for alcohol and illicit drugs,' which was submitted to the Autonomous University of Nuevo León in 2021.

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