

Abstract

Objective: The increasing tendency to drug use is one of the major social problems particularly because the age of drug users has reduced and it has been spread among youth. In this regard, many efforts have been made to investigate the relationship between substance abuse and personality-related constructs. This study aimed to investigate the relationship of personality traits and coping strategies with drug abstinence self-efficacy in addicted youth at Marvdasht. **Method:** This research was a descriptive-correlation study and the addicts under treatment at 7 Addiction Treatment Centers of Marvdasht city constituted its statistical population. From among this population, 116 participants were chosen by convenience sampling and in a voluntary fashion. These participants were evaluated in terms of the research variables by means of NEO Personality Inventory, Drug Abstinence Self-efficacy Scale, and Lazarus Ways of Coping Questionnaire. **Results:** The results showed that drug abstinence self-efficacy was negatively correlated with neuroticism (one of the dimensions of personality) and positively correlated with the resiliency dimension. Problem-focused coping strategies are positively associated with the personality dimension of resiliency and emotion-focused coping strategies are negatively correlated with neuroticism dimension. In addition, drug abstinence self-efficacy has a positive relationship with problem-focused coping strategies. **Conclusion:** Different personality dimensions, different levels of self-efficacy, and choice of coping styles and model are among the effective factors in tendency or lack of tendency to drug use and addiction.

Keywords: personality traits, drug abstinence self-efficacy, coping strategies

On the Relationship of Personality Traits and Coping Strategies with Drug Abstinence Self-Efficacy in Addicted Youth

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Introduction

Addiction is a physical, psychological, social, and spiritual illness (Galanter, 2006). Addiction is one of the major problems in society that can destroy millions of lives and spends national capital on the fight against it and the treatment of its harms. A large number of people turn to drug use every day and undergo physical, mental, cultural, economic, and social consequences (Kalatbari & Bazarganian, 2011). According to research, there are many reasons for the tendency toward substance abuse in adolescents and young people (Ourki & Hosseini-Nasab, 2012). In almost all research, personality traits have been mentioned as influential factors (Ketabi, 2008). In the past 50 years, many efforts have been made to investigate the relationship between substance abuse and personality constructs. Psychological factors and personality traits are very important in relapse prevention and treatment of substance abuse. For this reason, the American Psychological Association considers psychosocial treatments as essential components of any type of substance abuse treatment program (Hojati, 2009). The addicts' psychological and personality traits are not merely due to the use of narcotic drugs. Indeed, most addicts have had numerous psychological and personality disorders before drug addiction that appear to be more destructive after addiction (Ourki & Hosseini-Nasab, 2012).

The concept of personality can be examined from a variety of dimensions. Some psychologists use it only in relation to objective behaviors, and some groups use it as an individual set of patterns of thinking, motivation, and emotions (Rass, 1992). In the Five-Factor Model or FFM of personality theory, personality is described as a relatively stable pattern of traits, tendencies, or features that assign stability to individuals' behavior to some extent (Goldberg, 1981, cited in Shamloo, 1998). The FFM is based on the fact that personality consists of five main features, including openness to experience, conscientiousness, extraversion, agreeableness, and neuroticism (McCrae, & Costa, 1992). A large number of studies have been done on the role of personality traits, such as impulsivity, aggression, and excitement in addiction behavior. These studies have shown that personality traits play a prominent role in the onset, expansion, and continuity of drug dependence (Barnes, Murray, Patton, Bentler, & Anderson, 2000). Investigations based on the five-factor personality model of McCrae, & Costa (1992) also indicate that there is a relationship between substance dependency and personality traits. Fisher, Elias, & Ritza (1998) studied relapse in addicts in a one-year follow-up and found that the individuals who had a relapse to drug use after abstinence had obtained a high score in neuroticism and a low score in conscientiousness. In the present study, McCrae, & Costa's (1996) factor analysis theory has been used. One of the most influential contemporary personality theories is the five-factor model of personality or five big ones. This model is based on the insights of Eisenck, Cattell, and others (McCrae, & Costa, 2005). In recent years, the five-factor

model of personality has been considered by many psychologists as a popular and powerful approach to the study of personality traits. This model is based on the belief that human being is a logical creature that can explain his/her personality and behavior. Based on this theory, human being is a creature that understands his/her way of life and is able to analyze his/her actions and reactions (McCrae, & Costa, 1996).

In addition, one's assessment method and coping methods and strategies can be effective in this regard. Coping strategies are among the individual skills that mediate the relationship between psychological stress and physical and mental disorders (Thoits, 1986). In the 1980s, a construct called "coping" entered psychological literature and was considered as a factor effective in mediating the relationship between psychological stress and physical or psychological disorders (Bilinger, & Moos, 1981; cited in Sho'aa Kazemi, 2008). According to Folkman, & Lazarus (1984), coping refers to the demands management process (external or internal) that is evaluated difficult or beyond the resources of an individual. In their view, coping involves attempts, both action-oriented and mentally intrinsic to manage and control environmental, internal, and conflicting demands among them. According to Lazarus (1993), coping contains two important functions, that is, the regulation of negative emotions and the pursuit of an action to modify and improve the problem that has caused the discomfort. They define coping strategies as a set of behavioral and cognitive responses aimed at minimizing the stresses available in a stressful situation. According to Folkman, & Lazarus, the strategies are dynamic and continuous and are generally divided into two types, namely problem-focused and emotion-focused. Problem-focused coping strategies represent the actions that aim to change or reduce stressful situations. Usually, when a situation or an event is subject to change or the individual imagines that s/he can control and change the situation, s/he will use a problem-focused strategy. Emotion-focused coping strategies include the regulation of an individual's emotional response to a problem in case the situation or event is irrevocable or the person has such an idea. In this case, an emotion-focused strategy is used (Bond, & Dryden, 2004; cited in Alipour, 2010).

In the field of addiction, addicts' coping has been studied in various domestic and foreign pieces of research. Simons, & Carvey (2005) examined coping strategies and drug use on a sample of 4,500 young people. These researchers sought to anticipate drug use tendency based on thinking about drug use and coping strategies and concluded that the type of coping strategy would be a significant predictor of drug use in the future.

In addition, longitudinal and cross-sectional studies indicate that the big five model of personality is related to coping styles (Marnie, 2008; Van Berkel, 2009). Leandro, & Castillo (2010) found that neuroticism had a positive relationship with emotion-focused and avoidance coping style. Khan, Siraj, & Poh Li (2011) showed that the dimensions of extraversion, openness to

experience and agreeableness had a positive relationship with the employment of problem-focused coping styles. Moreover, the findings reported by Mosher, Prelow, Chen, & Yackel (2006) showed that optimistic characters use more adaptive coping styles. In a study, entitled *Coping with interpersonal stress: role of big five traits*, Lee-Bagley, Preece, & Delgonis (2005) reported that the extraverts use problem-focused coping strategies, such as social support seeking, positive thinking, and positive reappraisal to a larger extent. However, neurotic people were found to use passive strategies, such as avoidance and militant strategies in dealing with stressful situations. In another study, Litt, Kadden, Kabela-Cormier, & Petry (2008) showed that coping skills training is associated with a high degree of avoidance from relapse ability in drug-dependent people; and people with cognitive and behavioral coping skills have a high status in the process of drug prevention. Alilou, Arji, Shafiea & Shahjouyi (2011) showed that neuroticism had a positive and positive relationship with emotion-focused coping strategies; and extraversion, agreeableness, and conscientiousness had a positive relationship with problem-focused coping strategies in addicts with AIDS. Zarei & Asadi (2011) also showed that there is a significant difference between addicted and non-addicted adolescents in personality traits and coping styles. The scores of addicted adolescents on neuroticism and emotion-focused coping style were higher and on agreeableness, conscientiousness, and problem-focused coping style were lower than those in normal adolescents. Kiamarsi & Abolghasemi (2011) showed that problem-focused and emotion-focused coping strategies are correlated with substance abuse among students.

In addition, the non-enjoyment of adequate coping skills may be an important risk factor for the onset of drug use in adolescents; in addition, abstinence self-efficacy may also be effective. Self-efficacy is one of the other variables that is related to the attitude toward drug use and is one of the most effective subjects in the theories and models of changing the behavior in Bandura's social cognitive theory. The effects of self-efficacy on various areas, such as substance use and substance abuse have been studied and reported (Burlison, & Kaminer, 2005). Self-efficacy includes the individual's judgments about his/her abilities, capacities, and capabilities for performing specific tasks. In Bandura's system, self-efficacy refers to the qualities, competencies, and abilities in getting along with life (Schultz, 2000). Self-efficacy is the belief or trust that a person has in his/her ability to perform a particular behavior in order to create a particular outcome. Bandura suggests that self-efficacy is a constructive power through which the cognitive, social, emotional, and behavioral skills of humans can be effectively organized for the realization of different goals (Jafari, 2009). According to Bandura, the equipment with knowledge, skills, and previous achievements is not a good predictor of the individuals' future performance, but human beings' belief about their ability to do things affects their performance. Therefore, effective performance depends both on the enjoyment of the required skills and on the belief in one's ability to perform those skills; in this regard, the

environmental interactions are somewhat influenced by individual judgments about their abilities. That is, people believe that they can perform some tasks in certain circumstances (Habibi, 2012).

Self-efficacy beliefs determine the way people feel and think. Self-efficacy beliefs exert different effects during the four major processes that affect human performance. These processes include cognitive, motivational, emotional, and selective processes (Bandura, 1998). Dolan, Sara, Rosemarie, Martinb, & Rohsenow (2008) showed that poor self-efficacy provides the basis for substance abuse in students. Tate et al. (2007) also showed that low self-efficacy provides the basis for substance abuse in adolescents and young people. However, with regard to the effect of self-efficacy on smoking cessation, a research with a one-month follow-up showed that self-efficacy was the first predictor of smoking cessation (Bandura, 1993). Based on research findings, social skills and self-efficacy are related to drug attitudes in adolescents. Considering the above-mentioned points and since substance abuse in adolescents is considered as one of the most serious problems and can lead to various physical, social, and educational consequences, the present study intends to investigate the relationship of personality traits and coping strategies with drug abstinence self-efficacy in addicted youth in Marvdasht city.

Method

Population, sample, and sampling method

This research was a descriptive-correlational one. The statistical population of this study included the addicted people who were under MMP and BMT treatment in 7 centers of Marvdasht in 2013, which amounted to 700 patients. The sample size of this study was determined by Cochran formula. The sample consisted of 116 people who were selected through voluntary and convenience sampling method.

Instruments

1. NEO Personality Inventory: This questionnaire has been constructed based on factor analysis, introduced by Costa, & McCrae in 1985. Its revised version has been presented by the same authors as the revised version of the NEO Personality Inventory. The long form of this questionnaire consists of 240 items that are designed to measure the five main factors of neuroticism, extraversion, openness, agreeableness, and conscientiousness. The questionnaire also has another form, called NEO-FFI with 60 items, where each factor contains 12 items. Its long form has been validated in various countries of the world, including Iran. The long form was validated by Garousi, Mehriar & Tabatabaea (2001), where the results were judged to be acceptable. The short form has not been validated in Iran, but the results of studies done by Costa, & McCrae (1992) show that the correlation of the five subscales in the short-form with those in the long-term form was in the range of 0.77 to 0.92. In the same way, the internal

consistency of its scales has been estimated in the range of 0.68 to 0.86. The questions are scored based on a 5-point Likert scale from strongly disagree (0), disagree (1), no idea (2), agree (3) to strongly agree (4).

2. Drug Abstinence Self-efficacy Scale: This scale was developed by Mary Sharon in 1990 to measure the self-efficacy of substance abstinence in adolescence and contains 20 items that can measure the abstinence ability in interpersonal, social, and grief emotional situations in adolescents. This is an objective scale that can be used as a clinical or educational tool. It has three emotional, social, and grief subscales. The author reported its Cronbach's alpha coefficient to be 0.91 in 1995, and evaluated its validity in relation to subgroups of the studied samples and considered it valid for the measurement of drug abstinence self-efficacy. This scale was translated by Jafari in 2009 and its psychometric properties were calculated on a sample of Iranian students. Its content validity was confirmed through a survey of addiction psychologists' opinions. The reliability of this scale was assessed through split half method and Cronbach's alpha method where the values of 0.54 and 0.78 were obtained, respectively. Moreover, the test retest reliability of the emotional, social and grief subscales were obtained equal to 0.52, 0.61, and 0.49, respectively within a two-month interval.

3. Coping Strategies Scale: This scale was developed by Lazarus & Folkman and contains 66 items that are scored based on a 4-point Likert Spectrum from 1 to 4. Problem-focused coping strategies (social support seeking, accountability, planned problem-solving, and positive reappraisal) and emotion-focused strategies (encounter, suppressing, escape-avoidance, and self-regulation) are measured by this scale. The reliability of this scale has been reported using Cronbach's alpha to be equal to 0.79 (Lazarus, 1993). In this study, the reliability of this scale was obtained equal to 0.85 via Cronbach's alpha.

Results

According to the results, 92% of the participants were men and 8% women. The mean age of subjects in this study was equal 19.19 year-old. The descriptive statistics of the variables studied are presented in the following table.

Table 1: Descriptive statistics of the studied variables

<i>Variables</i>	<i>Minimum</i>	<i>Maximum</i>	<i>Mean</i>	<i>Standard deviation</i>
problem-focused	1	18	36.92	3.54
emotion-focused	4	77	42.03	12.02
self-efficacy of substance abuse avoidance	20	100	62.87	19.41
Neuroticism	12	35	25.39	4.92
Extraversion	15	34	23.73	4.35
Openness to experience	15	35	23.94	4.32
Agreeableness	18	48	27.50	4.78
Conscientiousness	16	37	27.40	5.96

Before calculating the correlation matrix is one of the assumptions of normality of distribution. The results of the Kolmogorov-Smirnov test are presented in Table 2, which suggests a presumption.

Table 2: Results Kolmogorov-Smirnov test for normality of distribution

<i>Variables</i>	<i>Kolmogorov-Smirnov test</i>			<i>Variables</i>	<i>Kolmogorov-Smirnov test</i>		
	<i>Number</i>	<i>Z statistics</i>	<i>Sig.</i>		<i>Number</i>	<i>Z statistics</i>	<i>Sig</i>
problem-focused	116	0.444	0.376	Extraversion	116	0.388	0.345
emotion-focused	116	0.395	0.370	Openness to experience	116	0.343	0.319
self-efficacy	116	0.225	0.258	Agreeableness	116	0.346	0.321
Neuroticism	116	0.237	0.298	Conscientiousness	116	0.567	0.432

The correlation matrix of the studied variables is presented in Table 3.

Table 3: Correlation matrix table of the studied variables

<i>Variables</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>
1. problem-focused	1	-	-	-	-	-	-
2. emotion-focused	-0.55**	1	-	-	-	-	-
3. self-efficacy	0.16*	-0.04	1	-	-	-	-
4. Neuroticism	-0.19*	0.20*	-0.21**	1	-	-	-
5. Extraversion	0.27**	0.07	0.17*	-0.20*	1	-	-
6. Openness to experience	0.34**	0.12	0.22**	0.04	0.12	1	-
7. Agreeableness	-0.11	-0.13	0.06	-0.24**	0.11	0.10	1
8. Conscientiousness	0.32**	0.01	0.12	-0.18*	0.25**	0.25**	0.16*

*P<0.05, **P<0.01

In order to predict the self-efficacy of substance abuse avoidance based on personality factors, regression analysis was used by input method which indicated that the variables of neuroticism and flexibility were significant predictors that predicted a total of 14% of the variance of the criterion variable. The regression coefficients table is presented in Table 4.

Table 4: Prediction of self-efficacy of substance abuse avoidance based on personality components

<i>Predictive variables</i>	<i>β</i>	<i>Statistics t</i>	<i>Sig.</i>
Neuroticism	-0.275	-1.501	0.037
Extraversion	0.179	1.683	0.096
Openness to experience	0.289	2.748	0.007
Agreeableness	0.101	0.938	0.351
Conscientiousness	-0.192	-1.537	0.128

In order to predict the problem-oriented strategy based on the personality components, regression analysis was used by input method which indicated that the variables of neuroticism and flexibility were significant predictors that predicted a total of 15% of the variance of the criterion variable. The regression coefficients table is presented in Table 5.

Table 5: Prediction of problem-focused strategy based on personality components

<i>Predictive variables</i>	β	<i>Statistics t</i>	<i>Sig.</i>
Neuroticism	-0.173	-1.450	0.023
Extraversion	0.001	0.013	0.989
Openness to experience	0.397	1.642	0.010
Agreeableness	-0.132	-1.194	0.236
Conscientiousness	0.135	1.061	0.291

In order to predict the strategy of excitement based on the components of personality, regression analysis was used by input method which indicated that the variables of neuroticism and flexibility were significant predictors that predicted a total of 23% of the variance of the criterion variable. The regression coefficients table is presented in Table 6.

Table 6: Prediction of emotion-focused strategy based on personality components

<i>Predictive variables</i>	β	<i>Statistics t</i>	<i>Sig.</i>
Neuroticism	0.21	0.187	0.031
Extraversion	0.030	0.266	0.791
Openness to experience	0.171	1.556	0.123
Agreeableness	-0.117	-1.039	0.302
Conscientiousness	-0.192	-1.470	0.145

Discussion and Conclusion

The aim of this study was to investigate the relationship of personality traits with coping strategies and drug abstinence self-efficacy in addicted youths. The findings showed that neuroticism and openness could negatively and positively predict the abstinence self-efficacy. To interpret this finding, one may refer to the point that self-efficacy is a sense of competence and ability to do something according to the definitions. Therefore, drug abstinence self-efficacy also refers to the addicted person's ability to stay away from the use of substances. Since the source of the person's feelings is his/her thoughts, the person who has a neurotic personality has stood just the opposite of emotional stability or affective stability, which implies that s/he is experiencing negative emotions. Neurotic people have undergone numerous experience in emotions, such as anxiety, anger, or depression, but they seem to have earned a lot of skills in these emotions. This attribute is in fact related to the person's ability to withstand stress. Neurotic people are replete with low emotional stability, worry, nervousness, despair and frustration, stress, shyness, vulnerability, and hastiness. They generally have a negative attitude towards their job and environment. It is natural that this negative attitude and negative thoughts may prevent the feeling of competence and self-efficacy in different situations. On the other hand, flexible and open people are cautious, friendly, generous, helpful, and willing to compromise with others. They have a pleasant attitude and, when faced with harsh and contradictory situations, they do not have absolute despotic thoughts. Therefore, this optimism helps them and the situations in which they are located to develop an ability to easily cope with difficult situations.

One of the other findings of the present study showed that openness predicts problem-focused strategy, and neuroticism can predict emotion-focused and problem-focused strategies. This finding is consistent with the results of the studies carried out by Campbell-Sills, Cohan, & Stein (2006); O'Brien, & DeLongis (1996); Peneley, & Tomaka (2002); Kubek, Pook, Tuschen-Caffier, Schil, & Krause (2005); and Jafar Nejad (2004). These studies have shown that personality traits lead to different reactions in the face of psychological pressures. As Vollrath, & Torgerson (2000) have shown, impulsive and insecure types of individuals were unsuccessful in using coping strategies; in fact, they used inefficient strategies. Regarding the significance of the relationship between neuroticism and coping strategies, it can be concluded that when people with high levels of neuroticism are confronted with stressful situations, they take passive strategies, such as avoidance, hopeful thinking as well as methods based on interpersonal conflicts. People with high neuroticism are generally described as the ones who are susceptible to anxiety, worry, aggression and shock, and these personality traits are consistent with the emotion-focused coping style; hence, such people are more likely to use emotion-focused coping strategies. Individuals with neuroticism suffer from anger, anxiety, shame, impulsivity, and vulnerability to stress. Impulsivity is related to disability in controlling desires, aspirations and desires, and ultimately vulnerability to deal with stress. Anxious people are frustrated when faced with anxiety. Hence, the individuals with a high score on the neurosis take emotion-focused coping strategies (McCrae, & John, 1992).

Regarding the significance of the relationship of extraversion, conscientiousness, and openness with coping strategies, one may argue that extravert people are more energetic, cheerful, entrepreneurial, courageous, intimate, and decisive; for this reason they use adaptive coping strategies, such as seeking social support, positive thinking, and problem-solving strategies. In addition, flexible and open people are curious and logical, and hold a free-thinking attitude. They can tolerate difficulties and resist differences in thoughts and behaviors, and this increase in the sense of curiosity and the acceptance of new ideas makes them more likely to use problem-focused coping strategies. Conscientious people also use more problem-focused strategies because of their efficiency, competence, and conscientiousness in dealing with a stressful situation. Extravert people use less emotion-focused strategies to a lesser extent because of their assertiveness, positive thinking, and the use of adaptive coping strategies. Flexible people are less likely to use emotion-focused strategies because they are curious in the fertility of their inner experiences and the world around them, and they have a high degree of hope. Successful people use emotion-focused strategies to a lesser extent due to their adaptability in work and social situations, positive social experiences, tendencies toward interpersonal relationships, and trusting others. Similarly, the conscientious individuals use emotion-focused strategies to a lesser extent because they have

the readiness to confront with the life issues and problems, are disciplined and organized, and have a correct cognitive assessment of their abilities. Moreover, conscientious people with a sense of responsibility do not easily give up hope due to the fact that they are hard-working and purposeful and have the power of good orientation in life and the inner discipline in the beginning and continuity of a task. They do not stop their work and do not respond impulsively when they encounter the problem. Hence, these people use problem-focused coping strategies (Costa & McCrae, 1992).

In the end, it should be noted that the addicts' score in the continuum of personality factors, such as high neuroticism, low agreeableness, and low conscientiousness tends to be negative.

Therefore, it is suggested that a personality assessment should be carried out in the treatment of addicts, unhealthy personality traits should be identified in addicted individuals, and, then, these traits should be treated along with medical therapies. It is also necessary that the training of problem-solving methods in the face of stressful events to be set as one of the main goals of addiction treatment programs (during the withdrawal of addiction and then). On the other hand, the presence or absence of the relationship between variables, especially the variables in the disciplines of behavioral sciences does not indicate the causal relationship between them. It is suggested that future researchers use a higher sample size in their research to better optimize the results, reduce sampling errors, and study other underlying and background variables with the variable of this research.

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