

Abstract

Objective: The present study was aimed at comparing interpersonal sensitivity and assertiveness between drug-dependent persons and normal people. **Method:** The research method was causal-comparative. The statistical population of the study consisted of all narcotic addicts of Tabriz City who referred to Addiction Treatment Centers while the research was being conducted. The number of 30 addicted persons was selected through cluster sampling as the experimental group and 30 normal persons as the control group through convenience sampling method. Gambrill and Richey Assertion Inventory (1975) and Boyce & Parker's Interpersonal Sensitivity Measure (IPSM; 1989) were used for data collection purposes. **Results:** The results showed that there was a statistically significant difference between two groups in terms of interpersonal sensitivity and assertiveness. The addicts showed less assertiveness and more interpersonal sensitivity in comparison with their healthy counterparts. **Conclusion:** The findings show that people who are unable to express themselves and exert sensitivity in interpersonal relationships are more likely at high risk of substance dependence. However, it is possible to prevent these persons from turning to addiction by teaching them these skills.

Keywords: Assertiveness, Interpersonal Sensitivity, Drug-Dependent Individuals, Normal People

On the Comparison of Interpersonal Sensitivity and Assertiveness between Drug-Dependent and Normal People

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Introduction

Addiction has entrapped the old, the youth, teenagers, and even children as one of the problems of human society and has occasioned many social problems, as a consequence. Substance abuse is interrelated with many high-risk behaviors such as destruction of personal property, an increase in violence, an increase in risky sexual behaviors, and the spread of contagious diseases such as AIDS, mental disorders, and suicidal feelings. Therefore, there are many reasons to study the causes of drug abuse. To be accepted by society, some individuals turn to drug use, some others try to masquerade as more cultivated persons and some try to take refuge in narcotics to relieve their problems (Jessor, 1984). In some community groups, drug consumption is the condition of being accepted by others. This claim is confirmed by the studies that have shown that drug use offers on part of friends cause an increase in drug consumption (Conrad, Flay & Hill, 1992). Clinical research has identified a variety of variables as predictors of drug dependence that fall into four categories: 1) socio-cultural environment, 2) interpersonal factors, 3) psychological-behavioral factors, and 4) bio-genetic factors (Richardson & Newcomp, 2000). In a study aimed at exploring pre-addictive features and comparison of them between addicts and healthy people, Zeynali, Vahdat & Hamednia (2007) concluded that the availability of the conditions and special talent are necessary for the acceptance of drug use offers. They also found that such features as personality traits, family relationships, lifestyle, and beliefs are significantly different between addicts and healthy people. The review of the related literature shows that interpersonal skills and features such as sensitivity in interpersonal relationships and assertiveness may be closely related with tendency towards drug abuse.

Although interpersonal sensitivity has been described in the context of social interaction, this concept can be studied in terms of preparedness for drug dependence. Research on interpersonal sensitivity has been performed in both clinical and non-clinical situations. In terms of clinical situations, studies have extensively focused on high levels of interpersonal sensitivity and some researchers have expanded the concept so much that they include rejection sensitivity in this area. For this reason, interpersonal sensitivity has been introduced as an important factor in the prevalence of anxiety, depression, and drug dependence (Harb, Heimberg, Fresco, Schnrier, & Liebowitz, 2002). Interpersonal sensitivity has been described as a general sensitivity to social feedback, increased concerns in relation to others, fear of personal inadequacy and being criticized, and frequent misconceptions of others' interpersonal behavior (Boyce et al., 1993). People with these traits are referred to as those who have excessive preoccupation with interpersonal relationships, are on full alert for and sensitive to aspects of interpersonal interactions. Individuals with high interpersonal sensitivity tend to modify their behavior according to the expectations of others, rather than to minimize the risk of criticism and rejection

(Boyce & Parker, 1989). Researchers have suggested that it is preferred to replace the term interpersonal sensitivity with rejection sensitivity. Boyce & Parker (1989) have reported that depressed patients have high interpersonal sensitivity. Harb et al (2002) demonstrated that interpersonal sensitivity is one of the factors involved in generalized anxiety disorder. Gilbert, Durrant & Mcewan (2006) studied two types of interpersonal sensitivity (to rejection and social put-down). They found no significant difference between depressed men and depressed women in terms of rejection sensitivity, anger or anxiety.

One of the other interpersonal skills that has been widely considered by experts in behavioral sciences, especially clinical and educational psychologists in recent years is assertiveness. This is due to the importance of assertiveness skills in social situations, especially in interpersonal interactions. In the same way, the growth of non-assertive behaviors is at paly for those who are affected by high-risk situations (such as groups of friends that offer drugs or risky sexual behavior). People who are unable to express themselves due to lack of interpersonal skills do not consequently have the courage to reject unreasonable requests and lack the ability to defend their rights. In the definition of self-expression, it has been referred to "the ability to explicitly express one's feelings, beliefs, and thoughts and defend one's constructive and legitimate skills". Assertiveness is defined as the ability to defend oneself and the ability to "say no" to the requests that one does not want to do (Bekker, Croon, Van Belkom & Verme, 2008, cited in Adam Rita, 2010). Therefore, considering this factor, those who have lower levels of assertiveness are expected to passively agree with unreasonable requests made by others such as offer to drug use and, thereby, they succumb to such requests despite reluctance. Assertive behavior in interpersonal and intrapersonal relationships is effective in critical situations. Several studies have shown that lack of social skills and the prevalence of behavioral disorders in the future are interrelated. These problems that are associated with individuals' poor performance in social skills, include: delinquency, deficiency in school performance and cognitive performance, escape from school, alcoholism, antisocial behavior, and mental disorders (Sabeti & Shaheni Yeilagh, 1998). Green, Forrhand, Beck & Vosk (1980, cited in Haji Hassani, 2012) have shown that people with low self-expression are more inclined to depression. Forouoddin & Sadrossadat (2002) concluded that addicts' self-concept differs from that of non-addicts; and negative self-concept can be considered as a factor in tendency towards addiction. Based on Alexander's adaptation model (1990, cited in Fathi & Mehrabitzadeh, 2008), incontinuity to drugs is associated with attempts to deal with failure. This means failure to achieve a variety of social acceptance, competence, confidence, and personal independence that are the minimum expectations of individuals and society. To Alexander, those who are successful in harmony with others and the social structure and enjoy higher levels of self-confidence will not be exposed at risk for drug dependence. Haji Hassani (2012) found that people who have a stronger

power of assertiveness are less prone to drug addiction tendencies. To interpret this finding stating the availability of a significant relationship between assertiveness and tendency towards addiction, it is possible to argue that those who have lower levels of assertiveness enjoy lower degrees of self-esteem and self-concept and, thereby, do not have the ability to say no to the unreasonable requests of others. In consequence, such people try to assimilate into addicted friend in order to compensate for their poor self-concept so that they might be approved by such friends and be saved from further rejection.

Since addiction brings about many problems in families and society; therefore, it is necessary to identify the factors that contribute to the prevalence of this disorder. Due to the fact that less attention has been paid to interpersonal skills in previous research, the present study has focused on the comparison of interpersonal sensitivity and assertiveness between drug-dependent people and normal people.

Method

The present study falls into fundamental category in terms of purpose and into causal-comparative in terms of method. The statistical population of the study consisted of all narcotic addicts of Tabriz City who were under treatment in Addiction Treatment Centers during the third quarter of 2013. Through cluster sampling method, three centers were selected and, then, 10 participants were selected from each center that amounted to 30 participants in total. In addition, the number of 30 participants who had been matched with the experimental group was selected from healthy people via convenience sampling method. The participants lay in the age range of 18 to 45 years old.

Instrument

Gambrill and Richey Assertion Inventory: this questionnaire was constructed in 1975 and consists of 40 items, each of which tests one situation that entails assertive behavior. The scale includes two sections. The first section measures the degree or intensity of individuals' discomfort and the other section evaluates the probability of occurrence of their assertive behavior. Responses are scored based on a 5-point Likert scale by which each item is assigned from one to five points. The total score of participants is considered as the degree of assertiveness. In fact, those who gain a low score in this scale are considered as individuals with low degrees of assertiveness. This questionnaire consists of some questions about starting interaction, dealing with others, giving negative feedback, responding to criticism, turning down requests, accepting limitations, paying compliment to others, etc. The Cronbach's alpha reliability coefficient of .81 has been reported for this scale (Gambrill & Richey, 1975). Test-retest reliability of the questionnaire was reported about .71 and .88 for degree of discomfort and the probability of occurrence of assertive behavior, respectively.

The reliability of the scale was obtained equal to .83 using Cronbach's alpha in this study.

Boyce & Parker's Interpersonal Sensitivity Measure: this scale was developed by Boyce & Parker in 1989 to measure interpersonal sensitivity or rejection sensitivity. It contains 36 items that are scored based on a 4-point Likert scale from never to most of the time. These items measure five subscales, namely interpersonal awareness, need for approval, separation anxiety, timidity, and fragile inner-self. Interpersonal awareness entails sensitivity to interpersonal interactions, one's perception of his/her influence on others, and also the consequences of receiving a negative or critical response from others. The second subscale, that is, "need for approval" includes questions that reflect people's desire to please others and establish peaceful relations. The third subscale is "separation anxiety" and consists of questions that measure a person's anxiety when separated from others. The fourth subscale is "timidity" and assesses lack of assertiveness. Finally, the fifth subscale, "fragile inner-self" refers to the important aspect of self-worth. The items of this questionnaire are related to individuals' feelings that they are not likeable and should hide their true selves from others. Boyce & Parker reported the reliability coefficient for the total score of the scale about .85 and reliability of the subscales in the range of .55 to .76 (1989). In this study, Cronbach's alpha reliability coefficient of .81 was obtained for the scale.

Results

The mean and standard deviation of the addicts' ages were 34.8 and 3.57 years, respectively. Also, the mean and standard deviation of the non-addicted participants' ages were 34.1 and 4.01 years, respectively. In terms of marital status, 69% of the addicts were married, 31% of them were single; also 72% of non-addicted participants were married, and 28% of them were single. Descriptive statistics of the variables are presented in the following table.

Table 1: Descriptive statistics of the variables for each group

<i>Variables</i>	<i>Addicts</i>		<i>Non-addicts</i>	
	<i>Mean</i>	<i>SD</i>	<i>Mean</i>	<i>SD</i>
Assertiveness	109.05	8.05	158.35	7.12
Interpersonal sensitivity	110.77	5.25	85.85	4.34

Multivariate analysis of variance should be used to evaluate the differences in the two groups. One of the assumptions for this test is the availability of canonical correlations between the comparative variables. The results of Cruet-Bartlett's test show that this assumption has been met and the variables can make up the composite variable ($X^2=41.97$, $P<.001$). Another assumption is the equality of covariance matrices. Box's Test results indicated that this assumption has been met (Box's $M=4.98$, $F=1.64$, $P>.05$). The equality of error variances is

another assumption of this test. To this end, Levene's test was run and results indicated that this assumption has been met for assertiveness scale ($F=4.07$, $P>.05$), but it has not been met for interpersonal sensitivity ($F=7.01$, $P<.05$). Therefore, we refer to Pillai's trace results. Univariate analysis of variance was used to examine differences in patterns as follows.

Table 2: The results of univariate analysis of variance representing differences in patterns

<i>Variables</i>	<i>Mean Square</i>	<i>F</i>	<i>Sig.</i>	<i>Eta squared</i>
Assertiveness	121524.50	103.20	.0005	.91
Interpersonal sensitivity	31050.32	335.10	.0005	.87

As it is observed in the above table, there are significant differences between the two groups in terms of assertiveness and interpersonal sensitivity. On the basis of the descriptive statistics of the variables, the addicts have obtained lower scores in assertiveness and higher scores in interpersonal sensitivity.

Discussion and Conclusion

This study was aimed at comparing interpersonal sensitivity and assertiveness between drug-dependent persons and normal ones. The findings showed that addicted people are more sensitive in their interpersonal relationships compared to the non-addicted ones. This finding is consistent with that of Boyce & Parker (1989) and Harb et al (2002). Individuals with high interpersonal sensitivity tend to modify their behavior to fit the expectations of others, rather than to minimize the risk of criticism and rejection (Boyce & Parker, 1989). For this reason, rejection sensitivity is suggested to be used for interpersonal sensitivity. Given these findings, it can be stated that when addicts are in a group, they try to change their behaviors in line with the group's requests so that they will neither be criticized and nor rejected from the group.

The results also showed that assertiveness was significantly lower in addicts than that in non-addicts. This finding is consistent with the findings of other studies, such as Alexander (1990, cited in Mehrabizadeh & Fathi, 2008), Sabeti & Shaheni Yeilagh (1998), and Haji Hassani (2012). The ability to say no to the unreasonable requests of others is one of the components of assertiveness. Those who benefit from greater assertiveness can resist to the unreasonable requests of others and act based on their own desires. Such individuals are also more independent at their work (Haji Hussani, 2012). Accordingly, those who have lower levels of assertiveness are expected to passively agree with unreasonable requests made by others such as offer to drug use and, thereby, they succumb to such requests despite inner reluctance. Hence, it can be stated that drug dependent persons suffer problems in interpersonal relationships and in "saying no" compared to other people because of lack of assertiveness. To interpret this result, one can get help from Alexander's adaptation model (1990, cited in

Mehrabizadeh & Fathi, 2008). According to this model, incontinuity to drugs is associated with attempts to deal with failure. This means failure in achieving a variety of social acceptance, competence, confidence, and personal independence that are the minimum expectations of individuals and society. In consequence, they turn to drug use. To Alexander, those who are successful in harmony with others and the social structure and enjoy higher levels of self-confidence will not be exposed to risk for drug dependence.

The inclusion of males and non-inclusion of females, exclusiveness of the research to Tabriz city, and no control of drug type and drug-taking dose were among the limitations of the present study. Therefore, care should be exercised in generalizing the present findings. It is highly recommended that future researchers carry out this study on different age groups and on female addicts, as well. These findings can be used for addiction prevention and treatment of addicts by implementing training and treatment methods to improve assertiveness and interpersonal sensitivity in addicts.

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