

Abstract

Objective: The current study was an attempt to investigate the role of assertive behaviors in ego-resiliency and self-control in addicted women in Zahedan city. **Method:** The present study took a correlation-descriptive research design. The population of this research included all the addicted women in Zahedan city, among whom 200 participants were selected through convenience sampling method. These participants completed Rathus (1984) Assertiveness Schedule, Ego-Resiliency Scale (Klohn, 1996), and Self-Control Scale (Tangney, Baumeister, & Boone, 2004). **Results:** The obtained results revealed that assertive behaviors had a significant positive correlation with self-control and ego-resiliency. In addition, assertive behavior was revealed to have a predictive role in self-control and ego-resiliency. The results also demonstrated that there was a significant difference on the scores of ego-resiliency and assertive behavior in terms of age and education level. **Conclusion:** The results illustrated that assertive behavior has a determinant role in ego-resiliency and self-control in addicted women.

Keywords: assertive behavior, ego-resiliency, self-control, addicted women

Role of Assertive Behaviors in Ego-Resiliency and Self-Control in Addicted Women

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Introduction

Similar to other social deviations, addiction is a social problem and a destructive phenomenon that ruins the most valuable assets of a country, i.e. the adolescents and young adults. This catastrophic disaster annually threatens the health of millions of people and its resultant devastations cause the collapse of many moral values and criteria (Bashirian, Heidarnia, Allahverdi-pour & Hajizadeh, 2012). Despite the social non-acceptance of drug use, different classes of people are involved with this issue seriously (Siyam, 2006). Accordingly, it endangers the health of the individual, the family, and the community, and also leads to mental and moral breakdown of the individuals (Bahadori Khosroshahi, Hashemi Nosratabad & Beyrami, 2010). To date, many attempts have been made to explain the reason for the prevalence of drug use and to find the most appropriate method of drug use prevention and treatment; however, no research was conducted in this regard on women two decades ago (Leshner, 1998). Although the share of women in drug problems is not reflected in official statistics, women are getting more and more involved in drug-related problems day by day and, thereby, are more likely to experience worse consequences than men in these involvements (Javadi, 2008). However, the majority of people in the community assume that the drugs and drug abuse are mostly masculine phenomena. While women, like men, go on getting addicted (Ebrahimi & Fatahi, 2004). In Iran, the factors affecting the onset of addiction in women are different from those of the men. For example, the average age at which women start drug use is usually in the middle of young ages and is about six years higher than that of men. A higher rate of women get familiar with narcotics compared to men through their family members, especially the spouse (Haji Hasani, Shafiabadi, Pirsaghi & Kianipour, 2011). Addicted women are more at risk of mental illness than their male counterparts. Low self-esteem, low self-efficacy, and lack of adaptive power to cope with daily life events in women can lead to the onset of addiction (Dehghani, Ghasemi, Safari, Ebrahimi, & Etemadi, 2013).

There are various reasons for the tendency to the variety of substances. Some people turn to drugs to be welcomed by the community, while others try to show themselves more grownup and mature, and some seek refuge in drugs for their relief (Abolghasemi, Mahmoudi & Soleimani, 2009). The review of the related literature revealed that several variables, such as assertiveness behavior, resiliency, and self-control have a close relationship with substance use in both males and females (Adam Rita, 2010).

Assertiveness refers to the ability of an individual to express and defend his/her ideas, interests, and feelings in an appropriate manner and without anxiety (Lizarage, Ugarit, Gradelle, Elawar & Iriarte, 2003). The self-assertion skill has received attention was due to its importance in social situations, especially in interpersonal interactions. In addition, there is a wide range of non-

assertive behaviors in the individuals who are affected by high-risk situations (like groups of friends who offer drugs or high-risk sexual behaviors) (Vojoodi, Atarod & Poursharifi, 2014). The lack of social skills leads to the incidence of behavioral disorders, such as delinquency, academic and cognitive malfunction, alcoholism, escape from school, anti-social behaviors, and mental disorders in the future (Allahverdipour et al., 2005). The individuals with lower rates of self-esteem will take a more passive position when confronted with unconscionable requests, such as testing drugs, and they respond positively to these requests despite their reluctance (Vojoodi, Atarod & Poursharifi, 2014). It seems that the people lack self-assertion enjoy lower rates of self-esteem and self-concept and, thereby, they are not able to reject the unreasonable demands of others, such as drug use because of this poor self-concept. Given that addiction brings about a large number of problems, the identification of the factors that explain the risk of this disorder seems necessary. One of the known factors whose deficiency affects people's tendency to drug use and their dependence is resiliency that can be improved via the training of self-assertion (Oshio, Kaneko, Ngamine & Nakaya, 2003). Resiliency is defined as a process, an ability, or a consequence of successful adaptation to threatening conditions (Samani, Jokar & Biabangard, 2007). In fact, resiliency is referred to as the factors that protect the growth path from the risk of entrapment in problematic behaviors and psychological ills, and lead to adaptive consequences despite the adverse conditions (Garmezy, Masten & Tellegen, 1984). Resiliency refers to a superior dimension of the dynamic capacity that modifies one's level of control in relation to demands and situational costs (Letzring, Block & Funder, 2005). The individuals with poor resilience take a conservative and an inflexible approach when confronted with stressful situations and behave in a maladaptive way. In contrast, people with high resilience will experience higher rates of positive affect and emotion, will exert greater flexibility, will demonstrate higher self-confidence, and will enjoy better psychological adjustment (Letzring et al., 2005). In fact, resiliency leads to the reinforcement of self-esteem and the fight against negative experiences through increased levels of positive affects, and leads the person to turn to drug use to a lesser extent in the face of problems and negative affects (Fredrickson, Tugade, Waugh & Larkin, 2003).

Self-control is another factor that plays an important role in drug addiction, and the enjoyment of self-assertive behaviors plays a tremendous role in the improvement of self-control. Self-control refers to an intrapersonal clash between logic and intelligence, between cognition and motivation, and between the inner programmer and the inner actor wherein the former of each of these couples dominates the latter through self-control (Rachlin, 1995). Numerous studies have emphasized the role of low self-control and the adoption of risky behaviors in the onset of drug use, and have suggested that the young people with lower self-control are prone to some risky behaviors. The individuals with a low level of self-control tend to show patterns of criminal behavior, and are

also unable in delaying delusions, and also turn to the frequent use of drugs in adolescence. It seems that the individuals who lack self-control may commit criminal acts without considering their own long-term interests, as well as the interests of others, especially when a potentially enjoyable opportunity is provided for them. In contrast, the individuals with high self-control are sensitive to social situations and adjust their appearance to the current situation. These people relatively feel committed, prevent the expression of their feelings, and are less likely to express their emotions and impulses (Letzring et al., 2005).

The review of previous studies shows that assertiveness behavior plays an important role in resiliency and self-control in such a way that the increased rates of assertiveness behavior will lead to the increase of self-control and resiliency against drug use. Sternberg & Bry (1994) managed to increase resiliency and subsequently the level of health in individuals through the training of communication skills and self-assertiveness. In another study, Lo, Loe & Cartledge (2002) found that the training of assertiveness to the adolescents who are at risk of antisocial behaviors reduces these behaviors and increases resiliency. Agbakwuru & Stella (2012) showed that assertiveness training had a positive effect on resiliency. In another study, Asokan & Muthumanickam (2013) examined the relationship between self-control and assertiveness behavior among school students, and the results were indicative of the existence of a positive relationship between self-control and assertiveness behaviors. Furthermore, in terms of the relationship of these variables with addiction, Haji Hasani (2012) argued that the individuals with a higher level of self-assertion are less likely to be addicted. Bashirian et al. (2012) investigated the relationship between self-control and the desire to consume drugs in adolescents. The results of this research indicated that there is a relationship between self-control and the history of substance use. In a study on the 18-to-25-year-old individuals at risk of drug abuse, Mohammadi (2005) concluded that parenting bonds, attachment styles, self-esteem, coping skills, and locus of control are the factors that affect resiliency. In this regard, another study was carried out on the addicted women in Iran in 2011 and the results showed that most of the subjects had an educational degree below high school diploma. Moreover, the majority of these women were placed in the 18-to-38-year old age group, and this low age is very though-provoking (Noori and et al., 2011). Weigel (1985) arrived at the conclusion that older children show more assertiveness behavior. In a study conducted by Onyeizugbo (2003), it was concluded that older women showed greater self-assertiveness than older men. His findings also indicated that women with lower education had higher levels of assertiveness than men with lower education levels, while the higher-educated men showed higher levels of assertiveness than the educated women. The results of this study showed that Nigerian women gain higher levels of assertiveness as they get older. In Rezayat & Nayeri's research (2014), no significant relationship was reported between assertiveness and age. Shafiei Darb Asiabi & Rahmati (2012) came to the

conclusion that gender and education level did not make any significant difference in the effectiveness of assertiveness training. In addition, the results also showed that the effectiveness of training was independent of age.

Demographic variables, such as age and education level can be effective in the level of people's resilience. For example, Block, Block & Keyes's longitudinal study (1988) showed that lower levels of self-control in childhood would predict the use of marijuana at the age of 14 years in both genders. In contrast, lower levels of self-control predicted the use of hard substances in boys. Another study in this group showed that lower levels of self-control were associated with a higher level of substance use at the age of 18 years (Sheler & Shedler, 1990). Of course, alcohol consumption was not investigated in these studies. Indirect evidence associated with early personality traits of alcohol and drug use supports the idea that behavioral control and resiliency may predict drug use. The African-American school students in the first grade who had been assessed by their teachers as aggressive were more likely to drink alcohol and use drugs later at the age of ten years (Kellam, Ensminger & Simon, 1980). Education can have an impact on people's self-esteem and will make them more resilient and hard-working in the face of problems and difficulties. Based on several explanations, resilience can lead to positive adaptability as an intermediary mechanism through the reinforcement of self-respect; in this regard, self-respect will be weakened the process of coping with negative experiences will become ineffective in case of the weaknesses of resiliency construct (Rostami, Nowroozi, Zarei, Amiri & Soleimani, 2008). Etesamipoor & Amirpour (2014) reported that there is a significant difference between educational levels in terms of resilience. Education seems to play a significant role in using coping strategies in such a way that people with higher education are more likely to use effective coping strategies, such as confrontative coping, self-restraint temperament, expert problem-solving, and seeking social support. However, individuals with lower levels of education used more maladaptive strategies, such as self-blame, escape, avoidance, and ideal thinking (Cheung & Kam, 2012). Abdollahzadeh, Moodi, Elahyari & Khanjani (2015) examined the relationship between resiliency and education, and reported that there was no significant difference between illiterate individuals, elementary school students, middle and high school students, and academic students.

So far, few studies have been conducted on the relationship between demographic variables and self-control in Iran. In one study, Vaziri, Mongashti & Saiady (2014) showed that self-control is not correlated with age and education. Research carried out in other countries has reached different results. Ward (2012) came to the finding that there was no difference in the self-control scores in terms of age and education. Research findings have shown that older people, single people, and those with lower education show lower levels of self-control than the younger people, married people, and those with higher education

(Wolinsky & Stump, 1996; Bailis, Segall, Mahon, Chipperfield & Dunn, 2001; Bruce & Thornton, 2004; Bosma et al., 2005; Koster et al., 2006).

The current study was an attempt to investigate the role of assertive behaviors in ego-resiliency and self-control in addicted women. In addition, this study seeks to compare assertiveness behaviors, ego-resiliency, and self-control in addicted women in terms of age and educational level.

Method

Population, sample, and sampling method

The current research method was descriptive-correlational. The statistical population of this study included all the addicted women who had referred to addiction treatment centers in Zahedan in 2014. Since access to all the addicted women in Zahedan city was not feasible, the number of 200 addicted women was selected through convenience sampling method and they were evaluated.

Instrument

1. Simple Rathus Assertiveness Schedule: This questionnaire was developed by McCormick in 1984 based on Rathus's original Assertiveness Scale (1973). It consists of 30 items that are scored based on a Likert scale from strongly disagree (1), disagree (2), no idea (3), agree (4), to strongly agree (5). The total score of the scale is obtained from the sum of the items' scores. The total score of the scale ranges from 30 to 150 where higher scores suggest more assertiveness. This questionnaire was validated on a 116-participants sample of graduate students. The mean score and standard deviation were obtained equal to 94.6 and 25.4 in women, respectively, whereas these values were obtained equal to 99.8 and 20.1 in men, respectively. The internal consistency of this questionnaire was assessed by the correlation between odd and even numbered items and its value was reported to be 0.90. The correlation between the scores of this questionnaire with the original scale was reported to be 0.94. Little information is available for the validation of this test. Due to the uniformity of this form with the original form, this questionnaire enjoys a high level of validity and is used. In the present study, the reliability of 0.73 was obtained for the scale using Cronbach's alpha method.

2. Ego-Resiliency Scale: This scale was first adapted from the items of California Psychological Inventory by Klohnen (1996) in the form of a self-assessment scale of resiliency and was administered to a sample of Californian graduated couples. Later on, Block designed the ego-resiliency scale, adapted from the Minnesota Multiphase Personality Inventory (1951) and the California Psychological Questionnaire. Block & Kremen (1996) conducted this scale as a longitudinal study on one group during two occasions, i.e. once at the age 18 and the second time at the age of 23 years. This scale consists of 14 statements and

the responses are measured on a 4-point Likert scale from *Does not apply at all* (1) to *Applies very strongly* (4). The sum of the scores derived from the 14 statements constitutes an individual's total score on this scale. The scores ranging from 0 to 10 represent very low resiliency; the scores ranging from 11 to 22 represent low resiliency; the scores ranging from 23 to 34 represent unknown resiliency; scores ranging from 35 to 46 represent high resiliency; and the scores ranging from 47 to 56 represent very high resiliency. The Cronbach's alpha coefficient has been reported to be 0.76 with the assumption of this scale as a single-factor scale. The retest reliability coefficients of the scale for women and men have been reported to equal 0.67 and 0.51 within a 5-year interval, respectively. The Cronbach's alpha of this scale was obtained equal to 0.72 in Letzring, Block & Funder's study (2005) and 0.78 in the present study.

3. Self-Control Scale: This scale was developed by Tangney, Baumeister & Boone (2004) and contains 36 items. This test has been constructed by inspiration from the previous instruments to address the defects of the questionnaires that had been developed to measure the level of self-control. The responses are scored on a five-point scale from strongly agree (5) to strongly disagree (1). The total score of the respondents ranges from 36 to 180. In terms of the internal consistency, the Cronbach's alpha was reported to be 0.89 for the long form of Self-Control Scale (Tangney, Baumeister & Boone, 2004). In the current study, the reliability value was obtained equal to 0.79.

Results

The descriptive statistics of the sample group are presented in terms of demographic variables in the following table.

Table 1: Descriptive statistics of the sample group in terms of demographic variables

<i>Variable</i>	<i>Group</i>	<i>Frequency</i>	<i>Percentage</i>
Age	16-36	45	22.5
	37-46	38	19
	47-56	44	22
	57 and above	73	36.5
	Total	200	100
Education	Elementary school education and lower	53	26.5
	Secondary school education	71	35.5
	High school education and above	76	38
	Total	200	200

The descriptive statistics and correlation coefficients of the research variables are presented in the following table.

Table 2: Descriptive statistics and correlation coefficients of the research variables

<i>Variable</i>	<i>Mean</i>	<i>SD</i>	<i>R</i>	<i>Sig.</i>	<i>N</i>
Ego-resiliency	41.59	7.27	1	-	200
Self-control	115.28	19.02	0.49	0.001	200
Assertive behavior	117.94	19.39	0.14	0.05	200

Linear regression analysis was used to investigate the predictive role of assertive behaviors in the prediction of self-control. The results of regression analysis showed that assertive behaviors could explain 2.7% of the ego-resiliency variance and played a positive role in the prediction of ego-resiliency. Moreover, assertive behaviors could explain 1.8% of the self-control variance and had a positive role in the prediction of self-control. The regression coefficients are presented in the following table.

Table 3: Regression coefficients of ego-resiliency and self-control based on assertive behaviors

<i>Criterion variables</i>	<i>R²</i>	<i>B</i>	<i>β</i>	<i>t</i>	<i>Sig.</i>
Ego-resiliency	0.027	0.44	0.165	2.36	0.019
Self-control	0.018	0.14	0.14	1.92	0.05

Univariate analysis of variance should be used to examine the difference between the scores of the research variables based on age groups. The equality of error variances is one of the assumptions of using this test. In this regard, the results of the Levene's test are presented in the following table.

Table 4: Levene's test results on the assessment of variances homogeneity of the research variables with regard to age groups

<i>Variable</i>	<i>Levene's test</i>	<i>Between-group df</i>	<i>Within-group df</i>	<i>Sig.</i>
Assertive behaviors	2.163	3	196	0.094
Ego-resiliency	0.888	3	196	0.448
Self-control	2.155	3	196	0.095

As it is observed in the table above, the assumption of the equality of variances has been met in all variables. Therefore, univariate analysis of variance was performed and the results are presented in the following table.

Table 5: Univariate analysis of variance results on the assessment of the difference in scores based on age groups

<i>Variable</i>	<i>Source of variance</i>	<i>Sum of squares</i>	<i>Df</i>	<i>Mean Square</i>	<i>F</i>	<i>Sig.</i>
Assertive behaviors	Between-group	6187.320	3	2062.440	5.890	0.001
	Within-group	68631.075	196	350.159		
Ego-resiliency	Between-group	707.001	3	235.667	4.714	0.003
	Within-group	9799.739	196	49.999		
Self-control	Between-group	1585.868	3	528.623	1.47	0.224
	Within-group	70406.007	196	359.214		

As it is observed in the table above, there is a significant difference between different age groups in the variables of assertive behaviors and ego-resiliency. However, there is no significant difference in the variable of self-control. Tukey's test was used to examine patterns of differences. The results showed that the participants in 57-year age group and above gained higher scores on assertive behaviors compared to 16-to-36-year and 37-to-46-year age groups. In terms of ego-resiliency, the participants in 57-year age group and above gained higher scores compared to 16-to-36-year and 47-to-56-year age groups.

Univariate analysis of variance should be used to examine the difference between the scores of the research variables based on the level of education. The equality of error variances is one of the assumptions of using this test. In this regard, the results of the Levene's test are presented in the following table.

Table 6: Levene's test results on the assessment of variances homogeneity of the research variables with regard to education level

<i>Variable</i>	<i>Levene's test</i>	<i>Between-group df</i>	<i>Within-group df</i>	<i>Sig.</i>
Assertive behaviors	2.255	2	197	0.108
Ego-resiliency	1.060	2	197	0.348
Self-control	0.167	2	197	0.846

As it is observed in the table above, the assumption of the equality of variances has been met in all variables. Therefore, univariate analysis of variance was run and the results are presented in the following table.

Table 7: Univariate analysis of variance results on the assessment of the difference in scores based on education level

<i>Variable</i>	<i>Source of variance</i>	<i>Sum of squares</i>	<i>Df</i>	<i>Mean Square</i>	<i>F</i>	<i>Sig.</i>
Assertive behaviors	Between-group	22202.664	2	1101.332	3.00	0.05
	Within-group	72615.731	197	368.608		
Ego-resiliency	Between-group	8.036	2	4.018	0.075	0.926
	Within-group	10498.344	197	53.291		
Self-control	Between-group	696.446	2	348.223	0.962	0.384
	Within-group	71295.429	197	361.906		

As it is observed in the table above, there is a significant difference between different education levels in the variable of assertive behaviors. However, there is no significant difference in the variables of ego-resiliency and self-control. Tukey's test was used to examine patterns of differences. The results showed that the participants with elementary school education and lower education levels gained higher scores in assertive behaviors than the participants with high school education and higher degrees.

Discussion and Conclusion

The results showed that there is a positive correlation between assertiveness behaviors and ego-resiliency among the addicted women in Zahedan city. These findings are in the same direction with those of the studies conducted by Mohammadi (2005), Sternberg & Bry (1994), Lo, Loe & Cartledge (2002), Agbakwuru & Stella (2012). They showed that the training of assertiveness has a positive effect on resilience. High assertiveness or the training of assertiveness in people lead them to discuss issues that threaten themselves and others and take solutions to those problems, that is, problem-solving skills in them increase. In addition, assertiveness can also play a very effective role in the management of emotions and impulses, and it causes people to be reliable in search for communications when people need other people's help. In fact, these dynamic factors lead to an increase in ego-resiliency. One of the reasons that people, especially women, turn into addiction is the lack of self-assertion or the inability to "say no" to the compliments and requests of others, such as friends, classmates, husband, or family members (Haji-Hassani, Shafiabadi, Pirsaaighi & Bashirpor, 2011) in connection with the use of substance. This issue can itself lead to the lack of growth and effective formation of resilience in them and, thereby, people will not be able to prevent and postpone their impulses. Assertive behavior can be considered as a psychological defense system for individuals' ego-resiliency. Assertive behavior can lead to the fault of this psychological

defense system among the addicted people and will reduce the amount of resiliency.

The results of this study also showed that there is a positive correlation between self-control and assertive behaviors in addicted women. This finding is consistent with the findings of the studies carried out by Asokan & Muthumanickam (2013); Haji Hasani (2012); and Bashirian et al. (2012). The people with a higher level of self-control are less likely to become addicted (Haji Hasani, 2012). In addition, self-control can reduce drug use (Bashirian et al., 2012). The enjoyment of assertive behavior or the training of assertive behaviors plays an important role in the self-control of individuals and makes people less likely to take drugs. The low level of assertive behaviors leads people to have a low level of self-control and experience more risky behaviors in drug use. These people are exposed to some risky behaviors. People with low levels of self-control are more likely to tend to show patterns of delinquent behavior and not be able to delay delusions. This causes people at lower ages to turn to repetitive use of drugs. It seems that the individuals who lack self-control may commit criminal acts without considering their own long-term interests, as well as the interests of others, especially when a potentially enjoyable opportunity is provided for them. In contrast, the individuals with high self-control are sensitive to social situations and attempt to adapt themselves to the current situation. These people relatively feel committed, prevent the expression of their feelings, and are less likely to express their emotions and impulses.

In addition, the results showed that the participants in 57-year age group and above gained higher scores on assertive behaviors compared to 16-to-36-year and 37-to-46-year age groups. This finding is consistent with the findings of other studies done by Weigel (1985) and Onyeizugbo (2003). It seems that the amount of assertive behavior increases with the increase of age. In fact, older people are less dependent on others and can react to the adverse and unpleasant events more easily. These people attempt not to hurt their own feelings and others', and to be more assertive in saying no in comparison with younger people. When they are asked to do something, they will enquire about the reasons and causes of that task. Additionally, older people feel pleasure in interacting with others, but younger people tend to hide their feelings about the complaints they may have and do not express their own distress to their friends. Younger people do not have the courage and assertion to ask questions from others and lack self-esteem and feel humiliated when talking with others. Older people are honest with their emotions and express their thoughts easily. It appears that one of the reasons for the young people's tendency to use drugs is the low assertion among these people.

In terms of ego-resiliency, the participants in 57-year age group and above gained higher scores compared to 16-to-36-year and 47-to-56-year age groups. Seemingly, as the age of addicted women increases, their resilience will witness an increase; in addition, older women are more generous than their friends, have

more control over their own behaviors, and feel less confused about issues. Old addicted women have the ability to create a good and positive feeling in others about themselves and create an energetic and active of themselves in others' eyes. However, younger addicted women do not hold such feelings and feel humiliated, and this is probably one of the reasons why they are attracted to drug use. Additionally, older addicted women usually think of what they want to do in depth for a while before doing the job, but the younger counterparts do the tasks emotionally and impulsively, and such behaviors can make them susceptible to drug use. It also seems that older addicted women have a stronger personality and can quickly restrain their anger toward others with logic; whereas aggressive behaviors in young women orient them towards addiction.

With regard to education, the results of this study showed that the participants with elementary school education and lower education levels gained higher scores in assertive behaviors than the participants with high school education and higher degrees. This finding is consistent with that of the study carried out by Onyeizugbo (2003). However, the research that was carried out by Shafiei Darb Asiabi & Rahmati (2012), it was found that gender and education level did not make any significant difference in the effectiveness of assertiveness training.

It can be concluded that since the subjects with a higher level of education in this study were the younger ones, they do not have enough assertiveness in confronting with different issues and, thereby, lack necessary self-esteem and self-assertion in conflict with others and they feel humiliated. Probably, one of the effective factors in reducing the age of addiction in educated people, especially young women in Sistan and Baluchistan province the above-mentioned reason. Considering that the native culture of Sistan and Baluchistan province has its own socio-cultural conditions and is ranked at a lower level than other provinces of the country in terms of educational development index and literacy level, accuracy and caution should be exercised in the generalization of these findings to other populations.

The present study suffered some limitations. Given the fact that the addicted women constituted the research sample and some of them had low education, it made the conditions difficult for the researcher up to the point that the researcher had to read and explain the questions to them, which prolonged the research time. It is suggested that this research be conducted among addicted men and addicted children, as well, in order to compare the similarities and differences of the results. According to the results of this study, it is suggested that addicted and vulnerable women in the border city of Zahedan, which is the center of narcotic drug trafficking, be identified; and the women's center of the province hold psychological and counseling classes, especially training of assertiveness behaviors with the cooperation of psychological and psychiatric teams.

Reference

- Abdollahzadeh, R., Moodi, M., Elahyari, A. & Khanjani, N. (2015). The Relationship between Spiritual Intelligence and Resiliency of Patients Suffering from Cancer in South Khorasan State. *Nursing Journal of the vulnerable, Faculty of Nursing and Midwifery, Bushehr University of Medical Sciences and Health Services*, 2 (3), 15-24.
- Abolghasemi, A., Mahmoudi, H. & Soleimani, E. (2009). THE ROLE OF ATTACHMENT STYLES AND DEFENSE MECHANISMS IN DISCRIMINATING CIGARETTE SMOKER STUDENTS FROM NON-SMOKERS. *Journal of Sabzevar University of Medical Sciences*, 16 (3), 134-41.
- Adam Rita, C.S. (2010). *The Effect of Gestalt Therapy and Cognitive- Behavioral Therapy Group Intervention on the Assertiveness and Self- esteem of Women with Physical Disability Facing Abuse*. Unpublished Ph.D. Dissertation, Wayne state university.
- Agbakwuru, C.; & Stella, U. (2012). Effect of Assertive Training on Resilience among Early – Adolescents. *European Scientific Journal*, 8(10), 69 – 84.
- Allahverdi-pour, H., Heidarnia, A., Kazemnejad, A., Shafiei, F., Azadehfalah, P. & Mirzaee, E. (2005). Assessment of Substance Abuse Behaviors in Adolescents': Integration of Self-Control into Extended Parallel Process Model. *Journal of Shahid Sadoughi University of Medical Sciences*, 13 (1), 21-31.
- Asokan, M.; & Muthumanickam, R. (2013). A Study on Students' self – control in Relation to Assertiveness Behavior. *International Journal of Teacher Educational Research*, 2(1), 36 – 42.
- Bahadori Khosroshahi, J., Hashemi Nosratabad, T. & Beyrami, M. (2010). On the Relationship of Attachment Styles and Resilience with Substance Use Tendency. *Quarterly Journal of Research on Addiction*, 4 (14), 17-30.
- Bailis, D.S.; Segall, A.; Mahon, J.J.; Chipperfield, J.G; & Dunn, E.M. (2001). Perceived control in relation to Socio- economic and behavioral resources in health. *Social Science and Medicine*, 52, 1661–76.
- Bashirian, S., Heidarnia, A., Allahverdi-pour, H. & Hajizadeh, E. (2012). The Relationship between Self-Control and Intention to Substance Abuse in Adolescents. *Scientific Journal of Hamadan Nursing & Midwifery Faculty*, 20 (1), 45-55.
- Block, J.H. (1951). *An experimental study of a topological representation of ego-structure*. Unpublished Doctoral Dissertation, Stanford University, Stanford, CA.
- Block, J.; & Kremen, A.M. (1996). IQ and ego-resiliency: Conceptual and empirical connections and separateness. *Journal of Personality and Social Psychology*, 70, 349–61.
- Block, J.; Block, J.H.; & Keyes, S. (1988). Longitudinally foretelling drug usage in adolescence: Early childhood personality and environmental precursors. *Child Development*, 59, 336 – 55.
- Bosma, H.; Van Jaarsveld, C.H.M.; Tuinstra, J.; Sanderman, R.; Ranchor, A.V.; Van Eijk, J.; & et al. (2005). Low control beliefs, classical coronary risk factors, and socioeconomic differences in heart disease in older persons. *Social Science and Medicine*, 60, 737–45.
- Bruce, M.A.; & Thornton, M.C. (2004). It's my world? Exploring black and white perceptions of personal control. *The Sociological Quarterly*, 45, 597–612.
- Cheung, C.K.; & Kam, P.K. (2012). Resiliency in older Hong Kong Chines: Using the grounded theory approach to reveal social and Spiritual Conditions. *Journal of Aging Studies*, 26, 257-64.

- Dehghani, S., Ghasemi, H., Safari, S., Ebrahimi, A. & Etemadi, O. (2013). The Effectiveness of Group Motivational Interviewing Sessions on Enhancing of Addicted Women's Self-Esteem and Self-Efficacy. *Quarterly Journal of Research on Addiction*, 7 (26), 145-148.
- Ebrahimi, M. & Fatahi, M. (2004). Women's Addiction Pathology. *Journal of Rehabilitation*, 113, 3-8.
- Etesamipoor, R. & Amirpour, B. (2014). Comparison of Depression and Resilience between Cardiac Patients with Normal Individuals. *Razi Journal of Medical Sciences*, 21 (126), 73-82.
- Fredrickson, B.L.; Tugade, M.M.; Waugh, C.E.; & Larkin, G.R. (2003). A prospective study of resilience and emotions following the terrorist attacks on the united states on September 11th, 2002. *Journal of personality and social psychology*, 84(2), 365-76.
- Garnezy, N.; Masten, A.S.; & Tellegen, A. (1984). The study of stress and competence in children: Building blocks for developmental psychopathology. *Child Development*, 55, 97 – 111.
- Haji Hasani, M., Shafiabadi, A., Pirsaghi, F. & Kianipour, O. (2011). Relationship between Aggression, Assertiveness, Depression, and Addiction Potential in Female Students of Allameh Tabataba'i University. *Knowledge & Research in Applied Psychology*, 13 (3), 65-74.
- Halpern, M. (2009). The Enhance Critical Thinking Skills in Problem-solving and Resilience on high school students. *Journal of developmental Sciences*, 15(2), 121-28.
- Javadi, R. (2008). On the Relationship between Identity Database and Addiction among Women in Tehran Province. *Quarterly Journal of Research on Addiction*, 2 (7), 55-66.
- Kellam, S.G.; Ensminger, M.E.; & Simon, M.B. (1980). Mental health in first grade and teenage drug, alcohol, and cigarette use. *Drug and Alcohol Dependence*, 5, 273 – 304.
- Klohn, E.C. (1996). Conceptual analysis and measurement of the construct of ego-resiliency. *Journal of Personality and Social Psychology*, 70, 1067-79.
- Koster, A.; Bosma, H.; Kempen, G.I.J.M.; Penninx, B.W.J.H.; Beekman, A.T.F.; Deeg, D.J.H.; & et al. (2006). Socioeconomic differences in incident depression in older adults: The role of psychosocial factors, physical health status, and behavioral factors. *Journal of Psychosomatic Research*, 61, 619– 27.
- Leshner, A.L. (1998). *Drug addiction research and the health of women*. US National Institute of Health. Diane Publishing Co.
- Letzring, T.D.; Block, J.; & Funder, D.C. (2005). Ego-Control ego-resiliency: Generalization of self-report scales based on personality descriptions from acquaintances, clinicians, and the self. *Journal of Research in personality*, 39, 395-422.
- Lizarage, L.S.; Ugarit, D.; Gradelle, E.M.; & Iriarte, D.B.T. (2003). Enhancement of self – regulation, assertiveness, and empathy. *Learning and Instruction*, 13, 423-39.
- Lo, Y.; Loe, S.A.; & Cartledge, G. (2002). Handicapped and gifted children. *Behavioral Disorders*, 27(4), 371 – 385.
- McCormick, I.A. (1984). A Simple Version of the Rathu's Assertiveness Schedule. *Behavior Assessment*, 7, 95 – 9.
- Mohammadi, M. (2005). *Investigating the Factors Affecting Resilience in Subjects at Risk of Substance Abuse*. Ph.D. Dissertation, University of Social Welfare and Rehabilitation Sciences.
- Noori, R. (2011). *A Strategic Report on Women's Addiction Status*. Committee on Narcotic Drugs, Secretariat of the Expediency Council.

- Onyeizugbo, E.U. (2003). Effects of Gender, Age, and Education on Assertiveness in a Nigerian Sample. *Psychology of Women Quarterly*, 27(1), 12 – 6.
- Oshio, A.; Kaneco, H.; & Nagamine, M. (2003). Construct Validity of the Adolescent Resilience Scale. *Journal of Psychological Reports*, 93, 1217-22.
- Rachline, H. (1995). Self control: beyond commitment. *Behavior and Brain sciences*, 18(1), 109 – 59.
- Rathus, S.A. (1973). A 30 – Item Schedule for Assessing Assertive Behavior. *Behavior Therapy*, 4, 398 – 406.
- Rezayat, F.; & Nayeri, D.N. (2014). The Level of Depression and Assertiveness among Nursing Students. *International Journal of Community Based Nursing and Midwifery*, 2(3), 177 – 84.
- Rostami, A.; Norouzi, A.; Zarei, A.; Amiri, M.; & Soleimani, M. (2008). The relationship between burnout and mental health and resiliency of gender-role controllers' elementary teachers. *Iran Occupational Health Journal*, 5(3, 4), 69-73.
- Samani, S., Jokar, B. & Biabangard, N. (2007). Resilience, mental health and life satisfaction. *Iranian Journal of Psychiatry and Clinical Psychology*, 13 (3), 290-295.
- Shafiei Darb Asiabi, F. & Rahmati, A. (2012). The Impact of Problem Solving and Assertiveness Trainings on Irritable Bowel Syndrome Symptoms. *Journal of Kerman University of Medical Sciences*, 19 (5), 468-478.
- Shedler, J.; & Block, J. (1990). Adolescent drug use and psychological health: A longitudinal inquiry. *American Psychologist*, 45, 612 – 30.
- Sternberg, J.A.; & Bry, B.H. (1994). Solution generation and family conflict over time in problem – solving therapy with families of adolescents. *Child Family Behavior Therapy*, 16, 65 – 76.
- Siyam, Sh. (2006). Drug abuse prevalence between male students of different universities in Rasht in 2005. *Zahedan Journal of Research in Medical Sciences*, 8(4), 9-15.
- Tangney, J.P.; Baumeister, R.F.; Boone, A.L. (2004). High Self-Control Predicts Good Adjustment, Less Pathology, Better Grades, and Interpersonal Success. *Journal of Personality*, 72(2), 271-324.
- Vaziri, J.; Mongashti, Y.; & Saiady, M.A. (2014). The Relationship between the Self - Control and Personality Characteristics of Iran's Referees of Male Football Premier League in 2011. *International Journal of Sport Studies*, 4(7), 776 – 82.
- Vojoodi, B., Atarod, N. & Poursharifi, H. (2014). On the Comparison of Interpersonal Sensitivity and Assertiveness between Drug-Dependent Persons and Ordinary People. *Quarterly Journal of Research on Addiction*, 8 (31), 109-118.
- Ward, M.M. (2012). Sense of control and socio – demographic differences in self – reported health in older adults. *Quality of Life Research: An International Journal of Quality of Life Aspects of Treatment, Care and Rehabilitation*, 21(9), 1509 – 18.
- Weigel, R.M. (1985). Demographic factors affecting assertive and defensive behavior in preschool children: An ethological study. *Aggressive Behavior*, 11(1), 27–40.
- Wolinsky, F.D.; & Stump, T.E. (1996). Age the sense of control among older adults. *Journal of Gerontology Social Sciences*, 51B, S217–S220.