

Abstract

Objective: This study aimed to investigate the mediating role of psychological hardiness in the relationship of religious orientation, self-efficacy, and self-concept with tendency to addiction. **Method:** This study was a descriptive-correlational research. The research population included male bachelor's students of Razi University among whom 358 students were selected by multistage cluster sampling method. Allport's Religious Orientation scale, Scherrer's Self-Efficacy Questionnaire, Beck Self-Esteem Scale, Ahvaz Hardiness Inventory and Addiction Potential (APS) were used for data collection purposes. **Results:** The results indicated that self-efficacy, self-concept, and intrinsic religious orientation have a significant negative relationship with tendency to addiction with the mediating role of through psychological hardiness. **Conclusion:** Due to the impact of the research variables on tendency to addiction, the results of this study can be used in practical programs in the field of addiction prevention and treatment. **Keywords:** religious orientation, self-efficacy, self-concept, psychological hardiness, tendency to addiction

The Mediating Role of Psychological Hardiness in the Relationship of Religious Orientation, Self-Efficacy and Self-Concept with Addiction Tendency

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Introduction

One of the major problems in the current world of is addiction. It is possible to find an acceptable solution to prevent and overcome this global problem in spite of many efforts and heavy costs on combating it (Rezaei & Senobari, 2013). Addiction is a person's bondage to a substance or narcotic drug in which s/he will become psychologically and physically dependent upon that drug, his/her individual and social behaviors are disrupted, and the human community is harshly damaged (Asghari, Kordmirza, & Ahmadi, 2013). Drug addiction has been one of the most important health and social crises in the last decade. The fight against addiction requires the recognition of all its dimensions (economic, social, etc.); therefore, the recognition of addicts' personality and behavioral characteristics is of particular importance in order to combat, prevent, and treat addiction. Different studies have referred to such factors as personality traits and the powerful role of personality traits in interaction with other environmental factors as the effective factors in the onset and continuation of the problematic consumption of drugs (Dermody, Cheon, & Munuck, 2013). One of the personality variables that is related to substance use tendency is the person's attitude towards him/herself. In fact, self-concept is a person's image in relation to his/her whole being, which is reflected in a set of actions and behaviors and makes it possible to self-adapt in interaction with others and confront different situations (Cooper, & Pervin, 1998). Self-concept is the general assessment of the self where this assessment results from the individual's mental evaluations of his/her characteristics that may be positive or negative. Positive self-concept shows that one accepts him/herself as a person with strengths and weaknesses, and this increases his/her self-confidence in social relationships. Negative self-reflection reflects a sense of inferiority and disorientation as well as self-denial. According to Barnet, & Gotlib (1988), it is likely that negative life events emerge in people who do not have a high level of self-value; in this regard, research has shown that self-concept is the key to individual behaviors. In fact, this is the self-concept that provides the necessary motivations for the required actions and behaviors. Ghanbari Zarandi, Mohammadkhani & Hasheminesab (2016) reported that the individuals with high self-esteem affect the consumption of alcohol, cigarettes, and other substances through their self-control ability and social skills. The results of the research conducted by Foroo'odin & Sadr al-Sadat (2002) showed that there is a significant difference between addicts and non-addicts in terms of self-concept, and negative self-concept can be an effective factor in tendency to addiction.

Self-efficacy is one of the other personality variables that is related to substance abuse. Self-efficacy, as a personality construct, refers to an individual's judgment about his/her ability to develop certain behaviors that have led to certain goals and are helpful in coping with stressful situations. Self-efficacy is one of the most important components of success and adaptation

(Snyder, Lopez, & Shane, 2002). People who have high self-efficacy challenge difficult tasks rather than avoid them, have a high rate of commitment to their goals, experience relaxation rather than anxiety and fear when faced with a problem, their weakened trust recovers quickly after failure, trust their own solutions, and are also flexible (Bandura, 1993). Low self-esteem, low self-efficacy, and the lack of adaptive power to cope with day-to-day life events in women can be the starting point for drug addiction (Dehghan, Ghassemi, Safari, Ebrahimi, & Etemadi, 2013). Persons with low self-efficacy seem to be more likely to get addicted than those with high self-efficacy because of their poor spirits in solving their life problems and the doubt about their abilities in the face of stressful situations. According to Jalali & Ahadi (2015), low levels of self-efficacy are effective in juvenile tendency to substance abuse. Moreover, Asghari, Kordimirza & Ahmadi (2013); Bahadori & Khanjani (2013); Abolghasemi, Pourkord & Narimani (2009); Oraki (2010); and Tate et al. (2007) found that self-efficacy has a negative relationship with substance consumption tendency and the individuals with low self-efficacy have a higher tendency toward the use of narcotic drugs.

Religious beliefs is one of the other factors that can play an important role in the lack of addiction tendency in youth. Regarding the role of religious beliefs and their dominance over human life aspects, religious beliefs can have an effective role in preventing a person from tendency towards drugs. Turiano et al. (2012) stated that religious beliefs lead to improved health, increased quality of life, and increased self-esteem. The individuals with a high degree of religiosity have better compatibility with stressful situations, experience lower levels of negative emotions and depression, and avoid the consumption of psychiatric drugs and alcohol. Because of the adoption of healthy methods in life, religious people have a higher life expectancy than ordinary people (Koenig, & Cohen, 2002). Since Iran is an Islamic and religious country, religion is considered as a strong source of internal and external control, which can be an effective factor in the youth's lack of tendency to addiction. Yavari, Noori & Hasanabadi (2015); Pournikdsst, Taghizadeh, Aliakbari, Omidian & Mikaeli (2014); Sheikholeslami et al. (2013); Zargar, Najarian & Namani (2008); Toofani (2001); and Yong, Hamann, Borland, Fong, & Omar (2009) showed that there is a relationship between religious attitudes and addiction. In addition, Sanchez, & Nappo (2008) indicated that religion therapy has had a positive effect on the recovery of addicted high school students.

Psychological hardiness is among the other influential variables in tendency to addiction, which makes people able to function properly against stressful events and situations. Psychological hardiness creates a particular internal attitude that affects people's confrontation method with different issues of life. Kobassa, Maddi, & Kohen (1982) considered the hardiness construct as a source of resistance in the face of stressful events of life. In fact, individuals with a strong psychological hardiness are less likely to suffer from physical and

psychological injuries, such as addiction due to their fighting and assertive epithets as well as their strengths and endurance against stressful environmental incidents. From Kobassa's (1979) point of view, a person with psychological hardness is the one who has the ability to deeply feel the integration with and/or commitment to the activities that s/he is doing. Such a person believes that s/he is capable of controlling or influencing the events, and views mental stresses as changeable characteristics. It seems that, according to theoretical and historical foundations, people with strong religious tendencies, high self-efficacy, and strong and positive self-concept enjoy a higher level of psychological hardness against stressors and stressful situations. In other words, psychological hardness increases the individual's ability to resist against temptations and addiction tendency. Johnson showed that religious beliefs play a major role in people's health and adaptation. According to Zargar et al. (2008), psychological hardness and religious attitude have the highest importance in explaining the variances of addiction potential and its subscales. Mollazadeh Esfajani, Kafi & Salehi (2011) reported a relationship between psychological hardness and addiction. In the same way, Jokar, Moein & Honarparvaran (2014); Zahed & Rajabi (2011) also suggest that psychological hardness has a positive relationship with self-efficacy and self-concept. Moreover, Yasminejad, Golmohammadian, & Feli (2011), Azemoodeh et al. (2007); and Medi (2002) also stated that there is a relationship between religious orientation and psychological hardness, and the individuals with internal orientation enjoy higher levels of commitment, control, and strength in comparison with the individuals with an external orientation.

Iran now has one of the youngest populations in the world, and since addiction mostly threatens the younger generation of any society, Iran is not an exception. Therefore, it is needed to make a serious decision to prevent addiction in Iran. In this regard, this research aims to investigate the role of religious orientation, self-concept, and self-efficacy in predicting addiction tendency in students through the mediating role of psychological hardness.

Method

Population, sample, and sampling method

This study falls within the category of descriptive correlational research type. The statistical population of this research includes the total number of male students of Razi University of Kermanshah in bachelor's program in the academic year of 2012-2013, which equaled 5299 students according to the statistics released by Razi University of Kermanshah. A 358-participant sample was selected using Cochran formula through randomized cluster sampling method.

Instruments

1. Addiction Potential Scale (APS): It was first constructed by Wade, & Butcher in 1992, and its Iranian scale was constructed by Zargar, Najarian & Na'ami

(2006) (cited in Zarger et al., 2008). It consists of two factors and 36 items plus 5 lie detecting items. Each question is scored on a continuum from 0 (strongly disagree) to 3 (strongly agree). In the first factor (active potential), most of the items pertained to antisocial behaviors, desire to use drugs, positive attitude towards drugs, depression, and sensation seeking. In the second factor (passive potential), most of the items are related to lack of assertiveness and depression (Zarger et al., 2008). The Cronbach's alpha reliability of this tool was reported to be 0.99, while the values of 0.91 and 0.75 were reported for active and passive factors, respectively (Zargar & Ghafari, 2009). In terms of the construct validity, the scores of this scale were correlated with the SCL-25 scores and the coefficient of 0.45 was obtained (Zarger et al., 2008). In the present study, the reliability of this test was obtained equal to 0.93 and the reliability coefficients of active and passive potential factors were obtained equal to 0.92 and 0.85, respectively.

2. Ahvaz Hardiness Inventory Scale (AHIS): This scale was developed by Kiamrasi, Najarian & Mehrabizadeh in 1998 and contains 27 items. The items are scored from 0 (never), 1 (rarely), 2 (sometimes), to 3 (most often). The items numbered 6, 7, 10, 13, 17, and 21 are scored in reverse. The score of this scale ranges from 0 to 81. Cronbach's alpha coefficient for the whole scale was obtained equal to 0.76 (Najarian et al., 1998). In terms of validity, the scores of this scale were correlated with the scores of Maslow's Self-Actualization Scale, Hardiness Scale, and Anxiety Questionnaire among students and the correlation values of 0.55, 0.70, and 0.44 were obtained, respectively. These correlations were significant and represented the acceptable validity of the scale. In the present study, Cronbach's Alpha for the whole scale was obtained equal to 0.75.

3. Sherer General Self-efficacy Scale: This scale was developed by Sherer & Madux (1982) and includes 17 items that have been translated into Persian by Berati in 1996. Scherer & Madux reported its reliability to be 0.82. In terms of validity, the correlation between the scores of this questionnaire and Rotter Internal-External Locus of Control Scale was obtained significant. Each item is scored from 1 (strongly disagree) to 5 (strongly agree). Items numbered 1, 13, 8, 9, 3, and 15 are scored in reverse. This scale has a maximum score of 87 and a minimum score of 17. Najafi & Fooladchang (2007) reported the reliability of this scale through Cronbach's alpha to be 0.80 and reported its validity by correlating it with Rosenberg's Self-Esteem Scale (0.96). In this study, Cronbach's alpha was obtained equal to 0.80.

4. Allport Religious Orientation Scale: Allport & Ross developed this scale for measuring the internal and external orientation of religion in 1950. This test contains 21 items where questions 1 from 12 measure external orientation and items 13 to 21 measure internal orientation. The items are scored from 1 (strongly disagree) to 5 (strongly agree). In the initial studies on this scale, it was observed that the correlation of the external orientation with the internal orientation was 0.21 (Allport & Ross, 1967). The internal consistency of this

scale was obtained equal to 0.71 and its retest reliability was obtained equal to 0.74 (Mokhtari et al., 2001). In the present study, the Cronbach's alpha coefficient of 0.78 was obtained for the total scale and the coefficients of 0.52 and 0.70 were obtained for external and internal religious orientations, respectively.

5. Beck's Self-Concept Scale: This measure was first constructed by Beck in 1990 to examine individuals' self-concept. Later on, Beck, Steer, Epstein, & Brown evaluated the scale in that year. This 25-item scale measures individual's attitudes about the self. The items numbered 2, 3, 11, 13, 19, 21, and 23 are scored in reverse. The scale score ranges from 25 to 125. Beck et al. (1990) reported Cronbach's alpha coefficient of 0.82, retest reliability coefficient of 0.88 (with a one-week interval), and retest reliability coefficient of 0.65 (with a three-month interval). This scale was validated in Iran by Nabavi in 1994. In terms of the criterion validity of this scale, a significant difference was obtained between normal and depressed people. The alpha-Cronbach's coefficient was reported to be 0.85 while this value was obtained equal to 0.89 in the present study.

Results

The descriptive statistics of the research variables are presented in Table 1.

Table 1: Descriptive statistics of the research variables in the sample group

<i>Variable</i>	<i>Mean</i>	<i>SD</i>	<i>Min.</i>	<i>Max.</i>
Tendency to addiction	40.59	22.49	2	103
Self-concept	90.09	2.97	56	113
Self-efficacy	50.51	6.49	35	64
External religious orientation	22.16	2.97	14	30
Internal religious orientation	28.53	4.04	20	37
Psychological hardiness	49.46	6.04	33	61

The measurement parameters of the direct relations of the proposed model are presented in Table 2.

Table 2: Parameters for measuring the direct relationships of the proposed model

<i>Paths</i>	<i>β</i>	<i>Non-standard coefficient</i>	<i>Critical ratio</i>	<i>Standard error</i>	<i>Sig.</i>
External religious orientation with psychological hardiness	0.03	0.06	-0.63	0.10	0.52
Internal religious orientation with psychological hardiness	0.29	0.93	-6.07	0.15	0.001
Self-efficacy with psychological hardiness	0.12	0.30	5.59	0.11	0.01
Self-concept with psychological hardiness	0.23	0.67	4.77	0.14	0.001
Psychological hardiness with addiction tendency	-0.35	-0.58	-8.53	0.06	0.001
External religious orientation with addiction tendency	-0.06	-0.82	5.8	0.14	0.10
Internal religious orientation with addiction tendency	-0.30	-1.62	-7.77	0.20	0.001
Self-efficacy with addiction tendency	-0.28	-1.14	-7.34	0.15	0.001
Self-concept with addiction tendency	-0.16	-0.79	-4.18	0.18	0.001

The goodness of fit indexes are presented in Table 3.

Table 3: Goodness of fit indexes of the modified model

χ^2	Df	χ^2/df	GFI	AGFI	GFI	NFI	RMSEA	Sig.
1.11	1	1.11	0.97	0.95	0.98	0.99	0.04	0.21

According to the results in Table 3, the proposed model has an acceptable goodness of fit. However, as GFI, AGFI, CFI, and NFI indices are closer to one, they will represent a better fit of the model. Bootstrap results of the indirect relations of the modified model are presented in Table 4.

Table 4: Bootstrap results of the indirect relations of the modified model

<i>Paths</i>	<i>Standard estimate</i>	<i>Upper bound</i>	<i>Lower bound</i>	<i>Sig.</i>
The relationship between self-efficacy and tendency to addiction through psychological hardiness	-0.15	-0.12	-0.23	0.001
The relationship between internal religious orientation and tendency to addiction through psychological hardiness	-0.27	-0.21	-0.34	0.001
The relationship between self-concept and tendency to addiction through psychological hardiness	-0.29	-0.25	-0.33	0.001

The external religious orientation has no causal relationship with psychological hardiness and addiction tendency. The modified model is presented in Fig. 1.

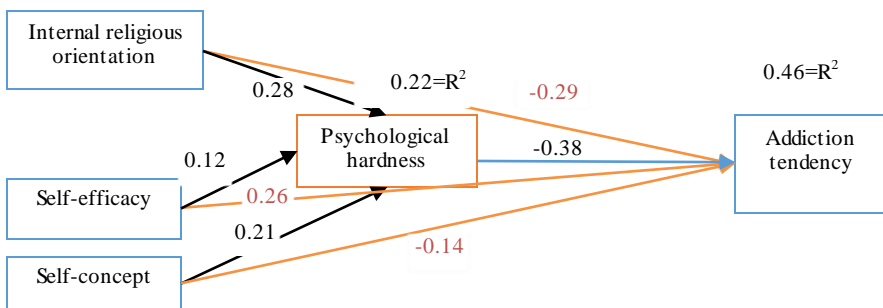


Fig. 1: The proposed model of causal relationship of religious orientation, self-concept, and self-efficacy with addiction tendency through the mediating role of psychological hardiness

Discussion and Conclusion

The path analysis of the proposed model of the study showed that the indirect relation of internal religious orientation with addiction tendency is negatively influenced by psychological hardiness, which means that religious orientation reduces addiction tendency through psychological hardiness. This finding can

be explained by the fact that religious people evaluate stressful events in a different way due to their specific inner beliefs and ideas. In different situations, they show more compassion and hardiness and this finding is consistent with the ones reported by Yavari, Noori & Hasanabadi (2015); Sheikholeslami et al. (2013); Asghari, Kordmirza & Ahmadi (2013); Abolghasemi, Pourkord & Narimani (2009) ; Toofani (2001); Zargar, Najarian & Namani (2008); Turiano et al. (2012); Sanchez & Nappo (2008); and Yong et al (2009). Indeed, religiosity can moderate the effects of severe life crises. The components of the sense-making system, influenced by religion, (including beliefs, co-ordinates, expectations, and goals) act as the centerpiece of one's emotions and actions (Sil Bremen, 2005). Therefore, the higher the individual's level of religiosity, the higher the value and meaning one assigns to the surrounding world. In fact, at the time of the emergence of stress and tension, religiosity acts like a shield, makes the person modify the psychological stress under the mediation of his/her cognitive beliefs, and affects the process of thinking and evaluation of everyday life events. In this way, even a lot of seemingly negative events are evaluated as positive and meaningful events and one will feel a positive sense. It also leads the individual to show a higher degree of psychological hardiness in the face of more difficult problems and to have more control over his/her actions and behaviors. In addition, when dealing with tensions, s/he is less stressed and less vulnerable and, in fact, s/he has a higher degree of mental health and psychological well-being and shows lower levels of addiction tendency.

In addition, the present study showed that there is a significant relationship between self-concept and the tendency to addiction through the mediation of psychological hardiness. The presence of a positive relationship between self-concept and psychological hardiness is consistent with the results of the studies conducted by Dehghani et al (2013); Mollazadeh Esfajani, Kafi & Salehi (2011); Foroo'odin & Sadr al-Sadat (2002); Stucky (2003); Bokstein (2000); and Miller (1995). This finding can be explained by the fact that people with negative self-concept do not have precise knowledge of their existent selves, their strengths, and weaknesses. Therefore, at the time of the occurrence of problems, they do not accept their ability and this increases their disappointment. Such individuals do not feel self-sufficient and valued when problems arise due to the lack of sufficient motivation. In such situations, they feel they have no control over the decisions and events and feel less committed; therefore, they will have a weakened resistive spirit and it reduces the degree of psychological hardiness in such individuals in dealing with problems. In other words, the individual's negative self-concept do not believe in their inner strengths. Hence, they do not have the ability to accept that they can solve the problems in stressed situations. In other words, it can be concluded that these individuals have less psychological hardiness in the face of stresses and challenges and, thereby, they suffer more failures and experience more stress and anxiety, which can ultimately lead to addiction. The individuals with positive self-concept evaluate a higher

percentage of their life experiences as positive and tend to assess stressful life events in less stressful ways. This makes them more psychologically healthy and less oriented to addiction.

There was also a significant indirect relationship between self-efficacy and addiction tendency with the mediating role of psychological hardiness. The significant positive relationship between self-efficacy and psychological hardiness is consistent with the research findings reported by Jalali & Ahadi (2015); Dehghani et al. (2013); Bahadori & Khanjani (2013); Asghari, Kordimirza, & Ahmadi (2013); Abolghasemi, Pourkord & Narimani (2009); Doolan et al. (2008); McClair et al. (2008); Tate et al. (2007); and Sterling et al. (2007). The above finding can be explained by the fact that self-efficacy is a factor that acts as a cognitive mediator and affects people's thoughts and feelings. In fact, the sense of self-efficacy prevents frustration and despair in a stressful situation, which is one of the common reasons for young people's addiction. It can also be argued that people with low self-efficacy easily stop efforts and endeavors to deal with problems while people with high self-efficacy face problems with improved skills and have more control over their affairs. Hence, self-efficacy can protect individuals against addiction tendency through psychological hardiness.

Regarding the mediation role of psychological hardiness in students' tendency to addiction, necessary measures and strategies should be devised to increase psychological hardiness, especially in academic environments. Considering the role of religious orientation and self-efficacy in decreasing addiction tendency and considering the considerable role of families in strengthening and shaping family members' religious tendencies, it is suggested that various effective programs be implemented to strengthen family members' religious basis. Similarly, some strategies should be devised to improve and enhance young people's self-efficacy through educational and practical programs in the family, community, and educational settings.

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