Abstract

Objective: The present study aimed at examining the mediating role of life satisfaction in determining the relationship between coping strategies for stress and attitudes towards addiction.

Method: This study was a descriptive-correlational study whose statistical population included all the high school students of Abadan. Then, the number of 400 students was selected by random sampling method as the sample and they filled in attitude towards addiction scale, coping responses inventory, and life satisfaction inventory.

Results: Problem-focused coping strategies could indirectly predict attitude towards addiction by means of life satisfaction. However, emotion-focused coping strategies could predict attitudes towards addiction neither directly nor indirectly. Conclusion: If adolescents are not equipped with efficient coping strategies and have low levels of life satisfaction, they will be directed into a state with positive attitude towards addiction. It is possible to prevent addiction in adolescents via teaching life skills, including efficient strategies to cope with stress and high levels of life satisfaction.

Keywords: Life Satisfaction, Coping Strategies for Stress, Attitude towards Addiction
Introduction

Researchers consider adolescence as psychological self-actualization. This is a period in which people are free to experience and test many rules for their future before decision-making. Drug use may be an example of such experimentation. Since drug use has been restricted to the world and domain of adults, adolescents may view drug use as a relatively simple and effective means to experience the adult world (McCoy, Metsch & Inciardi, translated by Golparvar & Khal’atbari, 2002).

Addiction in adolescents and young adults is of great importance because this group of people constitutes more than half of productive forces of society. In fact, the prevalence of drug use among them is tantamount to the ignorance of more than half of the workforce (Mohammadi, 2008). On the other hand, addiction process that is moving from males to both males and females is alarming to family origin and future generations (Griesbach, Ams & Currie, 2003) since women as the core play the fundamental role in the health of family members and addiction prevention will be useful to the health and discipline of family and society (Ajilchi, Naderi, Ghaemi, 2009). For this reason, the need to identify predictive and preventive factors and measures of drug use, especially in adolescents and young people and the need to develop protective factors against addiction is more crucial than ever (Husseini al-Madani, Ahadi, Karimi, Bahrani & Ma’azedyan, 2012).

In terms of the reasons for adolescents’ tendency to drugs, a variety of studies have been done from psychological perspective. One of the factors used in many studies is stress (Gregory, Mary & Brian, 2001). Stress has now become an inevitable part of human life. As a moderating variable in the relationship between stress and consequences such as anxiety and depression, coping can be adaptive or maladaptive (Siqueira, Diab, Bodian, & Rolnitzky, 2000; Eftekhar, Turner & Larimer, 2004). Adaptive responses are mostly problem-focused coping methods that reduce stress and return the system to equilibrium. Maladaptive types of such methods that are more emotion-based bring about an increasingly vicious circle of anxiety and concern there-they have to intensify psychological pressure, reduced self-esteem, physical disease, anxiety, depression and turn to tobacco, alcohol and other drugs leads (Gregory, Mary & Brian, 2005). Studies have shown that addicts often turn to dysfunctional coping strategies such as opiate use instead of using problem-focused strategies to solve problematic situations when they face an environmental stressor. It is possible to argue that people’s inability in the selection of appropriate coping strategies is a factor that leads people to drug use and addiction in the end. Considering the inappropriate coping model of addicts who opt for an unhealthy method to deal with stressful situations, it seems that this pattern increases addiction potential, social, and psychological problems; and creates a vicious cycle (Ranjbar Noshari, Aliloo, Asadimajreh, Ghodrati & Najarmobaraki, 2013). Furthermore,
studies have shown that the adolescents who are not equipped with effective coping strategies and have little ability to understand their own emotions and others’ emotions will have less power in dealing with stress and crises pertaining to adolescence and will be involved in more behavioral problems such as aggression, depression, anxiety, and attitude to addiction (Elgar, Arlet & Groves, 2003). In general, it can be claimed that addicted people use emotion-focused and ineffective coping styles when exposed to stress (Brady, Tschann, Pasch, Flores & Ozer, 2009; Staiger, Melville, Hides, Kambouropoulos & Lubman, 2009; Ranjbar Noshari et al., 2012; Babamiri, Vatankhah, Masumi, Nemati & Darvishi, 2013; Rostami, Ahadi & Cheraghali Gol, 2013). On the other hand, people who take advantage of problem-focused coping strategies in stressful situations, in fact, employ regular and classified activities for cognitively rebuilding the problems. This causes the order and coherence of thoughts and reduces emotional disorder. In the shadow of the resultant intellectual coherence and emotional comfort, the source of stress is also detected and controlled in a better way. Therefore, the controllability of sources of stress causes one to benefit from better mental health and, to a lesser extent, turn to drug use (Pstein, Griffin & Botvin, 2000). Similarly, Pearlin & Schooler (1987) showed that the people who use efficient problem-focused coping style have low levels of tension and stress. Low levels of emotional stress cause a person to better use cognitive and dynamic skills for dealing with problems in the shadow of mental comfort and, thereby, achieve greater life satisfaction (Ghazanfari & Ghadampour, 2008).

Problem-oriented skills are the cognitive skills by means of which individuals carry out an accurate evaluation of their situations regardless of feelings and emotions and act realistically. As individuals employ these efficient coping methods, they distance themselves from physical and psychological symptoms, anxiety, and lack of life satisfaction and enjoy higher levels of well-being and positive affect. The use of emotion-focused coping styles makes people more vulnerable in coping with stressful situations and emotional disorders and provides the conditions for the prevalence of affective disorders, psychological incompatibilities, and lack of subjective well-being. The employment of emotion-focused coping strategies prevents one from effective direct involvement in problems and reduces one’s ability to solve problems. This situation impairs intellectual coherence, brings about emotional distress, and reduces mental well-being (Sarvaghd, Rezaei & Fadayi Dowlat, 2010). Therefore, if one’s life satisfaction is reduced, it can affect their ability in the workplace and relegate their economic and social conditions. Poor life satisfaction can also lead to the employment of ineffective coping mechanisms and inefficient compatibility in people. In consequence, stress and tension in such people increase that is directly interrelated with drug use (Agha Molaea, 2005). High life satisfaction can be a deterrent against drug addiction juvenile attitude (Tanaka, chaste, Vattenfall, Boyle and Macmillan, 2014). Subjective
well-being consists of two separate components: affective component that can be divided into positive and negative affects and cognitive component that usually refers to life satisfaction (Pavot & Diener, 1993).

In fact, life satisfaction is regarded as one’s individual assessment of his/her present and past life. This assessment includes one’s emotional reaction to the events and judgments that one has about his/her life (Gallagher & Vella-Brodrick, 2008). People with high life satisfaction mostly hold positive emotions and have a positive assessment of life events. On the other hand, people with low levels of life satisfaction assess events and conditions negatively; therefore, they experience undesirable emotions such as anxiety, depression, and aggression. Such negative emotions increase the tendency of adolescents to addiction because they may take drugs in order to extricate from their pains and sufferings and gain comfort (Efati Divshali, Kafi Masouleh & Del Azar, 2011; Kaplan & Sadok, translated by Pour Afkari, 2010). Shek & Leung (2013) explored the relationship between life satisfaction and tendency to addiction in adolescents and found that the adolescents low life satisfaction have more intense tendencies to addiction. In fact, life satisfaction refers to the general sense of one’s perception (cognitive and emotional) of the whole life. For this reason, people with high life satisfaction experience more positive emotions from the past and future of themselves and others, remember more positive events, carry out positive evaluation of their surroundings, and describe them as pleasant (Tim, 2010).

According to the findings of the above-mentioned studies, the effect of life satisfaction and coping strategies, including problem-focused strategies and emotion-focused strategies on attitudes to addiction in a single model is examined in the current study. Thus, this study aims is to explore the mediating role of life satisfaction in the relationship between coping strategies with stress and attitudes to addiction.

![Figure 1: Conceptual model of the mediating role of life satisfaction in the relationship between coping strategies with stress and attitude to addiction](image)

**Method**

**Population, sample, and sampling method**

The presents tudy is a descriptive-correlational study whose statistical population includes all the high school female students of Abadan in the second semester of the academic year 2013-2014. The whole population amounted to
the total of 10 thousand students, among whom the number of 400 students was selected by random sampling method for the purpose of this study based on Morgan table. The participants were in the 15-to-18-year-old age group who were selected from two districts in the city of Abadan, three schools from each district, and three classes from each school. After receiving the consent of the participants, the researchers distributed questionnaires among the students.

**Instrument**

1- Attitude towards addiction scale: This instrument is part of risk and protective factors questionnaire which has been prepared based on similar instruments in the field of assessing risk and protective factors, including Communities That Care Youth Survey (Pollard et al., 1996 cited in Mohammadkhani, 2007), index of individual protective factors (Springer & Philips, 1995 cited in Mohammadkhani, 2007), measuring resilience traits in youth (Constantine et al., 1999 cited in Mohammadkhani, 2007), studies conducted in social center of University of Utah (1998), and other tools. This instrument evaluates risk factors related to drugs in four individual, family, school, and community areas. This questionnaire was prepared and validated 3,000 middle and high school students by Mohammadkhani. Higher scores on this test indicate more positive attitudes towards drug use. Reliability of this questionnaire was reported .80 (Mohammadkhani, 2007). In the present study, Cronbach's alpha reliability of this scale has been obtained equal to .90.

2- Coping Responses Inventory (CSI): This questionnaire was constructed in 1981 by Billings and Moos to investigate the way people respond to stressful events and consists of 19 items. The alternatives pertaining to each item have been arranged based on a Likert scale from 0 = never to always = 3. This questionnaire contains problem-focused coping with eight items and emotion-focused coping with 11 items. The maximum score participants can obtain in this questionnaire is 57, which includes 33 points from problem-focused coping and 24 points from emotion-focused coping. Billings & Moos (1981; cited in Samari, Lalifaz & Asgari, 2006) obtained Cronbach's alpha reliability coefficients of .44 and .88 for problem-focused coping and emotion-focused coping, respectively. In addition, Rabani Bavojdan, Nik Azin, Kaviani & Khezri Moghadam (2012) reported the Cronbach's alpha coefficients for problem-focused coping and emotion-focused coping as .79 and .78, respectively. In the present study, Cronbach's alpha reliability coefficient for emotion-focused coping was obtained equal to .54 and for problem-focused coping was obtained equal to .68.

3- Satisfaction with Life Scale: This scale was constructed by Diener, Emmons, Larsen & Griffin (1985) and consists of five items that are answered by respondents based on a 7-point Likert scale. The total score of this scale ranges from 5 to 35. Diener et al. (1985) reported Cronbach's alpha coefficient
of the questionnaire equal to .87 and retest reliability coefficient of it as .82. Moreover, Bayani, Koocheki & Goudarzi (2007) reported Cronbach's alpha coefficient and retest reliability coefficient of this scale as .83 and .93, respectively. Validity of this scale was reported significant with Beck Depression Inventory (r = .60) and Oxford Happiness Inventory (.79). In the present study, Cronbach's alpha reliability coefficient of the scale was obtained .85.

Results

The relationship between coping strategies, life satisfaction and attitudes towards addiction was explored by path analysis in Mplus 5 software (Mouthen & Mouthen, 2007). At first, the main model included all the paths available in the test. In the second stage, all the predicting paths that had a role in the model’s goodness of fit were considered stable. It should be noted that the indirect impacts of coping variables on attitudes to addiction were investigated through the mediating variable of life satisfaction. Pearson correlation was used to determine the relationship between variables. Descriptive statistics of the variables of the study are presented in the table below.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean</th>
<th>SD</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Problem-focused coping</td>
<td>14.53</td>
<td>4.37</td>
<td>1</td>
<td>**.55</td>
<td>**.30</td>
<td>**.13</td>
</tr>
<tr>
<td>2. Emotion-focused coping</td>
<td>17.19</td>
<td>4.48</td>
<td>-</td>
<td>1</td>
<td>*.11</td>
<td>-.04</td>
</tr>
<tr>
<td>3. Satisfaction with life</td>
<td>21.65</td>
<td>8.34</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>**-.14</td>
</tr>
<tr>
<td>4. Attitude to addiction</td>
<td>15.16</td>
<td>7.96</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
</tbody>
</table>

*P< .05, **P< .01

Overall, the results showed that the final model fits well the data χ² (3) = 5.58, CFI= .96, TLI = .91, RMSEA = .04, 0SRMR = .03 and problem-focused coping is positively correlated with life satisfaction (β = .31).

This means people who use problem-focused coping strategies have higher life satisfaction. Although the relationship between emotion-focused coping strategies and life satisfaction were negative, this relationship was insignificant (β = -.08). Similarly, life satisfaction was negatively correlated with attitudes to addiction (β = -.14) which means that people with a higher life satisfaction have more negative attitude towards drugs.
Figure 2: Examination of direct and indirect impacts of coping strategies with stress and life satisfaction on attitudes towards addiction

In conclusion, the results showed neither problem-focused nor emotion-focused coping strategies have the direct predictive power of negative attitude towards drugs. Indirect effects of variables of coping strategies on attitude towards drugs through life satisfaction showed that only problem-focused coping (β = -.08) has the indirect predictability of attitude towards drugs. Emotion-focused coping could not predict attitude towards drugs through the mediating variable of life satisfaction.

Table 2: Direct and indirect effects of the variables of this study

<table>
<thead>
<tr>
<th>Path</th>
<th>Life satisfaction</th>
<th>Attitude towards addiction</th>
<th>Direct effect</th>
<th>Indirect effect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problem-focused coping</td>
<td>.31*</td>
<td>-.09</td>
<td>-.08*</td>
<td></td>
</tr>
<tr>
<td>Emotion-focused coping</td>
<td>-.08</td>
<td>-.03</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Life satisfaction</td>
<td>-</td>
<td>-.14*</td>
<td>-</td>
<td></td>
</tr>
</tbody>
</table>

Discussion and Conclusion

This study was an attempt to examine the relationship between exogenous variables of coping with stress and the endogenous variable of attitude to addiction with the mediation of life satisfaction. Based on the related theoretical and empirical literature, a model was developed and tested using path analysis. The results of path analysis on the proposed model fit the data well. According to the findings of this study, life satisfaction was revealed to have a significant mediating role in the relationship between problem-focused coping strategies and attitudes towards addiction. It was also shown that problem-focused coping strategies could indirectly predict life satisfaction with the mediating role of attitude to addiction although these strategies did not have the ability to directly predict attitude towards addiction. However, emotion-focused coping could neither directly nor indirectly predict attitudes toward addiction. The investigation of the relationship between problem-focused coping strategies and
life satisfaction showed that it is possible to positively predict life satisfaction based on problem-focused coping strategies. This finding is consistent with the results of the studies carried out by Sarvghad et al. (2010), Perez-Garcia, Olivan & Bover (2014), and Zhou, Wu & Lin (2012). To account for this finding, one can refer to the fact that the problem-focused coping strategies engage people in finding solutions to issues and problems and, thereby, lead to intellectual integrity for the identification of source of stress and the assessment on how to control it (Momeni, Karami & Shahbazi Rad, 2012). People who use these strategies are dynamic and this dynamism provides them with the required conditions to actively cope with stressful situations. This status calls for the person's full potential for positive coping and problem-solving and increases the likelihood of his/her success. Thus, efficient coping strategies increase confidence, improve problem-solving skills, and lead to higher levels of life satisfaction (Ghazanfari & Ghadampour, 2008). People who use problem-focused coping styles try to process the information related to stressful events in a way that it leads to the lowest levels of unpleasant experience and highest degrees of happiness. These people have a sense of control over life, positive mood, and active approach in stressful situations. Problem-focused coping style raises the possibility of one’s success in reducing pressures via the increase of his/her skills to manage stress; furthermore, this style reduces one’s stress and leads to higher life satisfaction by one’s concentration on his/her cognitive, emotional, social, and behavioral abilities in problem-solving and also actively coping with stressful situations (Seddiqi Arfaea, Tamanaeafar & Abedin Abadi, 2012).

In addition, another result of this study showed that attitudes to addiction can be negatively predicted based on life satisfaction. This finding of this study is consistent with the results of the studies done by Shek & Leung (2013), Rooks (2010), and Tanaka et al. (2014). To explain this finding, one can argue that people with high life satisfaction are more likely to take part in society, create more enthusiastic leisure time, and mostly have positive emotions. They also use the positive assessment of the events taking place in the neighborhood and are more hopeful about the future (Mizraei Teshnizi, Pourshahriari & Sheibani, 2009). These people have high pleasure and little sadness and feel satisfied with their lives (Diener, 2000). The presence of these features makes one not develop addictive tendencies. It must be considered that high school students are in adolescence and, during this period, the emergence of abstract thoughts provides adolescents with the possibility to go beyond the real world and imagine the ideal world and perfectionism. This perfectionism lead them to the great dream of building a perfect world free from error and discrimination. Therefore, it is possible that adolescents set unrealistic goals and face multiple failures. Decrease of adolescents’ life satisfaction brings pessimistic attitudes to the surrounding events and causes them to look at the neighboring events with a negative attitude (Mazaheri & Mohajer Badkoobeh, 2012). As a result,
adolescents take refuge in using drugs to escape these events (Shek & Leung, 2013; and Rooks, 2010).

This study did not examine the role of social, economic, familial, and cultural factors because there was the possibility that the results would be influenced by these factors. It is also noteworthy that cognitive aspect of life satisfaction was merely examined due to the large number of questionnaires. Future researchers are recommended to investigate both positive and negative affective aspects to gain a more thorough understanding of the subject. According to the above research findings, it can be concluded that the adolescents’ inability to manage everyday stress and low satisfaction with life are very important factors in the adolescents’ attitudes to addiction. Since prevention, as an affordable and easy way, is always prior to treatment, it is suggested to identify people who have a positive attitude to addiction, teach them life skills, including how to cope with stress, and increase their life satisfaction so that the social and psychological ills resulting from addiction can be avoided and addiction can be prevented.

References


