



## Personality characteristics and self- efficacy in relapsed and non-relapsed addicted person

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### Abstract

**Introduction:** People's beliefs in their efficacy play an important primitive role in providing Personality characteristics. Life-style habits and environmental hazards contribute substantially to constructing Personality characteristics in relapsed and non-relapsed addicted person. This study aimed at comparing relapse of addiction in the personality characteristics and self -efficacy of addicted individuals. The present study aims to examine the relationship between personality sketches with and self -efficacy in addiction relapse in addicted people.

**Materials and method:** The research sample included addicted and former addicted person with addiction and no addiction relapse who referring to Raha Kish clinical center in Iran. Participants were selected using random sampling. The instruments were the Minnesota Multiphase Personality Inventory (MMPI) and self-efficacy scale. The hypotheses were tested using multiple analyses of variance, step by step differential analysis and between subjects effect test.

**Results:** Results showed that there is a meaningful difference between addicted person who relapse and those who do not relapse. Also all clinical scale could predict personality sketch but 3 in those addicted who do not have relapse.

**Conclusion:** addicted person who do not have relapse outperform in personality sketch and self-efficacy in compare with those addicted who have relapse lapse because of lower personality trait.

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## 1. Introduction

Addiction, defined by Angres and Bettinardi–Angres (2008) as the continued repetition of a behavior despite adverse consequences or a neurological impairment leading to such behaviors. American Society for Addiction Medicine (2012) believes that addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.

Another main component in relation to addiction is relapse, which is in relation to drug misuse. Relapse is resuming the use of a drug or a chemical substance after one or more periods of abstinence. The term is a landmark feature of both substance dependence and substance abuse, which are learned behaviors, and is maintained by neuronal adaptations that mediate learning and processing of various motivational stimuli (Kadden, 2002). An important aspect of drug use is the propensity for repeated use and dependence, tendencies that are influenced by the nature of the drug itself and thus vary from substance to substance. Those substances that are cleared from the body most quickly, those with the highest pharmacological efficacy, and those that induce the highest tolerance elicit the most severe tendencies in users. Drug dependence can lead to increased tolerance to the substance in question, cravings, and withdrawal if the drug use ceases (Van den Oever, Spijker, Smit, & De Vries, 2010).

On the basis of drug repeated use and the inability to stop using drugs, observed in the cases of the majority of addicts. Scholars have opined that drug abuse must have its roots in more chronic and robust structures that involve determinant forces on behavior (Walton & Roberts, 2004). Research has shown that personality traits are among the important causalities in the tendency toward risk-taking behaviors, including cigarette smoking, alcohol and drug use, and unprotected sexual activity (Kopstein, Crum, Celentano & Martin, 2001; Kornør & Nordvik, 2007; Nielsen, Rojskjaer

& Hesse, 2007; Stefansson & Hesse, 2008; Polimeni, Moore & Gruenert, 2010; Rajaeepour & Mohammadi, 2014; Mahdian, Tanhaye Reshvanloo, Zahmatkesh & Javidi, 2014).

McCrae & Costa (1987) has defined personality traits as the dimensions of personal differences in the tendency toward displaying stable patterns of thought, impression, and action. Individual characteristics such as low self-esteem, depressed mood, and personal character affect a person's ideas and perceptions about drugs. Swendsen, Conway, Rounsaville and Merikangas (2002) reported that drug abusers, in comparison with non–drug users had higher scores for alienation and negative emotions and lower scores for control, harm avoidance, and constraint. Verheul (2001) has reported that the drug abusers have high rates of personality disorders, such as antisocial personality disorder, morbid personality disorder, avoidant personality disorder, and paranoia. Some researchers have found that extroverts have a greater tendency to drug and alcohol use (Kwapil, Miller, Zinser, Chapman, Chapman & Eckblad, 2000). In other studies, drug abusers had high scores for psychosis and neurosis on evaluation with the five factors personality inventory (Sher, Bartholow & Wood, 2000). Polimeni et al., (2010) investigated the psychological profiles of addicts. Generally, the profile of this group is associated with high levels of temper disorder (Pd) and confused thoughts and emotions or schizophrenia (Sc). Psychological disorders were more common in women than in men, and women's scores for confusion, hypochondrias is, character disorder, and hysteria were significantly higher than the corresponding scores for men. Individuals with depression, character disorder, and paranoia and those aged less than 35years had more problems. Craig (1979) found that the MMPI profiles of heroin addicts showed high level of psychological disorders, particularly in scales of Depression (D), Psychopathic Deviate (Pd), and Schizophrenia (Sc). So, this study was conducted to investigate the relationship between personality sketches with addiction relapse in addicted people.

Another variable that can affect personality

sketches in addiction relapse in addicted people is self-efficacy, which lies at the heart of the cognitive-social theory of Albert Bandura who defines self-efficacy as ones' belief in one's abilities to organize and perform a series of activities required for managing a variety of conditions and situations. It has been found that a strong sense of personal efficacy is related to better health, higher achievement and better social integration (Scholz, Doña, Sud & Schwarzer, 2002). People's beliefs in their efficacy play an important primitive role in health. Life-style habits and environmental hazards contribute substantially to health status and functioning. This enables people to exercise some behavioral control over the quality of their health (Abolmaali & Barkhordari, 2014). Self-efficacy makes a difference in how people feel, think and act (Keramati, 2014<sub>a</sub>)

Generally it is showed that increased levels of general self-efficacy are often accompanied by mental health. Muris (2002) showed that there is a positive relationship between self-efficacy and mental health in high school students

In other words, self-efficacy is one's belief in one's ability to succeed in specific situations. Bandura argues that this belief determines the thinking, behavior and emotions of individuals (Bandura, 1997; Rajabi, 2006).

## 2. Method

The method of this research was descriptive. Multiple analyses of variance, step by step differential analysis and between subjects effect test were employed for statistical analyses.

### 2.1. Participants

The study population consists of all clients who refer to Raha Kish rehabilitation center within a period of 2 month. The sample comprised 80 subjects who were selected using random sampling. Those clients who were volunteer and consent to participate in the research completed the questionnaire. According to their background they were divided in two groups. Group one include those who had relapse after withdrawal and group two comprises those who had relapse after withdrawal.

## 2.2 Measurement

### 2.2.1. MMPI

The Minnesota Multiphasic Personality Inventory (MMPI) (containing 71 questions) was employed to assess the clients Personality. The clinical scales of the test are as follows: Hypochondria (Hs), Hysteria (Hy), Depression (D), Psychopathic Deviate (PD), Paranoia (Pa), Psychological Trauma (PT), Schizophrenia (Sc), and Mania (Ma). Internal coherence of this questionnaire by Cronbach's Alpha coefficient was 0.89. The validity of the test was ascertained by correlating the scores of its micro scales with the SCL-90-R score. The coefficients of the subscales varied between 0.59 and 0.78, and all the coefficients were significant at 0.01. The reliability of the main test scales was tested using split-half method that showed coefficients between 0.70 to 0.80. The reliability coefficients of the scales, obtained by using their test method, ranged from 0.50 to 0.90.

### 2.2.2. General Self-Efficacy Scale

General Self-Efficacy Scale, which was developed by Schwarzer and Jerusalem (1979), is comprised of 10 items that measure the self-efficacy of participants on a one to four scale using 4-point Likert scale. The reliability coefficient of the questionnaire has been measured by several researchers using Cronbach's alpha. Fouladchang (2003) reported a reliability of  $r=0.83$ , Parsaee (2009) reported are liability of 0.73 and Rajabi (2006) reported a reliability coefficient of 0.82 for psychology students of Shahid Chamran University and 0.84 for psychology students of Azad University of Marvdasht. In the present study, Cronbach's alpha coefficient was used to measure the reliability ( $r= 0.85$ ). Also Rajabi (2006) achieved a validity of 0.49 for the scale using optimistic attributional style for a group of students, 0.45 for perceived challenges in stressful situations and 0.58 for self-regulated teachers, which were all significant. Fouladchang (2003) used the correlation of the above instrument with academic self-efficacy scale as an indicator of the validity, reporting a correlation of 0.56 and a reliability coefficient of 0.41.

3. Results

observed variables.

Table 1 shows the Description statistics of

Table1. Description statistic of MMPI test in relapse and non-relapse addicted person

| MMPI Subscales       | Group      | Mean  | SD   | Minimum | Maximum |
|----------------------|------------|-------|------|---------|---------|
| Hypochondria         | relapse    | 11.86 | 1.88 | 3       | 12      |
|                      | No relapse | 9.5   | 0.44 | 2       | 14      |
| Depression           | relapse    | 6.36  | 0.33 | 3       | 13      |
|                      | No relapse | 4.86  | 0.23 | 4       | 13      |
| Hysteria             | relapse    | 13.86 | 1.31 | 2       | 14      |
|                      | No relapse | 9.43  | 0.91 | 3       | 13      |
| Psychopathic Deviate | relapse    | 13.22 | 7.02 | 4       | 13      |
|                      | No relapse | 11.96 | 9.09 | 2       | 14      |
| Paranoia             | relapse    | 12.33 | 1.81 | 2       | 14      |
|                      | No relapse | 10.30 | 1.88 | 3       | 15      |
| Psychological Trauma | relapse    | 8.29  | 0.48 | 4       | 13      |
|                      | No relapse | 6.66  | 0.31 | 2       | 11      |
| Schizophrenia        | relapse    | 12.30 | 1.33 | 3       | 13      |
|                      | No relapse | 8.14  | 0.39 | 4       | 13      |
| Mania                | relapse    | 6.65  | 6.65 | 4       | 12      |
|                      | No relapse | 5.16  | 8.89 | 4       | 12      |
| self-efficacy        | relapse    | 25.72 | 5.65 | 12      | 33      |
|                      | No relapse | 28.11 | 6.89 | 4       | 39      |

Table 1 shows mean, standard deviation, minimum and maximum score of sub variables of MMPI test between relapse and non-relapse addicted person. Accordingly mean score of relapse person in all sub variables of addicted person is

higher than no relapse addicted person. Also standard deviation of relapse person is higher than those who had no relapse. Furthermore this is the case for minimum and maximum score.

Table2. Multivariable tests for the Comparison of addicted person who have and not having relapsed

| Multivariable test | Effect size | Sig.  | F     | In MMPI test |
|--------------------|-------------|-------|-------|--------------|
| Pillai's Trace     | 0.332       | 0.022 | 4.145 | 0.01         |
| Wilks' Lambda      | 0.332       | 0.022 | 4.145 | 0.11         |
| Hotelling's Trace  | 0.332       | 0.022 | 4.145 | 0.03         |

Note: Sig stand for significance, F stand for, f test

The results of table 2 demonstrated that the difference between addicted person who had relapse and those who had non-relapse is significant. So according to table 1 addicted person who had no relapse had higher personality characteristic and self-efficacy.

4. Discussion

The results of the present study support other

results which suggest that the relapse in addictions happened as a result of low self-awareness and self-efficacy and high bodily symptoms, suspiciousness, sensitivity ,Conflict, struggle, anger, respect for society's rules associated with Worry, Anxiety, tension, doubts, obsessiveness odd thinking and social alienation and excitability(Abolmaali, Barkhordari, 2014; Keramati, 2014b; Ahghar, 2014), Another study has also shown that people with high scores for this scale have numerous

problems related to social skills, judgment ability, and logical thinking (Polimeni et al., 2010). Previous research has also found a relationship between psychological traits which leads to relapse in addiction (Peterson, Bettes & Seligman, 1985). Some other studies also believe that Psychological characteristic and relapse is distinguished by a low self-esteem, self-concept and high level of emotional helplessness.

Another study has emphasized that relapsed addicted person reported more problems related to depression, anxiety, and self-esteem than non-relapsed addicted person (Swendsen et al., 2002).

Mainly anxiety and depression are an important part of addiction that can lead to relapse in those who stop using drugs, and also relapse can lead to more anxiety or depression. This Findings also reveals that Relapsed addicted suffering from low self-esteem more than non-relapsed addicted that's why they turn to drugs to alleviate the feelings associated with low self-worth, Feelings of inadequacy, poor self-image and inability to cope with the demands of day-to-day life prove too much, and a means of escape is sought (Wulsin, Valliant & Wells, 1999).

Addicted life style and family support or family neglect is key point in relapse or non-relapse addicts. . The effect of neglect is a further lowering of self-esteem, self-concept, and issue for hard internal conflicts with their moral and ethical codes in addicts. So relapse addicts with low self-esteem, self-concept and family support do not value themselves, but they value other people. Typically, they will help others at their own expense because they place more value on them than they do on themselves (Wulsin, 2001).

Many people in recovery from drug and alcohol addiction relapse because not enough attention is paid to this most crucial of areas. Addicts and alcoholics who have stopped using drugs and drinking alcohol need to re-build their self-esteem and self-image as a matter of urgency if relapse is to be avoided. Counseling and or therapy can be useful in helping to identify the specific areas needing most attention, but the footwork is the responsibility of the individual. Seeing a counselor

or therapist will not improve self-esteem in itself. So, personality disorders which are more common in relapsed rather than non-relapsed often cause acutely uncomfortable feelings such as overwhelming sadness, hopelessness, numbness, isolation, sleep disorders, digestive and food-related disorders (Sher et al., 2000).

Furthermore, Because of addicts personal life-shattering experiences with substance abuse, some people in recovery are leery of using any drugs, even prescribed ones. They have faced traumatic experiences with addiction and have a difficult time coming to terms with the necessity for medication intervention. In fact, they have quit drinking or drugging the hard way through willpower or cold turkey yet are willing to endure the horrible symptoms of depression rather than take medication. Very often their social sober support network advises them to refrain from taking meds (Krueger, 1981). On the basis of the results of the present study it is recommended to symptoms and causes of personality disorders must be recognized and considered seriously at the very beginning steps. Also Cognitive, behavioral therapy and relaxation techniques should be employed to treat, prevent and overcome addiction and relapse (Kidner, Gatchel & Mayer, 2010). In generalizing the analyses, we should consider several limitations of the results. First, since this is a correlational study, the cause-effect relationship is not clear, and it is one of the limitations of the study. Second, this study draws on subjective indicators for assessing self- efficacy and personality characteristics. Accurate analysis of relapsed and no relapsed addicted person can provide more objective results.

In summary, our finding suggests that Future studies to use other instrument such as interviews other than questionnaires. And so it is suggested that this study be carried out in other cities on more specific samples (e.g. teachers, physicians, staff, etc). Since this is a cross-sectional study, future studies are recommended to use a longitudinal method to provide more accurate predictions about the variations of self-efficacy and personality characteristics of relapsed and no relapsed addicted person.

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