

Comparing the Personality Types, Quality of Life and Coping Styles in Men Consuming Crack and Healthy Individuals

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Abstract

The current research aims to compare the personality types, quality of life and coping styles in men consuming crack and healthy individuals. The current study is a casual-comparative research with convenience sampling method. 100 individuals (50 crack consumers and 50 healthy individuals) were chosen from the individuals visiting 4 addiction treatment clinics and from the healthy individuals of different places in Tehran in 2013. Then both groups filled the NEO-five factor personality inventory (NEO), quality of life questionnaire (WHO), and Lazarus coping strategies (WOCQ). Regarding the research hypotheses the statistical method of MANOVA has been used for comparing each factor. Results showed that in terms of components of physical health, mental health, social relationship, and environmental health, a significant difference exists between the quality of life of men consuming crack and healthy people ($\alpha= 0.05$). No significant difference exists in the components of direct coping between the emotion-focused coping style of men consuming crack and healthy individuals ($\alpha < 0.05$, $F= 3.141$). But in components of distancing, self-control and escape-avoidance a significant difference exists ($\alpha= 0.05$), and a significant difference exists between the problem-focused coping style of men consuming crack and healthy individuals except for the components of accepting responsibility, other components of social support, wise problem solving, and positive reappraisal ($\alpha= 0.05$).

Keywords: Personality Types, Quality of Life, Coping Styles, Crack Consumer.

Introduction

Addiction is something that has existed since a long time ago in different societies and nowadays it is becoming more widespread and it traps many individual yearly. In today's world addiction has become a complicate bio-psycho-social matter resulting in disintegrating families, deviating adolescents and youth, outbreaks, economic losses and death (Asaadi, 2001). Youth's drug abuse increases different issues in their health and welfare such as damage, and death through interpersonal violence, road accidents, risky behaviors, suicide, catching diseases such as HIV and academic problems (Grekin & Sher, 2006; Huang, Grant, Dawson, 2006).

Crack is one of the most dangerous addictive substances coming to the market up to now, and it is so addictive that even using it for once the individual becomes addicted. Crack or as it is sometimes called Rock is a stimulus material produced from treatment of cocaine and it is smoked in different ways (Asgari, 2010). But in Iran crack is the concentrated heroin. In Iran crack is produced in secret and interior laboratories through compressing heroin without considering any standards and each laboratory is different based on the type of facilities and taste of the producer and this makes the crack market even more turbulent. In some cases crack is produced from wastes that

could not result in pure heroin, this crack is considered as one of the strongest drugs and it is highly addictive so that during the 1st month of smoking the smoking amount will reach to 2 or 3 times more than the 1st day of smoking and the daily use reaches to 10 times per day (approximately each 2 hours).

One of the fields for pathology of addiction is surveying the correlation between drug abuse and the characteristics, based on this orientation the dependency appears due to the special personality trait or a set of traits (Van Dam, Janssens, De Bruyn, 2005). Some of the characteristics cause the individual to show adaptive and balanced behaviors in different life situations. Having enough awareness and knowledge about the personality helps the individual to prevent or take possible actions in occurrence of some of the personality disorders and instabilities (Sarvghad et al., 2011).

In addition to personality types, strategies being used by individuals when coping with stressful events are also considered as the triggers and they endanger experiencing positive and negative emotions, individuals' mental welfare, behavioral welfare and emotional welfare (Zarei & Asadi, 2011). Individuals having high neurotic personality type facing with stressful situations use passive strategies such as avoidance, self-blaming, wishful thinking, and also methods based on interpersonal aggression such as hostile response and emotional discharge. Using the emotion-focused coping styles such as avoidance are related to high levels of stress and mental pressure. Using problem-focused coping styles are related to lower levels of stress and mental pressure (Kardam & Cropick, 2001). Strategies chosen by the individual for coping are considered as a part of his/her vulnerability profile. Using inappropriate strategies for coping with stressors may result in increasing the problems, while using the appropriate coping strategies could result in beneficial consequences (Zarei & Asadi, 2011). One of the most important moderating variables in coping with stress is quality of life and social support. Along with the poor quality of life, the physical and psychological vulnerabilities increase as well (Toufani & Javanbakht, 2001).

Generally poor quality of life could result in individuals using inefficient coping styles, and increase of tension, mental problems and personality disorders. Increase of tension is directly related to the physical factors and it could increase the severity of individual's disease (Kohler, Riessman, 2008).

Conducted researches related to the addicted individuals' coping styles in Iran also indicate that compared to healthy individuals the addicted individuals have more dysfunctional attitudes and more stressful events and they use inappropriate coping styles while facing stressful and risky situations (Ibrahimi et al., 2001; Azadnam 2000; Pahlavani et al., 2001; Hajipour 2002). Improving the coping skills also decreases the alcohol and drug problems in treatment of outpatients (Moos & Moos, 2005).

Family, and social abnormalities, and psychological stresses have an effect on increase of drug abuse. Based on this what is important in this research is comparing the components of personality types, quality of life, and coping styles in men using crack and healthy individuals, hereby it is possible to have beneficial information available about creating and enriching the appropriate treatment for addicts and preventing them from turning back to drugs and it is possible to use this information in prevention and treatment programs. Regarding the fact that no research has been conducted about the mentioned population with the mentioned aims thus comparing the personality types, quality of life, and coping styles that are considered as the independent variables in men consuming crack and health people that are considered as the dependent variable this research will be conducted.

Methodology

The current research is a casual-comparative research. The population includes all men consuming crack who visited 4 addiction treatment clinics and the healthy individuals of different places in Tehran in 2012-2013. The research sample includes 50 men consuming crack and 50 healthy individuals, being chosen by convenience and non-probability sampling method.

Instruments

NEO-five factor personality inventory (NEO):

This questionnaire has been formulated by McCrae & Costa in 1985. The revised form of this inventory has been provided by the same authors called NEO PI-R. The long form of this inventory is designed in 240 phrases in order to measure the five main factors or fields of neuroticism, extraversion, Openness to experience, agreeableness and conscientiousness. Also this inventory has another form called NEO-FFI which is a 60-question inventory and it is used for evaluating the five main personality factors. In the 240-question form each factor has 6 levels or subscales, while in the short form each factor is evaluated with 12 questions. The long form inventory has been validated in different countries including Iran. In Iran the long form has been validated by Garousi, Mehryar and Tabatabaei (2001), and the validation results were similar to the achieved results from the test in the original language. The conducted studies' results of Costa and McCrae (1992) showed that the correlation of 5 subscales of short form and the long form is 0.77 to 0.92. Also its subscales internal consistency has been evaluated at the range of 0.68 to 0.86.

Quality of life questionnaire (WHO):

This questionnaire includes 26 questions. 1st two questions evaluate the individual's quality of life and the general health, and 24 other questions survey the 4 main dimensions of this questionnaire which means: physical health, mental health, social relationships and environmental health. Each question covers one of the 24 mentioned factors in the main questionnaire. Examinee should respond to each question in the 5-point Likert scale. In Iran this test has been normalized by Nejat Montazeri, A., Holakouei Naeini and et al (2006). The Cronbach's Alpha in both healthy and patient samples is respectively: Physical health (0.72, 0.70), mental health (0.70, 0.73), social relationships (0.52, 0.55), environmental health (0.72, 0.84).

Lazarus coping strategies (WOCQ):

This test has 66 items and it is formulated by Folkman and Lazarus (1980), and it evaluates a wide range of thought and actions individuals use while confronting internal or external stressful situations. This test includes 8 subscales: Confronting coping, distancing, and self-control, seeking for social support, accepting responsibility, escape-avoidance, and planful problem-solving and positive reappraisal. 16 phrases of this test are deviating and other 50 phrases evaluate the individual's coping method. This questionnaire is categorized in two clusters of problem-focused coping strategies and emotion-focused coping strategies. The questions will be answered. In the study Vahedi (2006, quoted by Mousavi Nasab, 2007) conducted on 763 male and female students of 2nd and 3rd grade in public high schools of Tehran, the reliability of coping strategies questionnaire was estimated by the use of internal consistency (Cronbach's Alpha) and it was 0.80.

Results

In order to survey the research hypothesis according to the nature of tools being used, the hypotheses were analyzed by the use of Manova test.

As it is observable in table 1, a significant difference exists between the men consuming crack and healthy individuals except for the component of neuroticism ($\alpha= 0.05$, $F= 3.523$) in components of extraversion, openness to experience, agreeableness and accepting responsibility, and the F amounts are all significant at $\alpha= 0.05$.

Table 1: Results of one-way MANOVA test for comparing the personality types of men consuming crack and healthy individuals

Indicator of changes sources	Dependent variable	Total squares	dfs	Mean square	F	Significance level
Group effect	Neuroticism	132.250	1	132.250	3.523	.063
	Extraversion	179.560	1	179.560	6.178	.015
	Openness to experience	228.010	1	228.010	5.494	.021
	Agreeableness	729.000	1	729.000	20.946	.000
	Accepting responsibility	272.250	1	272.250	80236	.005
	Neuroticism	3678.740	98	37.538		

Table 2: Summary of results of one-way Manova test for comparing the quality of life of men consuming crack and healthy individuals

Indicator of changes sources	Dependent variable	Total squares	dfs	Mean square	F	Significance level
Group effect	Physical health	102.010	1	102.010	16.703	.000
	Mental health	90.250	1	90.250	10.964	.002
	Social relationship	40.960	1	40.960	10.145	.002
	Environmental health	151.290	1	151.290	21.442	.000
	Scale score	372.490	1	372.490	11.861	.001

According to the data in the above mentioned table it could be concluded that a significant difference exists between the quality of life of men consuming crack and healthy people in terms of components of physical health, mental health, social relationships, and environmental health, and the all of the F amounts are significant at $\alpha = 0.05$.

Table 3: Summary of results of one-way MANOVA test for comparing the emotion-focused coping style in men consuming crack and healthy individuals

Indicator of changes sources	Dependent variable	Total squares	dfs	Mean square	F	Significance level
Group effect	Confronting coping	20.250	1	20.250	3.141	.079
	Distancing	30.250	1	30.250	4.971	.028
	Self-control	49.000	1	49.000	4.255	.042
	Escape-avoidance	106.090	1	106.090	7.506	.007
	Scale score	18.490	1	18.490	.248	.619

According to the data in the above mentioned table no significant difference exists between the emotion-focused coping styles of men consuming crack and healthy people in component of

confronting coping ($\alpha = 0.05$, $F = 3.141$). But a significant difference exists between the components of distancing, self-control and escape-avoidance and the F amounts are all significant at $\alpha = 0.05$.

Table 4: Summary of results of one-way MANOVA test for comparing the problem-focused coping style in men consuming crack and healthy individuals

Indicator of changes sources	Dependent variable	Total squares	dfs	Mean square	F	Significance level
Group effect	Seeking social support	67.240	1	67.240	6.909	.010
	Accepting responsibility	.040	1	.040	.010	.921
	Planful problem-solving	34.810	1	34.810	6.013	.016
	Positive reappraisal	62.410	1	62.410	5.802	.018
	Total scale score	492.840	1	492.840	6.957	.010
	Positive reappraisal	12759.000	100			
	Total scale score	135886.000	100			

As it is observable in table 4, a positive and significant difference exists between the problem-focused coping style in men consuming crack and healthy individuals except for the component of accepting responsibility and other components of social support, planful problem-solving, and positive reappraisal and all of the F amounts are significant at $\alpha = 0.05$, and also in component of total score of problem-focused coping style because $F = 6.957$ with degrees of freedom of ($df = 98 \& 1$) at significant level $\alpha = 0.05$ is significant. Thus it could be concluded that a significant difference exists between the problem-focused coping style in men consuming crack and healthy individuals.

Conclusion

Results achieved from the research indicate that a significant difference exists between the men consuming crack and healthy individuals in all of the components of personality types except for the neuroticism. The current research result is consistent with the research result of Jafarizadeh (2003) in the component of extraversion and the addicts achieved lower scores compared to the normal group, while it is inconsistent with the research results of Zarei and Asadi (2011), Khodaei, Abdollahi, Farahani and Ramezani (2011), Mann, Wise, Trinidad and et al (1995). In the researches of Zarei and Asadi (2011) and Khodaei, Abdollahi, Farahani and et al (2011) no difference has been observed in the personality type of extroversion (E) between both groups, and according to the research of Mann and et al (1995), extraversion in addicts is more than healthy individuals. Regarding the conducted surveys and existing conflicts it could be concluded that extraversion could not be an important factor in predicting addiction. Because extroverted people and community-oriented people are followers, they are courageous, adaptive, and interested in participating in large and risky groups and due to their environmental conditions they could be placed in each of the two categories of addicts or healthy individuals. Then extraversion could not be a good predictor for tendency toward addiction.

The current research result is consistent with the research of Khodaei and colleagues(2011) in terms of components of openness to experience. Based on the mentioned research findings the non-addicts are more open to experience than the addicts. These people have characteristics such as

creativity, aesthetics, openness to experience, deep understanding about the emotional situations and accepting new ideas and they are more compatible (Garousi, 2001). Thus this is normal that these people have fewer tendencies toward drug abuse.

Also a similar result was observed in the component of agreeableness with the research results of Jafarizadeh (2003), Zarei and Asadi (2011), Mann et al.,1995, Mc Cromick et al., 1998. For explaining these results it could be said that individuals having less agreeableness show more impulsive behavior, high irritability and less emotional stability. Also low score in this scale is accompanied by narcissism, being antisocial, and having paranoid personality disorder (Costa & McCrae, 1990). Thus the adolescents' tendency toward drug abuse is completely explained based on the low level of agreeableness.

Regarding the component of accepting responsibility, the research results of Jafarizadeh (2003), Khodaei et al.,2011, Zarei and Asadi (2011), Mc Cromick et al.,1998 . Fisher and colleagues(1998) showed that addicts have lower levels of accepting responsibility compared to the non-addicts. This factor is accompanied by features such as clarity, tendency toward progress, restraint, and responsibility, being cautious, honesty, providence, and punctuality. Thus individuals gaining higher scores in this factor have more tendencies toward progress, clarity, and responsibility, and social success are more seen in them. According to Costa and McCrae (1998) this factor has a correlation with progress and social success. Thus individuals gaining higher scores in above mentioned factor have fewer tendencies toward drug abuse. In the current research no significant difference has been in the component of neurosis between two groups which is inconsistent with the mentioned research results. The reason for this inconsistency may be due to the different types of choosing examinees. The current research surveyed the examinees that are being treated at the addiction treatment clinics. These people have been exposed to psychological treatments for a long time and they are currently at a relatively favorable level. Thus the symptoms of neurosis existing before the treatment will not reveal themselves at the current moment, and due to this no significant difference was observed between the experimental and the control group in the component of neuroticism.

Other research result showed that a difference exists between the quality of life of men consuming crack and healthy individuals, which is consistent with the researches of Shams Esfandabad and Nezhad Naderi (2009) and Ghamari (2011). Drug abuse has unpleasant physical, mental and social consequences for example paresis, physical pain, lack of appropriate social relationship, aggression, depression, anxiety, inappropriate level of quality of life, and life satisfaction. Addiction makes changes in the behavior, self-esteem, nutrition, work and social relationships and it generally changes the individual's normal life, and these changes lead to reducing the quality of life. Addicts have no initiatives in controlling the environment related to others, and their physical energy, life expectancy and life satisfaction decrease (Hampton, 1999).

One of the other results of this research is the significant difference between the emotion-focused coping style of men consuming crack and healthy people in terms of components of distancing, self-control, and escape-avoidance. In a research for comparing the psychological toughness and mental pressure coping styles in addicts and non-addicts Mollazadeh Esfanjani and Kaafi and Salehi (2011) reached similar results. It seems that addicts become disappointed when they face life events, and cognitively they try to separate themselves from the stressful situation or to stay away from it or to minimize the importance of the situation. These people turn to strategies such as drug use in order to achieve calmness and to avoid problems and life events. Most addicts have wishful thinking or behavioral efforts for running away or avoiding the stressful situation which also include escaping from reality. Results of surveying the emotion-focused coping style showed that no significant difference exists between the emotion-focused coping style of men

consuming crack and healthy individuals in the component of confronting coping. The current research result about this component is inconsistent with the research result of Mollazadeh Esfanjani and colleagues (2011).

Generally the findings showed that personality traits, some of the components of emotion-focused coping styles, some of the components of problem-focused coping styles and all of the components of quality of life are able to predict the tendency of individuals toward using crack., and they could be considered as the risky factors of individuals' tendency toward crack and they could also be influenced by addiction.

Finally regarding the bad influence of this matter on our society and civic, moral and legal prohibitions toward this matter it is recommended to initiatively choose better strategies for achieving the population's trust. It seems that in order to gain more reliable information and enhancing the validity of responses a more appropriate tool is needed so that we do not face the possible resistance from the samples, and also some approaches such as primary prevention through cultural activities and giving information about the damages of using drugs and treatment of addicts through appropriate ways with the addicts' biological and character, special aftercares and treatments, providing the possibility of returning to normal life after quitting drugs must be adopted.

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