ORIGINAL ARTICLE

RELAPSE VULNERABILITY AND PSYCHOLOGICAL ADJUSTMENT AMONG DRUG ADDICTS: ROLE OF INTEGRATED SELF AS A PREDICTOR

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Background: Drug addiction can cause a physical and biological harm, causing problems in family structure, and can contribute to the delinquency and high rates of crimes in a society. The aim of this study was to test the association between integrated self, relapse vulnerability and psychological adjustment. **Method:** To measure the integrated self, a scale was constructed in first phase of the study. In second phase 400 psychometric properties of new scale were determined. Integrated Self Scale, AWARE Questionnaire and Psychological Adjustment Scales were used. Sample comprised of 200 male drug addicts using purposive convenient sampling. Drug addicts suffering from any psychotic illness were excluded from the sample. **Results:** Findings indicate a significant negative relationship of integrated self with relapse vulnerability and positive relationship with psychological adjustment. The integrated self acts as a predictor of relapse vulnerability and psychological adjustment. Graduate drug addicts have integrated self, low relapse vulnerability and show better psychological adjustment as compared to undergraduate drug addicts when compared on educational level. **Conclusion:** This study is beneficial in finding ways to enhance self-integration of drug addicts so that their drug relapse can be reduced and in turn they can experience better psychological adjustment.
Keywords: Integrated Self, Relapse Vulnerability, Psychological Adjustment, Drug addicts
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INTRODUCTION

Among various causes, the self plays an important role in many mental health problems like drug addiction. The self can be referred as an individual person, it is the object of its own introspective awareness.[1] A fully functioning person may be characterized by a unity in all aspects of his/her life. It means that he/she must have a balance in his/her thoughts, emotions, and action that aggregates to 'being someone' or having 'an integrated self'.[2]

It is found that persons having lower level of self-integration may exhibit more depressive symptoms, anxiousness and neurotic symptoms. Moreover, they also score less on self-esteem. Besides, they show several forms of psychopathologies, and drug addiction is amongst one of them.[3,4]

Sometimes drug addiction seems to be a chronic illness because relapse is very common in it. The relapse of drug addiction can even occur after a long period of abstinence. This is the reason that drug addiction is much difficult to treat.[5] When an individual is not focusing on all aspects of his self properly, he may suffer from relapse.[6] As he does not change his thought patterns, focus on improving his level of spirituality, gain insight about what is wrong in his physical self, he actually deviates from his nature that is why he experiences relapse again and again.[7]

Psychological adjustment refers to the process through which individuals adapt and cope with the various challenges and changes in their lives. It encompasses their ability to manage and regulate their thoughts, emotions, and behaviours in response to different situations and stressors. Drug addiction has negative relationship with psychological adjustment. The individuals who start using cannabis at early ages exhibited psychological maladjustment, and individuals not using cannabis, or abstain from drugs, show the best psychological health.[8]

According to Wildgoose *et al*[3], a fundamental factor found in the drug related problems is an unstable and discontinuous sense of self. Besides, it has been revealed from another study that patients with substance use disorders show significant lower level of self-integration when compared to non-clinical group. Along with this the lower levels of self-integration were positively related to psychological maladjustment as well.[9] To maintain good psychological health, it is essential to nurture and maintain physical, cognitive, emotional and spiritual aspects in harmony. Human personality is a reflection of their thoughts and ideas, with thoughts playing a central role in mental health. When all elements are in harmony and balance, the individual remains in a state of equilibrium. However, any disruption or imbalance in these areas can lead to a corresponding imbalance in the person's overall well-being and psychological sickness as well.[10]

Most researchers only focused on prevention of drug addiction.[11] How self is playing a role on drug relapse is still not studied much. A study to see how Integrated Self can contribute in such behaviours is warranted. The aim of this study was to provide foundation and to instil insight into the elements of

selves upon which the human identity is composed. This study focused more on integration of self to prevent drug relapse and its adverse effect on mental and psychological health of the society. Objectives of the current study were to measure the level of integrated self among drug addict, to determine the relationship between integrated self, relapse vulnerability and psychological adjustment among drug addicts, and to measure the effect of some demographic variables like education and family system on study variables.

METHODOLOGY

The current study comprised of two phases. In the first phase, following the customary steps and procedures, 70 items Integrated Self Scale was constructed. Responses were given on a 4-point rating scale. To establish the psychometric estimates a purposive convenient sample (n=400; men=200, women=200) was recruited. The participants were 15–65, (31.69±9.96) years old. In the second phase, validation of the Integrated Self Scale was done by administering it on a large sample of drug addicts. Along with this, two other scales, i.e., Urdu version of Advance Waning of Relapse Questionnaire (28 items)[12] and Psychological Adjustment Scale developed and translated by Fizza Sabir[13] were also administered to measure its relationship with those variables as well. A purposive convenience sample

(n=200 male drug addicts) was recruited for Phase-II after taking informed written consent. The ages of the participants were 15–65, (36.77±11.79) years. Participants with at least 5 years of education were included. It was taken into account that no drug addict must be having any psychological disorder like depression, personality disorder, schizophrenia etc. Participants were given detailed instructions about scales and how to complete them.

A series of statistical analyses were done in order to meet the objects of the study and to test the framed hypotheses. Factor analysis was done by applying Principal Axis Factor analysis by using oblique rotation to explore the factor structure and validity of the ISS.

RESULTS

Integrated Self Scale is clearly clustered into four separate factors. Final form of the scale consisted of 20 items in factor I. Factor II contained 18 items, Factor III was also comprised of 18 items. The fourth factor comprised of 14 items. Eigen value of Factor I was 16.72 indicating 16.09% of variance. Eigen value of Factor II was 6.46 (5.84% variance). Eigen value of factor III was 4.19 (3.49% of variance). And factor IV had Eigen value 3.08 (2.34% of the variance). The cumulative variance explained by four factors was 27.78%.

Table-1: Mean±SD, alpha reliabilities and correlations between integrated self-scale, its subscales, relapse vulnerability and psychological adjustment (n=200)

Scales	n	Mean±SD	α	PASS	CAS	EAS	SAS	ISS	AWARE	PAS
PASS	14	14.49±4.78	0.88	-	0.43**	0.52**	0.63**	0.91**	-0.32**	0.18*
CAS	18	15.18±2.86	0.73			0.35**	0.89**	0.73**	-0.18*	0.14*
EAS	18	13.78±1.4	0.75				0.57**	0.66**	-0.25**	0.21*
SAS	20	18.38±4.76	0.87					0.88**	-0.32**	0.19**
ISS	70	23.46±7.4	0.84						-0.88**	0.19**
AWARE	28	2.8±0.42	0.82							-0.34**
PAS	27	4.43±1.48	0.79							-

PASS= Physical Aspect Subscale, CAS= Cognitive Aspect Subscale, EAS= Emotional Aspect Subscale, SAS= Spiritual Aspect Subscale. ISS= Integrated Self Scale, AWARE= Advance Warning of Relapse, PAS= Psychological Adjustment Scale

To determine the internal consistency of the scales, reliability coefficients were computed. High value of Alpha coefficient is indicating that the scale is internally consistent and is reliable measure to assess the underlying construct. It is clear from the results that all subscales show significant correlation with the total confirming construct validity. Correlation coefficient indicates that there is a negative significant relationship between relapse vulnerability and integrated self. While psychological adjustment is positively correlated with integrated self and its subscales. A Regression equation was found significant (R^2=0.38, F(198)=98.832, $p<0.001$). The results of the regression analysis reveal that the predictor integrated self-contributed 38% of variance in Psychological adjustment of drug addicts. Thus, findings reveal that integrated self significantly predicted psychological adjustment (β=0.087, $p<0.001$). (Table-2).

A Regression equation was found significant (R^2=0.32, F(198)=7.71, $p<0.001$). The results of the regression analysis reveal that the predictor integrated self-contributed 32% of variance in relapse vulnerability among drug addicts. Thus, findings reveal that integrated self significantly negatively predicted relapse vulnerability (β= -0.19, $p<0.05$). (Table-3).

Results of Table-4 show that there is a significant difference in integrated self, relapse vulnerability and psychological adjustment of graduate and undergraduate drug addicts. Mean±SD indicates that graduate drug addicts have higher level of self-integration and ultimately have better psychological adjustment than undergraduate drug addicts, while undergraduate have high relapse vulnerability than graduate drug addicts.

Table-2: Linear regression analysis showing integrated self as predictor of psychological adjustment

Variable	Psychological adjustment			
	β		95% CI	
			LL	UL
Constant	133.21*		113.92	141.28
Integrated Self	0.087*		0.07	0.14
R^2		0.38		
F		98.832*		

CI=Confidence Interval, LL=Lower Limit, UL=Upper Limit, *$p<0.001$

Table-3: Linear regression analysis showing integrated self as predictor of relapse vulnerability

Variable	Relapse vulnerability			
	β		95% CI	
			LL	UL
Constant	5.34*		4.66	6.01
Integrated Self	-0.19*		0.01	0.25
R^2		0.32		
F		7.71*		

*$p<0.001$

Table-4: Comparison between graduate (n=80) and undergraduate drug addicts (n=120) on integrated self, relapse vulnerability and psychological adjustment

	Graduate		Undergraduate		t	p	95% CI		Cohen's d
	N	Mean±SD	N	Mean±SD			LL	UL	
IS	80	28.93±7.69	120	23.75±6.63	0.58	0.01	1.48	2.68	0.08
RV	80	18.15±3.32	120	27.88±4.17	0.45	0.03	0.915	1.46	0.04
PA	80	38.02±4.23	120	27.43±2.23	0.70	0.001	1.06	2.24	0.09

IS=Integrated Self, RV=Relapse Vulnerability, PA=Psychological Adjustment, LL=Lower limit, UL=Upper Limit, CI=Confidence Interval

DISCUSSION

There are many factors which can contribute in drug abusive behaviour but when focusing on personality and aspects of self it has been seen that if an individual does not focus on each and every aspect of self properly he may get some psychological problems, and drug addiction is one of them. Drug addiction is a spiritual disease if we focus on the Islamic perspective. So it can clearly be related that individual having less focused on spiritual aspect of self can easily be trapped in drug abusive behaviour.[14]

Integrated Self Scale (α=0.84), AWARE Questionnaire (α=0.82), and Psychological Adjustment Scale (α=0.79) were used in current study to explore the study variables. Results indicated strong negative correlation between relapse vulnerability and psychological adjustment. Individuals having high relapse vulnerability don't have will power to control this behaviour and they have the recurrent thoughts of having drugs so they are unable to focus on any other task of their life. This leads to psychological maladjustment. Individuals who had already quitted the abusive behaviour, showed the best psychological health.[8]

Second hypothesis stated that there is a negative relationship between integrated self and relapse vulnerability and positive relationship between integrated self and psychological adjustment. Results of the study have confirmed this hypothesis. One of the core component of the drug related problems is a personality fragmentation.[9] Results of a comparison between patients with substance use disorders and a non-clinical group found that drug abusers showed significantly higher level of fragmentation as compared to the non-clinical group and also found high levels of fragmentation, positively related to psychological maladjustment. Their strong relationship can explain that relapse vulnerability is an outcome of lower level of integrated self.[9]

If concerning to participants' education, regrettably, very few researches showed the association of level of education to integrated self and relapse vulnerability of the drug addicts.[15] The available studies indicate inconsistent findings regarding educational differences in experiencing relapse vulnerability associated with integrated self. In one study no significant differences were found between educational levels relapse vulnerability among the drug abusers.[16] Less education or leaving school at an early ages are associated with more disordered and chaotic drug use.[17]

It can be speculated that if individual is highly educated he may take special care of his self. He will consider all aspects equally important so will try to maintain harmony among them. He will have integrated self, eventually will show less abusive behaviour, and may exhibit better psychological adjustment.

LIMITATIONS

Generalization and validity of this research is limited because of the issues of sampling and measurement. In the present study only structured questions were used and any other information about drug addicts was not gathered. It did not allow exploring other reasons except their functioning of self behind their drug use. Only males were examined due to inaccessibility to female sample. Results cannot be generalized to female population and it doesn't explore the role of integrated self in female drug users.

IMPLICATIONS

The present study can have the following possible implications:

1. Integrated Self Scale is mainly constructed for the current study. This can also be used efficiently in future researches related to the same area.

2. It will help future researchers to get valuable literature in the relevant area.

3. In the light of current results it can be suggested that proper intervention should be planned to work on the self of drug addicts. If they can get balance in different aspects of their selves they will live better lives.

CONCLUSION

Drug addiction is caused by disharmony in different aspects of self, and it also effects psychological adjustment of drug addicts. Disintegrated or fragmented self can act as a covariate of psychological maladjustment among drug addicts. Educated addicts have integrated self, low relapse vulnerability and have better psychological adjustment than less educated drug addicts because they are better aware of the issues related to addiction and can cope with the situation.

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