

## **Dysfunctional Attitudes and Coping Strategies in Substance Dependent and Healthy Individuals**

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**Objectives:** From the psychological point of view, coping strategies and attitudes have considerable effects on people's tendency towards risky behavior, including opioid substance abuse. Dysfunctional attitudes are attitudes and beliefs that predispose the individual toward depression and psychological disorder, generally speaking. Usually, people use three types of coping strategies when confronting stressful situations; problem-focused, emotion-focused and avoidance strategies. This study therefore aimed to compare dysfunctional attitudes and coping strategies in substance-dependent & healthy individuals.

**Methods:** A causal-comparative study was conducted. The population under study consisted of 100 addicts attending Robat-Karim's addiction rehabilitation centers who were selected through simple random sampling. Another 100 ordinary individuals were matched with the addicts. The dysfunctional attitudes scale and the coping strategies questionnaire was used to collect data. Multivariate analysis of variance was used to analyze data.

**Results:** The two groups differed significantly in their dysfunctional attitudes and problem-focused and emotion-focused coping strategies. Substance-dependent individuals applied emotion-focused coping more and had greater dysfunctional attitudes than the healthy ones, and the latter applied problem-focused strategies more.

**Discussion:** Based on our results, addicts have greater dysfunctional attitudes than non-addicts. Therefore, better treatment and rehabilitation results may be obtained by preparing grounds for appropriate psychological interventions and coping strategies in substance-dependent individuals.

**Keywords:** Dysfunctional attitude, Coping strategy, Addict

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### **Introduction**

Addiction to drugs and stimulants is a physical, psychological, social and moral disease that needs to rehabilitation (1). Substance abuse and its unpleasant outcomes are among the most important social concerns and most unpleasant social hazards that have caught mental health specialists' attention (2). The United Nations Office on Drugs and Crime

(UNODC) estimated 15-64 year-old substance abusers around the world at 200 million, or 5% of the entire world population (3). Moreover, based on the most recent reports of the rapid consensus of substance abuse and dependence in Iran the overall number of addicts were estimated at 1.2-1.5 million (4,5). A wide range of psychological, social, domestic, and biological factors are involved in the

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etiology of substance abuse, none of which can be a determinant factor on its own (6). Among the psychological factors contributing to the onset of substance abuse are dysfunctional attitudes. Dysfunctional attitudes are biased assumptions and beliefs that the subject has toward himself and his surrounding and future world (7). In other words, dysfunctional attitudes (DA) are attitudes and beliefs that predispose the individual toward depression or psychological disorders, as a whole. These beliefs are based on past experiences gained by the person about himself and his surrounding world, and lead him to interpret specific situations in an exaggeratingly negative way. In Beck's opinion, DA are inflexible and idealistic criteria the individual uses to judge himself and others. Since these attitudes are inflexible, extremist and resistant toward change they are considered dysfunctional or futile (8,9). According to available literature, addiction procedures are influenced by the patients' beliefs and attitudes (10). Beck has underscored the role of dysfunctional and maladaptive attitudes and cognitions in creating maladaptive behaviors. In his opinion, clients must first become aware of what goes on in their minds. Afterwards, they must identify their incorrect thoughts and begin to replace them with correct ones. By receiving the necessary feedback they will realize the correctness of their judgments and complete their course of treatment. The roles of other beliefs, attitudes and mental processes have been proven in many other behavioral disorders and problems and have shown that irrational beliefs can aggravate a person's suffering (11). Sotoodeh and colleagues compared DA and thought control in amphetamine-dependent and healthy people in Tehran, and found significant differences between the two among the two groups (12).

The initial mechanism involved in DA and psychological disorders is coping with stressors. A person with an idealistic and inflexible perspective of the world will use non-adaptive strategies such as avoidance or denial when faced with a stressful situation that disrupts his/her previous perspectives (13). Hence stress has been mentioned as an important and determinant factor in tendency toward substance abuse (14). Studies examining stress have emphasized this point, that what affects people's lives is not stress per se, but their mode of assessing and coping with it. Stress coping strategies are the processes an individual uses to manage stressful stimulators. In other words, as a psychological procedure, coping is regarded as an individual's

cognitive and behavioral efforts to resolve stressful conditions. Coping involves efforts to manage and control environmental demands and has two important applications: regulating unpleasant emotions and reacting in such a way that can alleviate the problem causing distress (15-17). Researchers believe that people prefer to use specific coping strategies in stressful situations, which in fact shape the individual's coping style (18). Lazarus & Folkman believe that people use three types of coping strategies (CS) when confronted with stress: problem-focused, emotion-focused and avoidance techniques. In their opinion, each of these techniques can be adaptive or maladaptive, depending on the type of stressful factor. However, problem-focused methods have greater adaptive outcomes (16). Research findings show that addiction is related to the way people cope with stress (19), such that the dimensions of CS are noteworthy in foreseeing substance abuse, the frequency of abuse, completing the treatment course and relapse in addicts (20). Moreover, associations have been reported to exist between weak CS and inappropriate problem-focused methods and substance abuse in addicts (21,22). Other studies too have observed the association between CS and reduction of psychological distress (23). Therefore, in addition to creating different emotional reactions such as anger, anxiety and depression, stressful events can predispose individuals to turn to negative health behaviors such as alcohol abuse, smoking etc. (24). In conclusion, the current study was conducted to compare dysfunctional attitudes and coping strategies (problem-focused & emotion-focused) in substance-dependent and healthy individuals to explore the possibilities of various interventions for the prevention or treatment of addiction.

## Methods

The study had a causal-comparative design, wherein dysfunctional attitudes and coping strategies in substance-dependent and healthy individuals were compared. The study population consisted of 100 addicts attending Robat-Karim's rehabilitation clinics in the fourth semester of 2013 and who were selected through simple random sampling. Another 100 ordinary individuals were selected and matched with the addict group in terms of age, economic, marital and educational status. To increase the internal validity of the findings, age, marital and educational status of both groups were controlled. Multivariate analysis of variance (MANOVA) was

used to examine the difference between two variables in the groups.

Dysfunctional Attitudes Scale (DAS) and Coping Responses Inventory was used in this study. The original of this questionnaire consists of 40 items that were designed on the basis of Beck's Cognitive Theory by Beck & Weissman (1978), and has appropriate validity and reliability. The questionnaire has 5 subscales, including: need to please others, need to impress, need for approval, vulnerability & success-perfectionism (25). The participant must show his/her agreement or disagreement by rating the 7-point scale in each item, where higher scores (6 & 7) indicate dysfunctional attitudes. Different studies have reported its internal consistency at 0.90 and its reliability at 0.73 (26, 27). In Iran, Tehranizadeh has reported its Cronbach's alpha at 0.84-0.92. We estimated this measure at 0.89 (28). Coping Responses Inventory: Billings & Moos (1981) developed this inventory to evaluate people's responses to stressful events. It has 19 questions (coping statements). The respondents are asked to recall a recent stressful event in their lives and to respond to the questions with that experience in

mind (and how they reacted to the event). Each item has a three point Likert-scale response (never=0 to always=3). The maximum score attainable by the respondent is 57, 33 of which is related to the problem-focused method, and 24 is related to the emotion-focused method (29). In Iran, Hosseini-Ghadamgaahi reported the questionnaire's overall reliability at 0.79, and 0.93 and 0.65 for the problem-focused and emotion-focused subscales, respectively (30). We calculated the scale's reliability at 0.83 using Cronbach's alpha. As ethical consideration, informed consent was obtained from participants and were assured their information will remain confidential.

### Results

The participants consisted of 100 ordinary and 100 substance-dependent individuals, out of which 87 were married, 95 were single, and 18 were divorced. Moreover, among the addicts, 29 used heroin, 13 used crystal meth and crack, 41 used opium and 17 used other substances. The mean and standard deviation of the participants' age was 25.09±4.17. Table (1) illustrates the participants' remaining demographic data.

**Table 1.** Demographic data of the substance-dependent and healthy participants

Demographic Indicators		Substance-dependent individuals		Healthy individuals	
		Frequency	Percent	Frequency	Percent
Educational status	Old system 6 <sup>th</sup> grader or lower	42	0.42	38	0.38
	High school diploma	30	0.30	29	0.29
	Bachelors and higher	28	0.28	33	0.33
Socio-economic status	Low	28	0.28	25	0.25
	Average	43	0.43	41	0.41
	High	29	0.29	34	0.34

Table (2) shows the results of MANOVA of dysfunctional attitudes and coping strategies

(problem-focused & emotion-focused) applied by the two groups.

**Table 2.** MANOVA of the two groups' application of dysfunctional attitudes and coping strategies

Variable	Substance-dependent		Healthy		F	P
	Mean	Standard deviation	Mean	Standard deviation		
Dysfunctional attitudes	115.18	31.06	87.32	18.11	19.63	0.05
Problem-focused coping	11.01	3.22	19.08	3.67	6.47	0.05
Emotion-focused coping	18.56	2.53	12.02	2.47	6.03	0.05

As indicated in table (2) the mean (SD) of DA for substance-dependent and healthy participants were 115.18 (31.06) and 87.32 (18.11), respectively. It was 11.01 (3.22) and 19.08 (3.67) for problem-focused coping and 18.56 (2.53) and 12.02 (2.47) in the substance-dependent and healthy individuals, respectively. Furthermore, the two groups differed significantly in their DA and coping strategies

( $P < 0.05$ ). The substance-dependent participants had higher DA and used emotion-focused CS more. On the other hand, healthy participants used problem-focused CS more.

### Discussion

This study was conducted to compare dysfunctional attitudes and coping strategies in substance-

dependent and healthy individuals. On the whole, the results showed significant differences between DA and CS in the two groups, such that addicts applied emotion-focused CS and had greater DA. This finding matches those of Kahler et al.; Huijding and colleagues; Hajipour; Epstein and colleagues and Kiamarsi & Abolghasemi (31-35). According to Chang & D'zurilla the relationship between dysfunctional thoughts and different psychological disorders has been proven through various experimental studies (36). We may explain our finding as such, that; basically individuals with irrational thinking are more likely to turn to risky behaviors such as substance abuse. In other words, these attitudes are inflexible, extremist and resistant to change and are considered dysfunctional (37). Ellis believes that irrational beliefs and DA transform into the foundations of disruptive behavior. This philosophy is a compulsive thought, which is powerful, dry and dogmatic on one hand, and can lead to catastrophic interpretations on the other. Ellis has described this process as a vicious circle. People condemn themselves for being emotionally upset, and then condemn themselves for condemning themselves. They continue doing so in wanting to seek psychotherapy, and finally conclude that they are hopeless and that nothing can be done for them (38,39). Previous studies also reveals that avoidance and emotion-focused strategies are more common among

substance-dependent individuals. The latter are formed upon the addicts attempts in avoiding the problem and denying the truth, and are significantly associated with an increase in substance abuse (34,35). According to Ghasemi et al, when faced with an environmental stressor addicts use inefficient/dysfunctional emotion-focused strategies such as increasing their substance abuse instead of problem-focused strategies and solving the problem. This kind of stress-coping leads them into a vicious cycle; they experience more stressful events as a result of their higher sensation-seeking on one hand. On the other hand, they use dysfunctional CS, leaving the stressor unsolved (40).

### Conclusion

Addicts have greater dysfunctional attitudes than non-addicts, and it seems that their attitude toward themselves and their environment creates and affects this stress. Therefore, better treatment and rehabilitation results may be obtained by preparing grounds for appropriate psychological interventions and coping strategies in substance-dependent individuals. In the end, we recommend conducting similar studies among the female population.

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### References

1. Galanter M. Innovations: alcohol & drug abuse: spirituality in Alcoholics Anonymous: a valuable adjunct to psychiatric services. *psychiatric services*. 2006;57(3):307-9.
2. Jafari E, Eskandari H, Sohrabi F, Delavar A. Effectiveness of Coping Skills Training Based on "Marlatt Relapse Prevention Model" in Relapse Prevention and Resiliency Enhancement in Subjects with Substance Dependency. 2. 2009;1(3):77-87.
3. UNODC. United Nations Office on Drugs and Crime. World drug report 2012: United Nations Publications; 2012.
4. Narenjiha H, Rafiei H, Baghestani A, Noori R, Ghafouri B, Soleymaninia L, et al. Rapid Situation Assessment of Drug Abuse and Dependence in Iran. Tehran: Cultural & Prevention Deputy of State Welfare Organization of Iran, 2008.
5. Sarrami H, Ghorbani M, Minooei M. Survey of Four Decades of Addiction Prevalence Researches in Iran. *Research on Addiction*. 2013;7(26):29-52.
6. Franques P, Auriacombe M, Tignol J. Addiction and personality. *Encephale*. 2000;26(1):68-78.
7. Abela JRZ, Skitch SA. Dysfunctional attitudes, self-esteem, and hassles: Cognitive vulnerability to depression in children of affectively ill parents. *Behaviour Research and Therapy*. 2007;45(6):1127-40.
8. Beck AT, Steer RA, Brown G. Dysfunctional Attitudes and Suicidal Ideation in Psychiatric Outpatients. *Suicide and Life-Threatening Behavior*. 1993;23(1):11-20.
9. Sappington A. Mental Health. Hosein-shahi Baravati HR. (Persian translator). Tehran: Ravan Publication; 2001.
10. Holman R. Emotion and motive effects on Drug Related cognition. In: Holman R, editor. *Handbook of addictive disorders: a practical guide to diagnosis and treatment*. First ed. New Jersey: John Wiley & Sons Publication; 2004. p. 14-56.
11. Ciarrochi J. Relationships Between Dysfunctional Beliefs and Positive and Negative Indices of Well-Being: A Critical Evaluation of the Common Beliefs Survey-III. *Journal of Rational-Emotive & Cognitive-Behavior Therapy*. 2004;22(3): 171-88.
12. Sotoudeh-Navroudi S, Pouragha-Roudbordeh F, Kaafi S, Torkaman H, editors. Comparing Dysfunctional Attitudes and Thought Control in Amphetamine-dependent and Ordinary Individuals in Tehran. *International Student Conference on Addiction*; 2012; Urmia: Urmia University of Medical Sciences.
13. esmaeili M, Mahmood Aliloo M, Bakhshipoor Rodsari A, Sharifi MA. A survey of dysfunctional attitudes and coping strategies in primary hypertension. 2. 2009;5(2):117-32.

14. Kianpour M. Comparing stress coping strategies in opioid addicts and non-addicts. *Journal of Shaeed Sadoughi University of Medical Sciences*. 2002;10(3):14-9.
15. Folkman S. *Stress, appraisal, and coping*. First ed. New York: Springer Publishing Company LLC; 1984.
16. Folkman S, Lazarus R. *Coping and Emotion*. In: Stein N, Leventhal B, Trabasso T, editors. *Psychological and biological approaches to emotion*. Third ed. USA: Psychology Press; 2013. p. 313-32.
17. Folkman S, Lazarus RS. Coping as a mediator of emotion. *Journal of Personality and Social Psychology*. 1988;54(3):466-75.
18. Hamid PN, Yue XD, Leung CM. Adolescent coping in different Chinese family environments. *Adolescence*. 2003;38(149):111-30.
19. Trinidad DR, Johnson CA. The association between emotional intelligence and early adolescent tobacco and alcohol use. *Personality and Individual Differences*. 2002;32(1):95-105.
20. Ball SA. Manualized treatment for substance abusers with personality disorders: dual focus schema therapy. *Addict Behav*. 1998;23(6):883-91.
21. Ball SA. Personality traits, problems, and disorders: Clinical applications to substance use disorders. *Journal of Research in Personality*. 2005;39(1):84-102.
22. Ebrahimi A, Mousavi G. Coping strategies applied by treatment-seeking addicts in Esfahan's Addiction Prevention Center. Fourth National Conference of Stress; Tehran, Iran: Iran University of Medical Sciences; 2008.
23. Weldon R. *Obsessional relational intrusion, coping styles and depression: a mode rational model*. San Diego: San Diego State University; 2010.
24. Kiluk BD, Nich C, Carroll KM. Relationship of cognitive function and the acquisition of coping skills in computer assisted treatment for substance use disorders. *Drug and Alcohol Dependence*. 2011;114(2-3):169-76.
25. Weissman AN, Beck AT. Development and validation of the Dysfunctional Attitude Scale: A preliminary investigation. 1978.
26. Ebrahimi A, Moosavi SG. Development and validation of the Dysfunctional Attitude Scale -26 items : factor structure, reliability and validity in Psychiatric outpatients. *Journal of Ilam University of Medical Sciences*. 2013;21(5):20-8.
27. Kaviani H, Javaheri F, Bahieraa'ei H. Effectiveness of mindfulness-based cognitive therapy (MBCT) in reducing the negative automatic thoughts, dysfunctional attitudes, depression and anxiety: up to 60 days. *Advances in Cognitive Science*. 2005;7(1):49-59.
28. Tehranizadeh M. Examining dysfunctional attitudes in runaway girls and ordinary girls. Tehran: Tarbiat Modares University; 2004.
29. Billings A, Moos R. The role of coping responses and social resources in attenuating the stress of life events. *J Behav Med*. 1981;4(2):139-57.
30. Hosseini Ghadamgahi J, Dejkam M, Bayanzadeh SA, Phaze A. The Quality of Relationship, Stress and Coping Strategy in Patients with Coronary Heart Disease. *Iranian Journal of Psychiatry and Clinical Psychology*. 1998;4(1):14-25.
31. Kahler CW, Ramsey SE, Read JP, Brown RA. Substance-induced and independent major depressive disorder in treatment-seeking alcoholics: associations with dysfunctional attitudes and coping. *Journal of Studies on Alcohol and Drugs*. 2002;63(3):363.
32. Huijding J, de Jong PJ, Wiers RW, Verkoijen K. Implicit and explicit attitudes toward smoking in a smoking and a nonsmoking setting. *Addictive Behaviors*. 2005;30(5):949-61.
33. Hajipour H. Comparing Dysfunctional Attitudes, Stress and its Coping Strategies in treatment-seeking opioid-dependent addicts and non-addicts. MA thesis abstract. *Iranian Journal of Psychiatry and Clinical Psychology*. 2002;8(1):90.
34. Epstein JA, Botvin GJ, Diaz T, Williams C, Griffin K. Aggression, Victimization and Problem Behavior Among Inner-City Minority Adolescents. *Journal of Child & Adolescent Substance Abuse*. 2000;9(3):51-66.
35. Kiamarsi A, Abolghasemi A. The Relationship of Self-Efficacy, Sensation Seeking and Coping Strategies with Aptitude of Substance Use in University Students. *Research on Addiction*. 2012;5(20):7-24.
36. Chang EC, D'Zurilla TJ. Irrational beliefs as predictors of anxiety and depression in a college population. *Personality and Individual Differences*. 1996;20(2):215-9.
37. Shareh H, Asgharnejad Farid AA, Yazdandoost R. Relationship between Running Away from Home with Coping Strategies and Attributional Styles in Female Adolescents in the City of Meshed. *Iranian Journal of Psychiatry and Clinical Psychology*. 2009;15(3):242-7.
38. Ellis A. The revised ABC's of rational-emotive therapy (RET). *Journal of Rational-Emotive & Cognitive-Behavior Therapy*. 1991;9(3):139-72.
39. Lotfi-Kashani F. The effect of group cognitive-behavioral counseling in reducing dysfunctional attitudes. *Thought and Behavior in Clinical Psychology*. 2008;2(8):67-78.
40. Ghasemi N, Rabiei M, Haqayeq SA, Palahang H. The Comparison of the Sensation Seeking Level, Coping Strategies and Vulnerability to Stress among MMT Treated Addicts and Normal Group. *Research on Addiction*. 2011;5(18):7-20.