

STIGMATIZATION, SELF-CRITICISM AND COPING STRATEGIES OF INDIVIDUAL WITH SUBSTANCE ABUSE

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ABSTRACT

The aim of the study was to understand the relationship among Stigmatization, Self-Criticism and Coping Strategies of Individual with Substance Abuse. The sample size consisted of 100 substance abusers with 87 males and 13 females. The age range of the participants was 18-50 year old with ($M=1.52$ and $S.D=.847$). The purposive sampling strategy was used and study had correlational research design. The data was collected from different government and private hospitals as well as from rehabilitation centers. The data measurements used include demographic information sheet, The Discrimination and Stigma Scale (DISC-12; Thornicroft, Brohan, Rose, Sartorius, Leese, & INDIGO, 2009), Forms of Self-Criticizing/Self-Attacking and Reassuring Scale (Gilbert, Clarke, Hempel, Miles, & Irons, 2004) and The Ways of Coping questionnaire (Folkman & Lazarus, 1985). The results showed that there is a significant relationship between stigma and coping strategies. There is no significant relationship between coping strategies and self-criticism and also there is no significant relationship between self criticism and stigma. Multiple Regression analysis had 7 % variance in Coping Strategies ($F 3.672$, $p=.02$), Stigmatization was a significant predictors of Coping Strategies ($Beta= .262$, $p= .009$) whereas self criticism ($Beta=-.078$, $p=.434$) was a non-significant predictors of coping strategies The current study will help the healthcare professionals and clinical psychologist to have better understanding of stigma, self-criticism and coping. The implications are further discussed at the end of the research.

Keywords: Stigma, Self-criticism, Coping Strategies, Substance Abuse.

INTRODUCTION

According to National Survey on drug use and Health (2014), Substance Abuse was defined as maladaptive and dangerous use of psycho-active substance such as alcohol and other illicit substances. The use of these illicit substances mostly causes addiction and dependency. Cognitive, emotional and behavioral changes occur after the extended use of these illicit and maladaptive substances. The individual develops strong cravings of the substance and face issues in controlling and maintaining substance intake. The individual persistently uses these psycho-active substances even facing severe consequences and effects. Kamarulzaman and McBrayer (2015) reviewed that substance use disorders are regarded as physiological and psychological universal problem as these disorders have serious repercussions on people and societies. Niaz, Siddiqui, Hassan, Husain, Ahmed, and Akhter (2005) reviewed that the era of authorized use of Opium and Cannabis can be traced by following the history of South Asia. The Russian-Afghanistan war in actual had triggered the use of substance abuse. This war burdened Pakistan as it took many war refugees, arms and drug production and the problem increased after 9/11 incident. The report of the United Nations Drug Control Programme states that Pakistan took frontal and the toughest impact of wars against narcotics in the world. Now here are some statistics taken from recent surveys. In Pakistan, there are 3.5

million drug addicts that are progressively growing at the yearly rate of 7. After analyzing public and demographic information, we have come to know that 71.5% substance abusers fall under the age range of less than 35 years and highest fraction is 20-30 years of age. Unexpectedly the substance abusers have an equal ratio, 50% of them are illiterate and remaining are unemployed. Pakistan has 20% youth of its total population and they are unfortunately the target population. The most common behavioral pattern of substance abusers include risk taking attitude for example trying drug addiction, social withdrawal, coping with stressed situations and environment, peer pressure and wanting social recognition. The student class that belongs to well-off families can have easy access to drugs and they become easy target for substance abuse. 30-50% girls of high school have exposure of substance induced environment (Niaz, Siddiqui, Hassan, Husain, Ahmed, & Akhter, 2005). Moris and Knechtle (2008) defined coping strategies are those psychological forms that a person uses to cope to cognitions, emotions and behaviors when suffered numerous stages of disorder and treatments. Most people encounter a change in their emotional states as an element of regular day to day existence and manage these movements in several ways. In any case, numerous substance abusers may encounter overpowering feelings, regardless of whether as a result of the impact of drugs, withdrawal, or more prominent contact to stressors. If so, at that point the avoidance of substance mishandle incorporates coping with emotional states and craving which can move toward becoming signs for relapse. Figuring out how to adapt to these emotional states, distressing circumstances and cravings is a fundamental piece of keeping up restraint and keeping out a full reversion. It is very important to know that how many individuals adapt successfully to unpleasant life occasions and understand their emotional wellbeing.

How many individuals adapt viably to upsetting life occasions is an essential element of their psychological wellbeing. Of course, researchers have dedicated a lot of work toward understanding which coping methodologies and procedures are best under different conditions and recognizing singular contrasts in the manners by which individuals adapt to negative occasions (Tims, Leukefield & Platt, 2001).

There is a lot of disagreement present in literature on deciding the classification models of coping strategies. In numerous mixture of researches (Skinner, Edge, Altman, and Sherwood, 2003) proposed, 400 kinds of coping techniques have been presented to better classify the forms of coping principles. The most widely known and used grouping of coping includes the two; problem-focused coping and emotion-focused coping.

Byrne (2018) stated that stigma is characterized as an indication of disrespect or ruin, which separates an individual from others. The stigma of psychological sickness, albeit more frequently identified with setting than to an individual's appearance, remains an incredible negative property in every single social connection. Substance abuse and substance use disorders (SUDs) have incredible expenses for consumers, their families, and the general public when all is said and done. Merrill and Monti (2002) reviewed the negative effects for people with drug addiction are promoted and bothered by the stigma complex (i.e., the arrangement of correlated, diverse framework structures, from the person to the general public, and procedures, from the sub-atomic to the environmental and recorded that develops, names, and makes an interpretation of difference into *marks*).

Stigma, as depicted above has various forms; it has exhibited numerous different consequences, serving to additionally enhance the negative results that are previously connected with substance use disorder. The first portion of these studies showed that only

three percent of drug users strive for treatment and main reason for that lack of seeking treatment behavior is originated mostly from lack of life interest. Second is, when people with substance abuse look for medical facilities, the treatment might be of lower quality than that given to other people. Third, in spite of the significance of social help for the recovery of individuals with substance use disorder, stigma may rather add social avoidance. It should be noted that the impacts of substance abuse is only limited to its user but expand to family and friends. Finally, the impression of stigma is related with alcohol use disorders and disguising mental disorders later on. Regrettably, recent researches showed negligible change in attitude and stigma towards individual with substance abuse which has not been improved with the passage of time whereas an increase has been witnessed in negative perception towards alcohol dependence with each passing year. Given this scope of manners by which stigma further aggravates the issues or meddles with recuperation of substance abusers, it is critical to comprehend what predicts such stigma. A comprehension of the triggers of stigma can give knowledge and understanding into the approaches to focus on the event (Merril, & Monti 2015).

Gill (2015) defined that self-criticism has been termed as trans-diagnostic characteristic by the researchers till date. Self-Criticism is experienced by wide ranging psychological disorder victims and significant emotional distress has been found to be connected with self-criticism. It has been found out that self-critical thinking can be reduced by helping people and it increases the wellbeing of the person. The forms, functions, effects and theorized etiology of self-criticism have been studied and it is broadly considered as a negative way of self-definition defines it as comprising critical and negative thoughts toward one's self or physical characteristics, constant self-blame for failures, unrealistically high goals and resulting inability to achieve them, and the self-belief of appraised less by others. Critical thinking is said to have a strong correlation with feeling of shame, interpersonal difficulty and depressive states according to cognitive behavioral research. The causality across these aforementioned variables is not clear due to difficulty in measuring relations through causality and due to the complex interaction which exists between affective and cognitive states. Moreover, self-criticism is triggered by challenges or hardships; it occurs as an unconscious way of response to difficulties of life that can exacerbate anxiety depression and stressful responses.

Gilbert, McEwan, Gibbons, Chotai, Duarte, Matos, and Ravis (2011) showed in spite of the variance among the types and the different functions of self-criticism, the self-criticism has image, all related things considered, very negative. As a rule, higher level self-criticism relates with difficulties in adulthood working and significant emotional suffering. In many literatures and studies there is an association among insignificance, self-criticism and psychopathology. Additionally the findings review the studies about depression that reveal the leading driver is self-critical thinking. (Cox, MacPherson, Enns, and McWilliams, 2004) reviewed that self criticism is related to numerous disorders that include: anxiety, PTSD, eating disorders, interpersonal relationship challenges and substance abuse. Essentially, self-criticism has appeared to have negative relationship with people's capacity to seek after and accomplish objectives that they have set, perhaps because of its positive relationship with avoidance methodologies. The aim of this study was to identify the relationship among stigma, self-criticism and coping interventions and also to give a clear sketch increases the understanding about this "Taboo" topic to healthcare professionals and practicing clinical psychologist for the better treatment plans for their clients. This research will also provide quality framework in Pakistani context.

LITERATURE REVIEW

This chapter explored all the literature about the study variables of current study that includes International and Indigenous research in this section.

Arsenault (2010) said that ‘the stigma of psychological illness and substance abuse between criminal’. The research explored the role of perceived stigmatization of psychological illness as compared to substance addiction with criminal individual that were receiving probation services by Cook County Adult Probation Department. The first of the research focused on current individuals receiving probation services, their level of stigma is assessed using PSAS scale by Luoma, Rye, Kohlenberg, Hayes, Fletcher & Pratte with modified SCQ. The group of participants was divided into three groups to evaluate their understanding about stigma and stigma perception. The first group of individual was those who receive probation services and don't suffer from any other psychological illness. The second group of individual consists from general probation people as served as nonequivalent comparison group and final is comprised of the individuals who were suffering both psychological illness and substance addiction. The second portion of research focused on to evaluate the answer of managers about the participant's reaction of psychological illness and how stigma cause issues to their treatment. Focused group interview used to assess the participants responses. The results showed that there was not significant relationship in perceived stigma of psychological illness and substance addiction among above mentioned three groups of participants but there was high level of stigma perception for psychological illness among females who were receiving probation services. Circumstantial proof from the workers helped to understand the hindrance by stigma when the individual seeking treatment.

“Stages of Change Theory Applied to Self-critical Thinking and Fear of Compassion: A Brief Psycho-educational Intervention”. Self Criticism has been termed as trans-diagnostic characteristics by the researchers till date. Self Criticism is experienced by wide ranging psychological disorder victims and significant emotional distress has been found to be connected with self criticism. It has been found out that self critical thinking can be reduced by helping people and it increases the well being of the person. The present research tried a brief psycho-educational stratagem that coordinated a phase of change conceptualization to address self-criticism and fear of compassion. A focused group 26 participants take part in the study. The research focused on individual, two hour and psychological education strategy. The aim of study was educate, build insight, taught about emotional behavior, current actions and their consequences and increase self efficacy to progressive process of change phase. The findings revealed significant decrease in self criticism, fear of self-compassion, distress and increase in readiness to change self criticism. Awareness of self-criticism and reassures to oneself did not change (Gill & Meghan, 2015).

David and Blankstein (2000) studied Self Critical Perfectionism, Coping, Troubles, and Current Distress. The cross sectional research design was used. The sample was taken from University Students that include 131 female and 102 male. The questionnaires based on perfectionism, self criticism, autonomy, coping (emotion based, problem based and escape strategy), and distress (depression, aggression, and psycho-somatic distress). The correlation differentiates between the properties of self critical perfectionism and self based perfectionism. Confirmatory factor analysis investigates the measurement model and revealed that self critical perfectionism emphasis heavily on one feature. Structural model showed that high level of distress in self critical perfectionist in routine life troubles might be due to mediating role of destructive coping strategies. The finding of the study also agree with

cognitive theory of mental stress and coping and showed how relationship between coping with self critical perfectionism can have significant effects for the experience of both distress and troubles.

METHODOLOGY

Participants

The study had a sample size (n=100) participants comprised of both genders; male (87) and female (13). The participants age was ranged of 18 to 50 with $M = 1.52$ and $SD = .847$. The data was collected from different government and private hospitals and rehab centers of Lahore for this study. Participants that were already diagnosed with substance abuse disorder (Cannabis, Opine and Stimulants). Participant's ages range was 18-50. Both Male and Females participants were included in current research. Only those Participants were included who were taking the treatment for at least 1 year in this study. Participant that were having any co-morbid (Major Depressive and Mood Disorders, Anxiety, Schizophrenia, PTSD, ADHD) disorder was not included. All Out Door participants and other substance abusers were excluded. The participants that were having physical disabilities were excluded.

Procedure

The first step contains the permission from original authors for scales that were used in the research. As well as, permission was sought out from the authors who had translated the scales. Then permission from the concerned authority of government and private hospitals and rehabilitation centers was sought for the purpose of data collection. The researcher brief about the nature, purpose of the study to the participants and made them reassure about the confidentiality of their information, thereafter participants was given time to ask questions. An informed consent form was given to participants who volunteered to participate. Those who declined to sign the consent were excluded from the study at that point. The demographic information sheet, Individual questionnaire of Discrimination and Stigma Scale (DISC-12), Forms of Self-Criticising/Attacking & Self-Reassuring Scale (FSCRS) and Ways of Coping was provided. Participants who required help in completing the questionnaire was assisted by the researcher who read out the questions to them without interpreting them. The questionnaire had taken about 30-35 minutes for participants to fill in. The researcher had given thanks to each and every participant for agreeing to participate in the study.

Assessment

The Demographic form enquire participant's information about age, education, occupation, family system, marital status, drug choice, drug intake duration and drug quantity (see Table 1).

Table 1: *Demographic Information of Total Sample. (N=100)*

Variables	Frequency (f)%	M (SD)
<i>Age</i>		
18-50		1.52 (.847)
<i>Gender</i>		
Male	87(87%)	
Female	13(13%)	
<i>Education</i>		
No education	12(12%)	
Under matric	13(13%)	
Matric	6(6%)	
Intermediate	28(28%)	

Graduation	28(28%)
Masters	13(13%)
<i>Occupation</i>	
No job	30(30%)
Student	33(33%)
Labor	15(15%)
Office worker	22(22%)
<i>Marital status</i>	
Single	66(66%)
Married	32(32%)
Divorced	1(1%)
Widow	1(1%)
<i>Family system</i>	
Nuclear	46(46%)
Joint	54(54%)
<i>Drug choice</i>	
Powdered cigarette	12(12%)
Cannabis	35(35%)
Heroin	45(45%)
Other	8(8%)
<i>Drug intake duration</i>	
1-3years	56(56%)
4-5 years	15(15%)
9-11 years	10(10%)
<i>Drug quantity</i>	
½-2 g	64(64%)
3+g	26(26%)
10-20 powdered cigarette	10(10%)

Note. M= Mean; SD= Standard Deviation

The Discrimination and Stigma Scale (DISC-12) (Thornicroft, Brohan, Rose, Sartorius, Leese & INDIGO 2009). The aim of this scale was to identify and assess clients' past encounters of stigma since the principal appearance of a psychological wellness issue by the exploration therapist at the year sessions counseling. . The scale consists of 32 items and scores on a 4-point scale from 0 (not at all) to 3 (a lot). The questionnaire had been translated and adapted into Urdu by Saira Batool and Dr. Rukhsana Kusar (2010) The reliability of the scale is .69 that is a good reliability. Forms of Self-Criticizing/Self-Attacking and Reassuring Scale (Gilbert, Clarke, Hempel, Miles & Irons 2004). The questionnaire was created to quantify self-criticism, capacity to reassurance and also estimates distinctive ways individuals contemplate themselves when things turn out badly for them. The questionnaire has 22 items. The answers are given on a 5-point Likert scale (ranging from 0 = 'not at all like me', to 4 = 'extremely like me'). The questionnaire had three subscales, there are two types of self-criticalness; inadequate self, which centers around a feeling of individual deficiency ('I am easily disappointed with myself'), also, hate self, this estimates the longing to hurt or be aggrieve to oneself ('I have become so angry with myself that I want to hurt or injury myself'), and lastly reassured self ('I am able to remind myself of positive things about myself'). The scale was translated by Saba Yasien of The Islamia University of Bahawalpur Rahim Yar Khan Campus. The internal consistency of the subscales includes .68, .70 and .51.

The Ways of Coping questionnaire (Folkman & Lazarus 1985). It was created to explore adapting forms and the impacts of relevant procedures on them (Folkman & Lazarus, 1980). The oldest and longest version had 66 items and covers a wide assortment of psychological and social procedures that individuals report they use to manage either inward or outside requests in distressing circumstances. The WOC kind used in this research comprised of the 30 items. A 4-point Likert-scale response format has been used consistently across all studies 0 = not used; 1 = used somewhat; 2 = used quite a bit, 3 = used a great deal. This scale was translated and adapted into Urdu by Dr. Rukhsana Kausar (2011). The scale had .75 reliability that was good reliability.

Data Analysis

Statistical packages for social sciences, version 21 (SPSS-21) was used to analyze the research data. Pearson Correlation and Multiple Regression was used to analyze the results of the research.

RESULTS

Table 2: *Pearson Correlation of study variables Stigmatization, Self-Criticism and Coping Strategies of the Sample (N=100).*

Variables	1	2	3	M	S.D
Coping	-	-.056	.255*	57.13	7.32
self-criticism		-	.403	42.56	11.46
Stigma			-	62.86	14.39

Note. * .p < .05; ** .p < .01; *** .p < .001; M= Mean; SD= Standard Deviation

As we see in above table, Pearson correlation between study variables is displayed. It was hypothesized that there is likely to be negative relationship between coping and self criticism as well as it was hypothesized that self criticism and stigma had positive relationship. The results showed that there is no significant relationship between coping strategies and self-criticism and also there is no significant relationship between self criticism and stigma. It means that there is no change occurs in relationship of self criticism, coping and stigma of the sample. The third hypothesis stated that there is positive relationship between stigma and coping. The results revealed that there is a significant relationship between stigma and coping strategies. It means that when the individual use coping strategies then stigma is also increases.

Table 3: *Predictors of Coping Strategies (N=100)*

Variables	Stigma and Self Criticism	
	ΔR^2	B
Model 1	.071	
Constant		50.80
Stigma		.134*
Self Criticism		-.050
Total R ²	.071	

Note. * p < .05; ** p < .01; *** p < .001; β = Standardized Co efficient; ΔR^2 = R Square change; R² = R Square

Model 1 had 7 % variance in Coping Strategies ($F 3.672, p=.02$), Stigmatization was a significant predictors of Coping Strategies ($Beta=.262, p=.009$) whereas self criticism ($Beta=-.078, p=.434$) was a non-significant predictors of coping strategies The following predictive model is made Coping strategies = $50.809 + (-.050 \text{ self criticism}) + (.134 \text{ stigmatization})$.

DISCUSSION

The first hypothesis of current research was “There is likely to be positive relationship between stigmatization and coping strategies of individual with substance abuse”. The results showed that there is a significant positive relationship between stigma and coping strategies. The results of the study were in line with the study done by Daphna and Katz (2015) which reviewed online stigma-coping strategies in support groups for childless Israeli women. Online survey and in-depth group interviewed was conducted for the data collection. They found that stigma and social context has positive significant correlation with coping strategies. Another study done by Holubova and Gubova (2016) also supported the findings of this research. Their objective was to identify the relation between coping and stigma among OPD clients with schizophrenia. The findings showed that coping and stigma were highly correlated among OPD Schizophrenic clients. The second hypothesis of study was that “There is likely to be positive relationship between stigmatization and self-criticism of individual with substance abuse”. The results revealed that there is no significant relationship between self-criticism and stigma. It means that no change occurs in relationship of self-criticism, coping and stigma of the sample. The results of our findings were not supported by Dias et al. (2016), Mental Health Literacy, Stigma, Shame and Self- Criticism. 187 young adults participated in the assessment phase of the research. The findings showed that shame and self-criticism were highly correlated with self-stigma in clinical sample.

The third hypothesis of the study was “There is likely to be negative relationship between self-criticism and coping strategies of individual with substance abuse”. The results showed that there is no significant relationship between coping strategies and self-criticism. The results of research were opposed by Blalock, DeVellis, & Giorgino (1995) reviewed the findings of above results of hypothesis. The aim of research was to measure the coping strategies that were used by self-critical osteoarthritis patients the findings showed positive correlation illness related problem and its other three subtypes but there is no significant relation between coping strategies with self-critical osteoarthritis patients. The results of current study were also opposed by Craciun B. (2013) reviewed Coping, Self Criticism and Gender in relation to Quality of Life. The sample consisted of 128 psychology and law students. The findings showed significant difference between men and women in the selection of coping styles. The subscales of coping- problem based and emotion based had significant relation with gender, self-criticism and quality of life, these findings opposed the present study results.

The last hypothesis of study was that “Self-criticism is likely to mediate between stigmatization and coping strategies of individual with substance abuse”. Self-criticism had no significant effects on the relationship of stigmatization and coping strategies. Overall the model showed the 7 variation of self-criticism on the relation of stigma and coping Stigmatization was a significant predictors of Coping Strategies ($Beta=.262, p=.009$) whereas self criticism ($Beta=-.078, p=.434$) was a non-significant predictors of coping strategies

The findings of current research were supported by Rimes (2014) Self Criticism Mediates between maladaptive Perfectionism and Distress. The sample consists of 381 students' population. The findings showed that self-criticism did not mediated between maladaptive Perfectionism and Distress.

CONCLUSIONS

In this paper, effort has been made to provide a conceptual understanding of stigmatized and self-critical individuals with substance abuse as well as stress coping strategy of use by them. Issues related to causes, consequences, classification of substances, stigma and self-criticism definition, and its types were discussed. Stress coping strategies as well as types of stress were also examined. The paper provided a framework which could serve as the reference model in the relationship between substance abuse with stigma, self-criticism and stress coping strategy. Future studies could examine the empirical relationship among the three constructs.

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