

Psychosocial Repercussions of Substance Abuse in Young Adult Males: A Comparative Analysis
between Substance abuser and non-user

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CERTIFICATE

This is to certify that the thesis entitled, “Psychosocial Repercussions of Substance Abuse **in Young Adult** males: **A Comparative Analysis** between Substance abuser and **non-user**” being submitted in partial fulfilment of requirements for the award of degree of Master of Arts in Psychology, submitted in the School **of Humanities and Social Sciences, Thapar Institute of Engineering and Technology**, Patiala is a bonafide work carried out under the supervision of Prof Surinder Kaur, School of Humanities and Social Sciences Thapar Institute of Engineering and Technology, Patiala and that no part of this project has been submitted for the award of any other degree.

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This is to certify that the above statement made by the student concerned is correct and true to the best of my knowledge.

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CANDIDATE'S DECLARATION

I hereby declare that the work presented in this thesis entitled, “Psychosocial Repercussions of **Substance Abuse in Young Adult Males: A Comparative** Analysis between **Substance** abuser and non-user” in partial fulfillment of the requirement for the award of the degree of Master of **Arts in Psychology**, submitted in the School of **Humanities and Social Sciences, Thapar Institute of Engineering and Technology, Patiala**, is an authentic record of my own work carried out under the supervision and guidance of Prof Surinder Kaur, School of Humanities and Social Sciences, Thapar Institute of Engineering and Technology, Patiala and refers other researcher’s work which are duly listed in the reference section.

The matter embodied in this thesis has not formed the basis for the award of any other degree of this or any other university.

Date: May 2022

Place: Patiala



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ABSTRACT

In India, substance misuse is becoming increasingly prevalent. Individuals seek substances and addictive behaviors for a variety of reasons: anxiety, escape, or possibly true physiological addiction established as a result of persistent use. However, in doing so, they may have negative effects on themselves and the people around them. However, there are others who do not abuse substances. To determine the cause of the disparity, this study was done. The aim of this study was to compare non-drug abusers and substance abusers on a variety of criteria, including coping mechanisms, optimism, gratification, self-concept, self-efficacy, and ostracism, in order to ascertain the differences between the two groups. The study involved 200 male subjects (N=200) ranging in age from 18 to 28 years, 100 of who were non-substance abusers and 100 of whom were diagnosed as individuals with substance use disorder. The current study is a modest attempt to establish distinctions between the two groups based on a range of parameters.

The findings revealed that people with substance use disorders experienced more ostracism and used more avoidant coping strategies. In addition to this, it was discovered that they had a negative outlook on life, a poor sense of self-worth, a low capacity for delaying gratification, and a low self-concept. In contrast, individuals without substance use disorder scored well in problem-focused coping, self-efficacy, and self-concept, were more optimistic, and measured high delayed gratification.

CHAPTER 1: INTRODUCTION

One of the most pervasive problems confronting today's youth is substance abuse. Substance use disorder is a mental disorder. "A substance use disorder (SUD) is a mental disorder that affects a person's brain and behavior, leading to a person's inability to control their use of substances such as legal or illegal drugs, alcohol, or medications. Symptoms can range from moderate to severe, with addiction being the most severe form of SUDs." (NIMH,2021).

In the present study, it was taken up to evaluate a variety of psychological aspects of our thesis. One of them is delayed gratification. Delayed gratification, alternatively referred to as deferred gratification, is a notion coined by American psychologist Walter Mischel and his colleagues during an experiment dubbed "the marshmallow test" on children. Delay of gratification is the act of resisting an impulse to take an immediately available reward in the hope of obtaining a more-valued reward in the future. The ability to delay gratification is essential to self-regulation, or self-control. (Regina Conti,2019).

On the other hand, Charles Carver and Michael Scheier established the term 'dispositional optimism' to represent their approach - the widespread assumption that pleasant things will be abundant and negative things scarce in the future.

They contended that optimism is related to and contributes to achieving positive outcomes, whereas pessimism is associated with a larger likelihood of experiencing poor consequences (Scheier and Carver 1992, Scheier, Carver and Bridges 2001).

Carver and Scheier regard optimism as a dispositional characteristic. They discovered that optimists have fewer physical symptoms, better health practices, and more effective coping mechanisms. Even those who had suffered a negative outcome from breast cancer diagnosis (Carver et al. 1997)

discovered that optimistic personality types experienced less anguish, engaged in more active coping, and were less likely to use avoidance or denial methods.

Substance abusers are frequently marginalized and neglected in society, which contributes to a variety of psychological difficulties. The practice of purposefully being excluded from a group or social setting through rejection and exclusion is known as ostracism. Both groups and individuals have the ability to ostracize others and put themselves at risk of being ostracized. Even though being rejected by one's peers is an unavoidable aspect of human existence, when it is prolonged or unreasonable, it can become extremely harmful. Extreme ostracism can lead to loneliness, depression, or aggression. An example of ostracism is an employee deliberately not inviting a particular person to their party although they invited everyone else in their office or department.

The term "self-concept" relates to how an individual views himself. Carl Rogers defined self-concept as consisting of three components: self-image, self-esteem, and the ideal self. Individuals' self-concepts can be influenced by social conditions and the desire to learn more about themselves. Introspection is critical for the development of a self idea. An individual's self-concept is influenced by his social environment, his attitude toward himself, and his desire to develop himself.

Coping styles are tactics that an individual employs deliberately or unconsciously to alleviate unpleasant experiences.

Lazarus and Folkman (1984), pioneers of coping Theory, defined coping as "constantly shifting cognitive and behavioral efforts to manage specific external and internal demands that are deemed to be taxing or beyond the individual's resources."

Self-Efficacy is a person's particular set of beliefs that determine how well one can execute a plan of action in prospective situations (Bandura, 1977). To put it another way, self-efficacy is an individual's belief in their ability to achieve in a certain situation.

1.1 SUBSTANCE USE DISORDER

In the modern world, it is crucial to comprehend substance use disorder and the factors that contribute to it. Today's youth are the target population for this type of disorder, and a variety of psychological factors contribute to an individual's desire to use substances. It is also a form of self-medication for some people, even when they are not aware of it. The DSM 5 recognizes substance use disorders caused by the use of ten distinct classes of drugs: alcohol; caffeine; cannabis; hallucinogens (phencyclidine or similarly acting arylcyclohexylamines, as well as other hallucinogens, such as LSD); inhalants; opioids; sedatives, hypnotics, or anxiolytics; stimulants (including amphetamine-type substances, cocaine, and other stimulants); tobacco;

While some major groups of psychoactive substances have been identified, other or unknown substances can also contribute to a substance-related or addictive disorder.

The activation of the brain's reward system is critical for the development of drug-related problems. The pleasurable sensation that people experience as a result of drug use may be so strong that they forego other normal activities in favor of drug use.

Each class of drug has a unique pharmacological mechanism. However, the reward system is activated similarly across substances, resulting in feelings of pleasure or euphoria, which is frequently referred to as a "high."

The DSM 5 recognizes that not everyone is equally prone to developing substance-related disorders. Certain individuals have impaired self-control, which predisposes them to develop problems when

exposed to drugs.

Substance-use disorders are a collection of symptoms caused by the continued use of a substance despite experiencing negative consequences. The DSM 5 contains eleven distinct criteria for substance use disorder. Individuals with substance use disorders in this study were carefully diagnosed in hospitals using the DSM-5 criteria. Poonam Gopiram and M. Thomas Kishore conducted a study in India comparing the psychological characteristics of adolescents who had tried drugs and those who hadn't tried drugs. The primary difference between the two groups was that the majority of users who began abusing substances between the ages of 15 - 18 were of peer pressure, curiosity, and a desire to grow as the primary reasons. Maintenance was primarily motivated by a desire to 'feel good and a desire to socialize. Non-users never succumbed to substances due to personal values, awareness of the adverse health effects, and family values. Users and non-users both had distinct personal motivations for their respective behaviors. The focus of this research was more on prevention; how can we stop substance abuse before it develops into addiction, and where do we need to focus our efforts? (Kishore MThomas& Gopiram Poonam, 2014)

There are various theories that have been proposed along the time, giving reasons for substance use disorder.

Addiction to drugs or alcohol can be defined as the compulsive desire to use the substance despite the negative consequences. Frequently, the following are components of addiction:

- i) Drug Tolerance: the inability to get the same effect from a smaller dose.
- ii) Drug dependence: When the body requires a drug or a substance in order to function normally
- iii) Withdrawals: Negative physical and psychological health symptoms that occur when a drug or

alcohol is stopped.

While these indicators are useful for assessing physical dependence, they do not take into account the psychological factors that frequently contribute to addiction.

Experts believe that four factors must exist to differentiate addiction from other neurological disorders. Compulsion, craving, consequences, and control are four factors that are unique to addiction and are collectively referred to as the 4 C's.

Most individuals with addictions exhibit extremely similar behaviors. This is why the four C's of addiction apply to all types of addiction, including drugs, alcohol, gambling, video games, sex, and caffeine.

1. **Compulsion:** Compulsion is a term that refers to an individual's overwhelming desire to feed their addiction. While the behavior may begin spontaneously, it develops into a compulsive one as the addiction progresses. When the habit is broken, agonizing anxiety sets in, affecting all subsequent behaviors.
2. **Craving:** The desire to feed the addiction becomes as urgent as hunger pain, simulating a physical requirement. It appears to be absolutely necessary for survival. This desire frequently manifests itself in the form of restlessness, insomnia, and an inability to eat.
3. **Consequences:** Even when apparent negative consequences occur, the behavior persists. Addiction has a number of negative consequences, including difficulties in relationships, at work, and with the law and finances.
4. **Control:** The individual loses control over when and how they feed their addiction. Oftentimes, when an individual is in the early stages of addiction, they will attempt to curtail or eliminate the behavior. When an addict reaches the stage of loss of control, this is extremely difficult to overcome

on their own.

The 4 C's model is a straightforward method for determining whether or not someone is addicted. If an individual exhibits the four C's of addiction, it is critical to seek an assessment from a health care professional who specializes in addiction.

1.2 COPING MECHANISM

Coping is the process of overcoming a stressful situation through the use of a behavioral or cognitive approach. The strategies employed are most likely to alleviate or at the very least tolerate stress. In order to deal with stressors, whether internal or external, an individual must make a conscious effort to cope with those stressors. Coping is a deliberate effort on the part of an individual to deal with these stressors. Because coping strategies are communicated by an individual's conscious mind, their consequences can be positive or negative at times. If an individual chooses to cope with a family conflict by addressing the issues and resolving problems, this is a positive coping strategy; if the individual chooses to get heavily intoxicated in response to such a problem, this is a negative coping strategy. All emotional survival skills are not healthy, even if they assist an individual in coping with a stressor. Coping behaviors must be positive if one wishes to maintain good mental health. Folkman and Lazarus (1980, 1985) proposed two distinct modes of coping: problem-solving and emotion- focused coping. The former is defined as contending with the source of stress, whereas the latter is defined as addressing the stressor's associated feelings and thoughts. Along with the aforementioned dimensions, Carver et al. (1989) determined that additional differentiation was required. Carver et al. (1989) developed the COPE inventory in order to examine problem-focused, emotion-focused, seeking social support, and avoiding addressing the problematic issue or associated emotions.

Numerous researchers later established that COPE scales distinguished between socially supported, self-sufficient, and avoidant coping factors, with the former two being more strongly related to one another than to avoidant coping (Litman, 2006). Self-sufficiency and social support are viewed as positive modes of coping, whereas avoidant coping is viewed negatively. Carver identified the following coping mechanisms:

1. Positive reinterpretation and growth — This is an emotion-focused coping strategy in which individuals address their emotions rather than the stressor directly. This is referred to as positive reappraisal by Lazarus and Folkman (1984).
2. Mental disengagement — This is a subtype of behavioral disengagement, which entails diverting one's attention away from a source of stress. One can divert one's attention away from a problem by engrossing himself in a reverie, sleeping, or watching television.
3. Concentration on and venting emotions — This entails concentrating on and venting whatever distress is being experienced.
4. Instrumental social support — A strategy for problem-solving that entails seeking information, counsel, and assistance from others.
5. Active coping — This entails making an effort to avoid or mitigate the stressor's effects. This is an attempt to cope through increased effort and direct action.
6. Denial — When an individual refuses to confront both the cause and effect of a stressor, they fail to acknowledge stressful realities.
7. Religious coping — This refers to a person's reliance on faith to help them cope with stressful situations.
8. Humor — Assists in altering the way a stressor is perceived cognitively.

9. Behavioral disengagement— This entails reducing efforts to deal with a stressor, even to the point of abandoning the remaining task.
10. Restraint — This is a relatively passive strategy, as one does not act prematurely in response to the stressor. Rather than that, one waits for an opportunity to deal with the stressor effectively.
11. Emotional and social support — This coping strategy is emotionally focused. It entails soliciting moral assistance and understanding from others.
12. Substance abuse — Using drugs or alcohol to cope with a stressful situation.
13. Acceptance — This entails embracing change and relinquishing control over what is uncontrollable. The individual regains control of his circumstances and allows his mind to heal from the trauma.
14. Suppression of competing activities — This entails putting aside and, if necessary, skipping tasks that are distracting in order to concentrate on dealing with the stressor.
15. Planning — This entails deliberating on the best course of action and devising a strategy for dealing with the stressor.

Coping strategies are classified into three categories based on the aforementioned characteristics: self-sufficient, socially supported, and avoidant. The first two are considered adaptive, whereas the latter is considered maladaptive.

Richard A. McCormick conducted a study in Cleveland with 1129 substance abusers, including 140 who had serious gambling problems. The purpose of this study was to examine individuals who had severe gambling problems and their coping mechanisms. All of them were assessed to see what kind of coping skills they had. The study discovered that patients with severe gambling problems resorted to significantly more avoidant and impulsive coping mechanisms. (Richard A. McCormick, 1994)

Despite the fact that this is an older study, we can still use it as a theoretical foundation for future research.

1.3 GRATIFICATION:

The act of resisting the desire to accept an immediate reward in the hopes of receiving a more valuable reward later is known as delay of gratification. Self-regulation, or self-control, requires being able to delay gratification.

Mischel's experiment/marshmallow test

The American psychologist Walter Mischel and his team came up with an experiment called the "marshmallow test," in which a child is asked to choose between two cookies or marshmallows, which is a larger treat, and one cookie or marshmallow, which is a smaller treat. They wanted to find out what conditions make it easier for a child to delay gratification. After expressing a preference for the bigger treat, the kids learn that in order to obtain that treat, they must wait for the researcher to return. Another instruction given to the child is to signal the experimenter in order for the experimenter to come back, and the child will receive a smaller reward. As a byproduct, the fairly small treat is available right now, but the bigger treat will have to wait. To get the bigger treat, the child must fight the temptation to get a smaller treat right away.

That experimental situation has been extremely effective in showing the meaning and significance of the willingness to delay gratification as well as identifying strategies that allow children to do so. As high school students, toddlers who were best able to wait in that scenario when they were four years old have greater social and academic success, as well as higher scores on the Scholastic Aptitude Test (SAT).

Rather than seeing delay of gratification as a separate skill, American psychologists Jack Block and David Funder, along with their colleagues, saw it as an expression of ego control—a person's general tendency to suppress impulses. On the low end of that spectrum are the uncontrollable individuals who act on their desires without regard for the future. On the extremes, there are those who are overly controlled and restrain themselves even when it is not necessary. Under control and overcontrol are both maladaptive behaviors. Individuals with poor self-control are unable to work toward long-term objectives, such as pursuing a demanding career path. Individuals who are overly controlled miss out on opportunities to enjoy pleasure and express feelings. (Conti R., 2019)

In the field of delayed gratification, there has been a lot of research done on children over the years. Delayed gratification is the act of prioritizing long-term success over immediate gratification, even if it means sustaining discomfort or even pain in the short term. One perseveres in the face of adversity because one knows that their efforts will be rewarded in the future. Instant gratification, on the contrary, is ignoring the future in favor of the immediate pleasure accessible in the present moment, regardless of how dangerous this may be in the long run. Instant gratification is the cause of many celebrity overdoses and overdose deaths across the country.

However, there aren't very limited studies on the link between delayed gratification and substance abuse.

As a result, we look into the differences in delayed gratification between substance users and non- users to see how important it is.

1.4 OPTIMISM

Positive psychology includes optimism. Research on optimism is a rapidly growing field. Optimism

has been linked to a variety of positive life outcomes, including increased life expectancy, improved general health, psychosocial functioning, increased success in sports and work, faster recovery rates following heart surgery, and improved coping strategies in the face of adversity. Charles Carver and Michael Scheier coined the term 'dispositional optimism' to describe their approach — the widespread expectation that good things will be plentiful and bad things scarce in the future. The first wave of research concentrated on defining optimism and developing tools for measuring it. This then enabled researchers to investigate what optimistic individuals are capable of and willing to do. The resulting research established an almost astoundingly positive case for the benefits of an optimistic outlook, even if dispositional (Carver and Scheier). Learned Optimism is the polar opposite of learned helplessness. They contended that optimism is associated with and contributes to achieving positive outcomes, whereas pessimism is associated with a greater likelihood of experiencing negative outcomes (Scheier and Carver 1992, Scheier, Carver and Bridges 2001). For example, optimism has been associated with increased life satisfaction in studies of young adults (Chang, Maydeu-Olivares, & D'Zurilla, 1997), whereas pessimism has been associated with increased depressive symptoms (Chang, Maydeu-Olivares, & D'Zurilla, 1997). (Chang et al. 1997).

Carver and Scheier regard optimism as a dispositional characteristic. They discovered that optimists have fewer physical symptoms, better health habits, and more effective coping mechanisms. Even individuals who had suffered a negative outcome from breast cancer diagnosis (Carver et al. 1997) discovered that optimistic personality types experienced less distress, engaged in more active coping, and were less likely to use avoidance or denial strategies.

Seligman's work with the Penn Resiliency Program and the program outlined in his books, Learned

Optimism and The Optimistic Child, indicated that optimism can be learned; however, whether this was accomplished through learning optimism or reducing pessimism is debatable. The program was modeled after Beck and Ellis' cognitive-behavioral techniques for overcoming depression. Other research has established that optimism has a negative side and that an optimistic personality may be vulnerable to certain drawbacks. Robins and John (1997) discovered that optimistic performance illusions are more commonly linked with narcissism than with mental health. Optimism has a variety of benefits, including improved physical and emotional health, increased achievement, increased resilience, and decreased stress, to name a few. Excess of anything is detrimental, including optimism. Optimists, it has been demonstrated, are more proactive in their approach to stress management. They frequently prefer strategies that aim to mitigate or eliminate stressors and their emotional consequences. Optimists are less stressed as a result of their increased effort in stress management. To live a healthy life, there should be a balance between optimism and excessive optimism. There are times when pessimism benefits an individual, whether it is identifying potential problems or having a plan B in case something goes wrong. It assists the individual in preparing for the worst-case scenario. Then there is the concept of optimism bias, which asserts that people frequently overestimate their likelihood of encountering negative outcomes. This can sometimes lead to individuals engaging in risky behaviors that actually increase their likelihood of experiencing a negative outcome. Another disadvantage of overt positivity is toxic positivity and poor risk management.

1.5 SELF CONCEPT:

According to the American Psychological Association, the self-concept is a person's description and

evaluation of themselves, including psychological and physical characteristics, qualities, skills, and roles.

Over time, self-concepts contribute to an individual's sense of identity.

Our self-concept is the perception we have of our bodies, abilities, and impressions, among other things (Bailey, 2003). It consists of the following:

1. The material self. Our physical bodies, possessions, and other aspects of our lives.
2. Interpersonal identity. Others' perceptions of us.
3. Intrapersonal identity. Our emotions, desires, needs, and values, among other things (Epstein, 1973)

Psychologists have discovered that the way we perceive ourselves is frequently similar to how others perceive us. The term "looking-glass self" refers to this discovery (Epstein, 1973). This research taught us that a large part of our self-concept is formed through our social interactions with others. We emerge as a result of the information provided by others about who we are.

Self-concept is a broad concept we have of who we are—physically, emotionally, socially, spiritually, and in terms of any other facets of who we are (Neill, 2005). Our self-concept develops and is regulated as we mature, based on the knowledge we have about ourselves. It is multidimensional and can be dissected into these distinct components.

Numerous theories exist regarding what a self-concept really is and how it develops.

Theorists generally concur on the following points:

1. Self-concept is a broad term that refers to our overall perception of who we are and includes both cognitive and affective judgments about ourselves.

2. Self-concept is multifaceted, encompassing our perceptions of ourselves from a variety of perspectives (e.g., social, religious, spiritual, physical, and emotional);
3. It is acquired, not innate;
4. It is swayed by biological and environmental factors but also by social interaction;
5. The self-concept develops during childhood and early adulthood when it is more malleable and adaptable;
6. It is possible to change it later in life, but it is a more uphill battle now that people have developed established ideas about who they are;
7. Self-perception does not always correspond to reality. When this occurs, our self-concept is said to be "congruent." When this does not occur, our self-concept is said to be "incongruent." (Gecas, 1982; Cherry, 2018B).

There is a lot of confusion if self-concept is different from self-esteem. Self-concept is a broad description of how we perceive ourselves (e.g., I am a psychologist), and self-esteem is a description of how we see ourselves but with an opinion(e.g., I am an improving psychologist). There was a study done on self-esteem and happiness as predictors of Teachers' mental and physical health, keeping job satisfaction as a mediator. It was a study conducted by Paula Benevene, Maya M. Ittan, and Michela Cortini in Italy in 2018. Results show that job satisfaction fully mediates the relationship between teachers' happiness and health, as well as the relationship between their self- esteem and health. These findings confirm the relationship between happiness and health, as well as the relevant role played by job satisfaction and self-esteem in this regard.(Benevene, Ittan & Cortini,2018)

According to a study conducted in 2012 by Verschueren and her colleagues in Belgium, academic

self-concept is associated with the quality of the teacher-child relationship, social self-concept is associated with peer acceptance, and general self-concept is associated with the quality of the mother's attachment. More importantly, it was discovered that the quality of earlier mother-child attachment had an indirect effect on the academic dimension of self through its influence on current adult-child relationships in school. In this way, the researchers were able to uncover the mechanisms by which significant social relationships influence the development of young children's self-concept. The research was carried out on 113 young children, and the purpose of the study was to examine the individual and combined effects of three significant relationships in young children's social lives, namely their relationships with their mother, their teacher, and their peers, on three dimensions of self-concept in three different ways (general, academic, and social).

Self-concept has the ability to transform an individual's personality and can have a detrimental effect on numerous aspects of an individual's life. We included this variable to determine whether there is also a difference and whether self-concept actually contributes to substance use disorder.

1.6 SELF EFFICACY:

The term self-efficacy was coined for the first time in 1977 by psychologist Albert Bandura, a Canadian-American psychologist, and Stanford University professor. Self-efficacy is a term that refers to an individual's belief in their ability to carry out the behaviors required to achieve specific performance goals (Bandura, 1977, 1986, 1997). Self-efficacy is a sense of assurance in one's ability to exert control over one's own motivation, behavior patterns, and social environment. These cognitive self-evaluations have an effect on every aspect of human life experience, including the goals for which people work hard, the amount of energy exerted toward achieving those goals, and

the likelihood of attaining specific levels of behavioral performance. Self-efficacy beliefs, in contrast to traditional psychological constructs, are thought to vary depending on the domain of functioning and the events surrounding the occurrence of behavior.

Self-efficacy refers to your faith in your own attributes to deal with a variety of situations.

Self-efficacy can have a significant impact on your life, affecting not only how you feel about yourself but also your potential for success.

The four primary sources of influence on people's beliefs about their efficacy are (i) mastery experiences, (ii) vicarious experiences, (iii) social persuasion, and (iv) emotional states.

Self-efficacy has been associated with a variety of positive outcomes in daily life, including resilience to difficult situations and stress, positive lifestyle habits, improved job performance, and academic achievement. According to Bandura, self-efficacy is the result of prior experience, observation, persuasion, and emotion. Although Bandura popularized the term, psychologists have examined self-efficacy from a variety of perspectives. To illustrate another point of view, Kathy Kolbe, an educator, and best-selling author, believes that having faith in one's own abilities is critical when assessing cognitive strength (2009).

She believes that self-efficacy also entails determination and perseverance, as they assist one in overcoming obstacles that would prevent them from utilizing their inherent abilities to accomplish goals.

According to Bandura, two factors that influence an individual's decision to perform a particular behavior are outcome expectancy and self-efficacy. In other words, our ability to accomplish a goal or complete a task is contingent upon our belief that we can do it (self-efficacy) and that the outcome will be favorable (outcome expectancy).

Self-efficacy has a significant impact on how much effort individuals put into a task. Someone with high self-efficacy for a particular task will be resilient and tenacious in the face of setbacks, whereas someone with low self-efficacy for that task will break away or avoid the situation.

Because our level of self-efficacy varies by domain, it is critical to note the differences in self-efficacy among individuals with and without a substance use problem.

Both outcome expectations and self-efficacy play a significant role in an individual's decision to abstain from drug abuse behavior.

1.7 OSTRACISM

Ostracism, according to the American Psychological Association, is a severe form of rejection in which an individual is excluded and ignored in the presence of others. Ostracism has a significant negative impact on psychological well-being and negatively affects numerous domains of self-functioning. Not only does this result in sadness, hurt feelings, and changes in social perception (e.g., an increased likelihood of misinterpreting ambiguous situations as threatening), but it also results in decreased satisfaction with four basic human needs: belonging, control, self-esteem, and meaningful existence. Ostracism, according to evidence from both human and nonhuman animal research, activates the anterior cingulate cortex, the same area of the brain associated with physical and psychological pain.

While researchers frequently use the terms ostracism, social exclusion, and rejection interchangeably, there are theoretical and empirical disagreements regarding the relative impacts of such phenomena (Smart Richman and Leary, 2009; Williams, 2009; Bernstein and Claypool, 2012).

Ostracizing behaviors can be subtle — averted eye gaze — or overt — complete insensitivity to the individual's presence. Ostracism can be perpetrated by family members or complete strangers

(Wesselmann et al., 2013). Racism can be physical, as in expulsion, social, as in being in the company of others, or cyber, as in the use of social media (Williams 1997). Ostracism, regardless of the source or nature of the behavior, elicits distress and pain (Nezlek et al., 2012; Williams, 2007, 2009)

However, the extent to which substance users feel stigmatized and its impact on the individual is rarely discussed, despite the fact that it is one of the most critical aspects of an individual's mental health.

CHAPTER 2: LITERATURE REVIEW

A tremendous amount of research is going on in the field of psychology to study substance use disorder and factors that can be contributing to it largely. There also have been a lot of studies done on coping mechanisms, self-concept, self-regulation, etc. Most of the variables aforesaid are mainly studied individually and sometimes together in groups that show how they are related to one another. There is a plethora of research on substance use disorder in the literature. Previously, the emphasis was solely biological or psychiatric, and studies were conducted exclusively in these fields. However, there has been a shift in recent years, with an emphasis on the psychological aspect, and numerous studies have been conducted on the subject.

In 2013, Jennifer Cole, T.K. Logan and Robert Walker conducted a study in which they examined the relationship between social exclusion, personal control, self-regulation, and perceived stress in individuals enrolled in publicly funded substance abuse treatment. 787 Participants were contacted 12 months later to complete a telephone follow-up survey. The study's findings indicated that participants who experienced more social exclusion factors (e.g., greater economic hardship, lower subjective social standing, and perceived discrimination), lacked perceived control over their lives, and lacked self-regulation experienced higher levels of perceived stress.

2.1 Substance use disorder in relation to delayed gratification

Eric F. Wagner conducted a study with the purpose of examining the relationship between delayed gratification and substance abuse in middle adolescence using a modified version of the stress- coping model of addiction. Included among the predictor variables were impulsivity, delay of gratification, perceived stress, and perceived peer substance use. The results of the study were

interesting to see as The research revealed that delay of gratification and problem-focused coping were unrelated to substance use and that stress did not moderate the relationship between coping and substance use. There was no significant relationship between coping or impulsivity and substance use or peer substance use. Peer substance use was the most powerful predictor of adolescent substance use, followed by perceived stress. Neither coping nor impulsivity was significantly associated with substance use. There was no significant relationship between coping or impulsivity and substance use or peer substance use.(Wagner, 1993)

Another study was done by Kluwe-Schiavon et al. in 2020.,The primary aim of this study was to explore the influence of SUDs and demographic, clinical features, and methodological moderators on two main facets of decision-making: valuation processing (assessed through the DD) and feedback processing (assessed through the IGT). The result of the research was that SUD had a small to big effect on both the IGT and DD. When it came to the IGT, the effect on the DD was the same for all substance classes, but it was smaller for cannabis-related disorders than for other SUDs. Stronger effects on the DD were seen in people who started using drugs and had mental health problems at a younger age. Our research shows that feedback processing is more likely to be affected by the effects of certain drugs, while the value of delayed gratification is more likely to be affected by developmental and clinical factors.

There are numerous studies on delayed discounting, which is the polar opposite of delayed gratification. Jamie Turner and colleagues conducted research on people who were recovering from substance abuse to see if delay discounting could predict the perceived risk of relapse in people who were recovering from substance abuse. The study found a significant negative relationship between delay discounting rates and length of recovery ($p = .036$) and a positive relationship between delay

discounting rates and perceived risk of relapse ($p = .027$), even after controlling for age, gender, education, marital status, ethnicity, race, primary substance, and length in the registry. A mediation analysis using Hayes' methods also revealed that delay discounting mediated the link between the length of recovery and the perceived risk of relapse, accounting for 21.2 percent of the effect.

In a study published in 2022 by Luke et al., the researchers wanted to see if five aspects of mindfulness are linked to alcohol or cannabis outcomes through deferred gratification. Study participants who acted mindfully were more likely to delay their gratification, which in turn resulted in smaller doses and fewer side effects from their substance use. The findings suggest that delaying gratification is critical to comprehending the link between specific mindfulness aspects (such as acting with awareness and observing) and alcohol and cannabis outcomes. Delaying gratification may help mindfulness interventions that aim to reduce substance use by increasing awareness and observation.

In 2015, Herndon, Bembenutty, and Gill conducted research on 391 students enrolled in a disciplinary alternative middle school program. Individual differences in academic performance, violence, willingness to delay gratification, and substance abuse were investigated in this study. Students who reported a high propensity to delay gratification and low tendencies toward violent behavior and substance abuse scored well on the state standardized test, according to the findings.

In a research carried out in Hong Kong, researchers looked at the longitudinal and dynamic effects of deferred gratification on changes in high-risk youth's psychosocial well-being. Latent change score modeling showed that delayed gratification, life satisfaction, life flourishing, and depressive symptoms were best represented by the proportional change model, indicating exponential change over time. The bivariate change model supported the hypothesis that delayed gratification was

significantly associated with the subsequent change in all three aspects of psychosocial well-being. Furthermore, this study's bivariate analysis suggested that delaying gratification has an effect on the change in psychosocial well-being. Delaying gratification led to an increase in life satisfaction and prospering, as well as a reduction in depressive symptoms. The current results shed light on the new dynamics in well-being in high-risk youths, as well as the potential contribution of incorporating gratification delay elements into youth rehabilitation. (Poon, Chan, and Tang, 2019)

2.2 Substance use disorder in relation to coping mechanism

An individual's mental health is significantly impacted by how they deal with life's challenges. There are numerous coping strategies that can be broadly categorized as healthy or unhealthy. There are three types of coping, according to the Brief COPE inventory: avoidant coping, problem-focused coping, and emotion-focused coping.

Norman et al. conducted research in 1993 on individuals with substance use disorder (SUD) and substance use disorder with comorbidity with Borderline Personality Disorder (BPD). Borderline substance users scored high on impulsivity and employed more avoidant coping strategies and fewer problem-focused coping strategies, whereas individuals diagnosed with SUD employed relatively more problem-focused coping strategies and the same avoidant coping strategies. Individuals with SUD and BPD were also found to be more prone to relapse after treatment due to factors such as rejection, negative emotional and physical states, etc. (Kruedelbach et al., 1993)

In 2003, the island nation of Trinidad played host to researchers who looked into the lives of people who were in recovery from substance abuse. It was a qualitative study that aimed to examine the coping styles individuals used and learned in response to difficult life circumstances, with a focus on

childhood experiences and socialization. It was discovered that the majority of research participants used emotion-focused coping, while a minority used problem-focused coping. (Valtonen, Sogren, and Padmore, 2005)

According to the findings of research conducted by Thomas Ashby Wills on teenagers who smoke and drink, there is an inversely proportionate association between drug misuse and four coping techniques (behavioral coping, cognitive coping, adult social support, and relaxation). Distraction coping (also known as avoidant coping) was also shown to be positively connected to substance abuse. (Wills, 1986)

Turkish research was conducted with the goal of comparing smokers, non-smokers, and those receiving treatment for the same on the basis of stress coping and resilience. The findings of the research revealed that those seeking therapy to quit smoking get more support, are more optimistic about life, and use a more problem-solving coping technique. One of the results of the study was that there were substantial differences between smokers and recovering smokers on the self-perception measure. Smokers had poor self-perception, but those who had quit smoking had excellent self-perception. 2019 (Acar, Kayli, & Yazarbaş)

An investigation of internet addiction was conducted. The researchers wanted to see whether coping methods might mitigate the effects of dark triad personality on social media addiction. The research found that only avoidance coping mediates the influence of pathology on social media addiction and that narcissism is connected with social media addiction. (Siah, Hue, Wong, and S. J. Goh, 2021).

There was research conducted on 3,367 individuals seeking treatment for substance use disorder. The research assessed aggressiveness, hostility, and their relationship to substance misuse habits, coping methods, and relapse triggers. The research discovered that those with greater levels of anger

and hostility used escape-avoidance, distancing, and confrontational coping methods more often. Subjects who scored higher on measures of anger and hostility reported more events that prompted them to use drugs and had less confidence in their ability to stop using in the future. 1995 (McCormick & Smith)

2.3 Substance use disorder in relation to self-concept

In a review article by Lindgren et al., it was discovered that substance self-concept is associated with substance outcomes, including quantity and frequency of use, as well as problems associated with it, for both alcohol and tobacco; that change in substance self-concept has an inverse relationship with substance misuse. (Lindgren et al., 2016)

Another study looked at 929 teenagers to see if having teachers and coaches in a student's social network leads to a better self-concept and less substance use. The study discovered that higher levels of perceived teacher support were linked to lower odds of marijuana and other drug use, as well as improved academic and behavioral self-concepts. The relationships between teacher involvement and substance use were mediated by behavioral self-concept. (Dudovitz, Chung & Wong, 2017)

In a different study on sexual and gender minority youth, it was discovered that substance use and mental health variables had a positive association with interpersonal victimization variables and a negative association with self-concept factors. Both of these associations were found to be significant. The relationship between interpersonal victimization and mental health was partially mediated by self-concept factors. The goal of this study was to reduce substance use and negative mental health outcomes associated with interpersonal victimization among sexual and gender minority youth. (Scheer et al., 2021)

In a study of high school students, the relationship between achievement motivation, academic self-concept, and academic achievement was investigated. The study discovered a strong link between self-esteem and academic success. (Emmanuel, Adorn, Josephine & Solomon, 2014). In India, a similar study was conducted with the goal of determining the impact of locus of control (LOC) and self-concept on academic performance. Internal LOC was found to be linked to high self-esteem and academic performance. (Misra, 1987)

Chen and his colleagues conducted longitudinal research on a total of 500 students with the goal of evaluating the effects of borderline personality symptomatology and self-concept and identity disturbances on internet addiction, substantial depression, and suicidality among university students at follow-up assessments were conducted one year later. The research was done with the intention of determining whether or not these factors play a role in these behaviors. Researchers found that borderline symptoms, disturbed self-identity, and a lack of self-consolidation at initial assessment were associated with a higher risk for internet addiction, depression, and suicidality at follow-up assessments. Self-concept and identity, as well as borderline symptoms, were found to play a critical role in the risk of mental health issues in college kids. As a result, it is critical to instill the virtue of self-esteem in every individual from the beginning of their lives. (Yen, Chen, Hsiao, Liu, and Chen, 2019)

2.4 Substance use disorder in relation to optimism

A person's outlook on life is significantly influenced by optimism. Numerous studies in the literature attest to the influence of optimism on a person's mental health. In adolescents, research was conducted to examine the relationship between optimism, hope, and self-esteem, as well as its

relationship with social influence models for substance abuse prevention. According to the findings, optimism, hopefulness, and self-esteem play a role in preventing substance abuse, which is mediated by attitudes and perceptions of norms and control over one's behavior. (1998, Carvajal, Clair, Nash, and Evans)

Another study involving 3978 Vietnamese adolescents found that those who are optimistic about the future are less likely to consume alcohol. An optimistic outlook has been shown to reduce the likelihood of adolescent alcohol consumption. (Nguyen, 2021)

During Covid-19, a study was conducted on African-Americans with the goal of determining the impact of Covid-19 anxieties and substance use, as well as how adaptive coping and optimism influence this relationship. The study found that covid-related anxiety positively influences alcohol and drug use. African-American young adults' anxiety and substance abuse are inversely related to their ability to use adaptive coping strategies and optimism (Singleton, Johnson, Singleton & Li,2022)

A second study was conducted on Iranian adolescents to determine the relationship between optimism, tobacco use, and substance abuse. The study's findings were consistent with those of previous research. The findings of the study supported the hypothesis that an optimistic outlook acts as a buffer against the risks of engaging in risky behaviors like smoking cigarettes or using illegal drugs. Also, the results showed that advanced-stage smokers and illegal drug users had significantly higher levels of optimism in the negative-stability and negative-globality domains. (Marin, Heshmatian, Nadrian, Fakhari & Mohammadpoorasl,2019)

In a study conducted by Jo Anne, Susan, Nancy, and Phyllis on dropout prevention/recovery high school students, it was discovered that both optimism and coping were protective against marijuana

and cocaine use. Using univariate models, we were able to see the relationships between optimism, coping, and self-efficacy and marijuana, as well as optimism, coping, and self-efficacy and cocaine. Thus optimism plays a crucial role in both substance use by an individual and abstinence from substance use (Grunbaum, Tortolero, Weller & Gingiss,2000)

2.5 Substance use disorder in relation to ostracism

The effects of ostracism have been studied in areas other than substance abuse. The impact of ostracism on mental health has been studied extensively. A study was conducted to investigate the effects of social exclusion on alcohol consumption. It was a controlled experiment that was conducted on both male and female participants. The study's findings were intriguing because they revealed that excluded participants had lower self-esteem, control, and meaning in their lives than those who were not excluded in the study. An intriguing gender difference was observed in the study, in which women who were excluded in the study drank less than women who were included in the study and men who were excluded in the study. Another interesting observation was that men who were excluded had no difference in their alcohol intake. (Alexi N. Bacon and Heidemarie Bacon,2015)

Another study looked into the link between social exclusion and rejection, as well as their relationship with aggression. The study discovered that social exclusion resulted in a significant increase in aggression toward the insulter. Rejected participants were significantly more aggressive toward someone who insulted them than accepted participants. Rejected and socially excluded people acted aggressively toward innocent third parties who were not associated with the rejection and had not triggered them in any way. This suggests that socially excluded people may be antisocial

in general and ready to lash out at a wide range of people. Only those who are particularly nice to them, such as praising them, are spared from this hostile treatment. (Twenge, Baumeister, Tice & Stucke, 2001)

Another study looked at the social exclusion and its link to self-destructive behavior. The study was divided into four separate experiments. The study found that anticipating social isolation later in life led people to make high-risk decisions with low chances of success. One other outcome of the study was that people who were afraid of social exclusion chose fewer health-promoting behaviors. It was also discovered that participants who were socially excluded procrastinated and practiced less for an upcoming exam. According to the findings of these studies, social exclusion significantly increases a wide range of self-defeating behaviors. Individuals whose social ties are threatened appear to be more willing to try new things that will likely result in negative consequences. Social exclusion, it appears, can significantly raise self-defeating behavior without involving emotion. (Twenge, Catanese, and R. F. Baumeister, 2002).

Another study looked at adolescents to see if self-concept and prosocial behavior mediated the relationship between social ostracism and conduct issues. The study found that social ostracism had a significant impact on self-concept, prosocial behavior, and conduct issues. It was also discovered that academic self-concept and prosocial behavior acted as mediators in the relationship between social ostracism and conduct problems in adolescents. (Arslan,2021)

2.6 Substance use disorder in relation to self-efficacy

There is a wealth of research in the published literature demonstrating the significance of self-efficacy in an individual's life when dealing with a variety of mental health conditions. A person's

belief in their own abilities plays a significant role in developing a substance use disorder. The research was conducted in China on patients suffering from substance use disorder by Chunyu Yang and colleagues. The purpose of the research was to investigate the relationship between self-control and self-efficacy in individuals suffering from substance use disorder, with resilience and self-esteem serving as mediators. It was a study that took a cross-sectional approach and showed that significant positive correlations ($p < 0.01$) were found between all dimensions and total scores on the self-control, resilience, self-esteem, and self-efficacy scales, indicating that they could predict patients' self-efficacy. These correlations were found between all dimensions and total scores on the self-efficacy scale. Patients who suffer from substance use disorders have a significant relationship between their levels of self-control, resilience, and self-esteem, as well as their levels of self-efficacy. This suggests that patients who improve their levels of self-control, resilience, and self-esteem can also improve their levels of self-efficacy. (Yang et al., 2019)

In the second piece of research, participants with substance use disorders were evaluated upon admission, again after they were discharged, and again after they had been followed for five years. The objective of this longitudinal study was to examine the relationship between abstinence self-efficacy and cognitive components of coping, specifically positive reappraisal and cognitive avoidance. At five years, cognitive avoidance coping moderated the effects of self-efficacy on alcohol use, whereas positive reappraisal coping had little bearing on outcomes. Specifically, patients with low self-efficacy were more likely to utilize avoidance coping strategies. Nevertheless, as self-efficacy increased, the negative effects of avoidance coping strategies decreased. (Levin, Ilgen & R, 2007)

Women's Recovery Group (WRG), a new manualized group treatment for substance use disorders

with single-gender groups and women-specific content, as compared to Group Drug Counseling (GDC), a proven-effective mixed-gender group treatment. This study examined the relationship between women's self-efficacy at the beginning of treatment and their treatment outcomes. According to the findings of the study, there may be aspects of using single-gender group therapy for women with low self-efficacy that could improve the substance abuse treatment outcomes for these women. (Cummings, Gallop, & Greenfield (2010).

Suicidal tendencies are more prevalent among those who suffer from SUD.

A study was conducted to determine the role of self-efficacy in preventing suicidal behavior among SUD patients with suicidal tendencies. The research revealed that Low self-efficacy was associated with elevated suicidal tendencies, suicidal ideation, and suicidal attempts, according to the findings of the study. (Czyz et al., 2014) Consequently, it is crucial to assess an individual's self-efficacy in order to determine the risk it poses to their suicidal tendencies.

Another study investigated the effects of self-regulation and self-efficacy on substance abstinence. Changes in self-efficacy and self-regulation were found to be positively associated with substance abuse abstinence in a longitudinal study. They were indicative of substance-free living. Increases in self-regulation and self-efficacy are associated with abstinence from substance abuse. This is crucial for people who enter treatment with low self-regulation and self-efficacy. (Chavarri, Stevens, Jason & Ferrar, 2012)

Another study on people seeking treatment for substance abuse was carried out in Spain by Torrecillas, Cobo, Delgado, and Ucles. The purpose of this study was to examine and quantify the predictive ability of self-efficacy in treatment groups (Methadone, Cognitive-Behavioral, and Alcohol) and a Control group, as well as in substance abuse severity (quantity and chronicity of use).

The sample included 181 individuals, 97 of whom were male and 84 of whom were female. These individuals were randomized and categorized into four groups: methadone, cognitive-behavioral, alcohol, or the control group. According to the findings of the research, self-efficacy had a direct and inverse relationship with the cognitive-behavioral and alcohol groups, respectively, while it had an indirect relationship with the control group. The findings indicate that there is an inverse relationship between one's level of self-efficacy and the number of drugs that are consumed. This indicates that for every one-point increase in self-efficacy, there is a 0.004-point decrease in the likelihood of drug use. (Torrecilla, Cob, Delgad, & Ucles, 2015).

Dr. Satyananda Panda conducted another study in 2015. This study took place in India. The current study sought to determine the psychological correlates of substance abuse among male and female patients diagnosed with substance use disorders on their first admission. The study enrolled 60 participants, 30 males, and 30 females, who were newly admitted patients with Substance Use Disorder and had no prior history of specialized treatment. Depression and personality traits were found to continue to play a role in the pathogenesis of substance use disorder, acting as predisposing, precipitating, or perpetuating factors. Thus, depression and a person's personality traits should be taken into account when treating, managing, preventing, and rehabilitating patients with substance use disorders.

Another study was conducted in 2010 in South Africa by Irene Patience Mohasoa. The study was qualitative in nature and involved 12 male adolescents aged 12 to 15 years. The purpose of this study was to better understand the reasons for adolescent substance abuse behavior by utilizing a variety of theoretical perspectives and strategies. The study discovered that participants abused alcohol, nicotine, cannabis, and heroin. Individual, familial, and environmental factors all contribute to their

use of these substances. In Iran, a study was conducted to examine the relationship between substance use disorder and psychological distress in family members. This study enrolled 724 patients referred to counseling and psychological clinics. The data were gathered using a random sampling technique. Following the establishment of rapport with the patient, the development of the individual's substance use disorder and its impact on the patient's family members were investigated. The study discovered that depression was the most frequently encountered disorder (40.5 percent), followed by generalized anxiety disorder (21 percent), minor interpersonal and child behavioral problems (15 percent), and hysteria (15 percent) (8 percent). Depression, hysteria, and minor interpersonal and behavioral problems in children were reported in 48% of women and 20% of men, 9% vs. 5%, and 10% vs. 27%, respectively. There was a significant correlation between SUDs in patients' spouses and children, as well as in their families, and gender, marital status, and occupation, but not with place of residence or level of education (Kamal Solati & Ali Hasanpour-Dehkordi,2017)

CHAPTER 3

MOTIVATION, OBJECTIVES, AND HYPOTHESES OF STUDY

3.1 RESEARCH GAP:

There are very limited studies done in the Indian context on the psychological aspect of individuals with substance use disorder. Less emphasis is placed on how substance abusers perceive themselves, which can be used to develop interventions that will aid in the recovery of substance abusers more effectively. Many studies have examined the association of the variable mentioned earlier but the comparison hasn't been done. There is lack of empirical evidence that users and non-users differ in some psychosocial aspects. Keeping in mind the inconsistencies of literature, this study is carried forward.

3.2 MOTIVATION OF THE STUDY:

The study's underlying motivation is due to my internship in a hospital's psychiatry department. The majority of mental disorders were either Mood Disorders or substance use disorders, with the latter being the most common. The fact that patients with SUD were receiving medication and attending regular follow-up appointments but were still unable to break free from their addiction to substances stimulated me to learn more about the psychological aspects of substance abuse, which in turn prompted me to conduct this research. Ozlem Kazan Kizilkurt and Fikret Ferzan Gynaş (2020) conducted a study on 100 patients who had completed detoxification treatment after being admitted to the Alcohol and Drug Research, Treatment, and Training Center (AMATEM) after being

hospitalized. The study's main goal was to look into the relationship between treatment motivation and clinical variables, perceived social support, temperament, and personality traits, among other things. The high motivation was found to be predicted by several factors, including a previous history of successfully completed inpatient treatment, the presence of strong social support from one's family, and significant recognition of the effects of substance abuse on one's own life, according to the findings of this study. This study demonstrated that social support from family, previously completed inpatient treatment, and the impact of substance use on one's life had a significant impact on one's ability to remain motivated. When all of the factors are considered, a thoughtful intervention can be developed to aid the patient in achieving a complete recovery.

3.3 OBJECTIVES

1. To Identify and compare the differences between substance abusers and non-substance abusers in terms of self-concept, self-efficacy, optimism, and ostracism.
2. The aim of this study was to compare the coping styles and gratification needs of abusers and non-abusers.

3.4 THEORETICAL BACKGROUND

3.4.1 Biopsychosocial model of addiction

In the 1970s, psychiatrist George L. Engel proposed the biopsychosocial model of addiction. He developed this model in response to criticism of the biomedical model of addiction, which focused exclusively on the medical or biological aspects of addiction. Engel criticized this model, stating that even when a patient's biochemical factors are recovered, the patient is not always cured

or recovered from addiction.

The effects of stress on illness, as well as the role of expectation in illness and health, have been well documented in the literature (Skewes Monica & Gonzalez Vivian,2013). By employing this model, we can consider a variety of factors rather than just one that increases the patient's chances of sobriety. According to this model of addiction, there are three major components of an individual that influence their addiction: the biological component, the psychological component, and the social component. The biological module contains both genetic and biochemical factors that influence an individual's mental illness and addiction.

The literature is replete with studies indicating that mental illness and even trauma can be passed down through generations, as evidenced by a study of the children of Holocaust survivors. The biological component is based on chemical imbalances or abnormal activation, inactivation, or modification of brain regions. Medication is used to correct these medical imbalances. Sometimes medication is used to treat the biological component of mental illness and addiction. For example, those suffering from mood disorders, particularly depression and anxiety, are treated with SSRIs or selective serotonin reuptake inhibitors. Similarly, there are numerous non-addictive medications available to treat addiction.

Psychological components include an individual's emotions, behavior, and actions. Emotions are a significant factor in addiction. When individuals are unable to cope with their negative emotions, they turn to alcohol or drugs, especially if they have a positive association with the substance. Psychological dependence on drugs is associated with mental and emotional processes involved in growth and recovery from addiction. When someone begins to use drugs or alcohol, their thinking

and feelings change. Once an individual becomes accustomed to experiencing specific thoughts, moods, and emotions while high, their mind and body develop an addiction. Psychological dependence is equally as troubling as physical dependence. They are not distinct but work in conjunction to create addiction.

The social component is made up of interpersonal relationships, work, and society; in general, it encompasses the everyday experiences and relationships that people have in life. Social factors also play a significant role in addiction, as sometimes the catalyst for addiction is a toxic relationship or stress at work, in one's social circle, etc. The social component of an individual's life is one of the primary causes of addiction and relapse.

The central tenet of this model is that mental ability and biological functions are inextricably linked and have an effect on how addiction develops and progresses within a social and cultural context. By considering all of these factors and how they interact, it is possible to develop an accurate conceptualization of addiction.

3.4.2 Theory of self-regulation

Albert Bandura introduced the concept of self-regulation. In layman's terms, self-regulation refers to one's ability to control oneself. Bandura's Theory includes two components that heavily rely on cognitive processes: self-regulation and self-efficacy. In the case of self-regulation, they represent an individual's ability to control their behavior through internal reward or punishment, and in the case of self-efficacy, they represent their beliefs in their ability to achieve desired goals as a result of their own actions. When confronted with a stressful situation, individuals with greater self-regulation may

be better able to protect themselves from psychological distress (Baumeister et al., 1994, Muraven and Baumeister, 2000, Tangney et al., 2004). For instance, it has been demonstrated that individuals with greater self-regulation consume less alcohol when confronted with a stressor than individuals with decreased self-regulation (Baumeister et al., 1994, Wills et al., 2002).

Baumeister et al. (2007) define self-regulation as having four components:

Standards: Of desirable behavior.

Motivation: To meet standards.

Monitoring: Of situations and thoughts that precede breaking standards.

Willpower: Internal strength to control urges.

Self-regulation and self-control abilities are impaired in drug-dependent individuals compared to non-drug-dependent individuals. The conclusion is that substance abuse may be associated with a lack of self-control and emotional regulation. Thus, for the prevention and treatment of substance use disorders, it is necessary to develop and implement strategies that promote self-regulation. (Mohsen Hossienbor and Nour Mohammad Bakhshani, 2013)

3.4.3 Model of social learning

Albert Bandura developed the Theory of social learning. According to the social learning model, behavior is learned and can be explained through reciprocal interactions between behavioral, cognitive, and environmental or situational determinants. It is the notion that cognitive processes mediate learning experiences. When applied to addictive behaviors, the social learning model suggests that drug and alcohol use are learned behaviors that persist as a result of differential

reinforcement from other people, the environment, thoughts and feelings, and the direct consequences of drug or alcohol use. Treatment of alcohol and drug use behaviors is centered on how individuals can unlearn addictive behaviors according to the social learning model (Fisher, G. L., & Roget, N. A, 2009). Russell (1976) pioneered the notion that dependence is not only chemical in nature but also behavioral and social. It is more concerned with the user's perceptions of the substance and what it feels like to be 'under the influence' of the drug. Bandura's theoretical development of social learning theory (SLT) and his initial hypotheses about the application of SLT to alcohol use and alcoholism. The emphasis is on three fundamental constructs that are critical for the SLT of alcohol use and alcoholism: the social environment's influence, coping skills, and cognitive variables, including self-efficacy; and outcome expectations. (1999; Maisto, Carey, & Bradizza). Substance use can be viewed as the critical behavior of interest in Bandura's model of social learning. Both personal (internal) and environmental (external) factors influence an individual's proclivity to use drugs.

Additionally, all three factors interact, resulting in constantly evolving functional relationships that influence both the direct and indirect use of drugs.

Thus, effective treatment interventions must target all nodes of the model and their functional relationships, and they must evolve in lockstep with the disorder's progression. (2021, Mark A. Smith)

3.5 HYPOTHESES

H₁ Substance abusers will have a low self-concept in comparison to non-users.

H₂ Substance abusers would be less optimistic than non-users.

H₃ Substance abusers would measure low on delayed gratification as compared to non-users.

H₄ Substance abusers would have lower self-efficacy than the non-substance user.

H₅ Substance abusers experience a greater sense of ostracism than non-users.

H₆ Substance abusers would measure high on avoidant coping as compared to non-users.

H₇ Substance users would measure low on problem-focused coping than non-users abusers.

H₈ Substance users would score low on emotion-focused coping as compared to non-users.

CHAPTER 4

METHODOLOGY

4.1 METHOD:

The participants comprised 200 male adults between the ages of 18 and 28. One hundred individuals who were non-users and 100 individuals with substance use disorder were included in the sample. Following diagnosis, a convenience sample of substance users was drawn from hospitals and rehabilitation facilities. The research is comparative in nature, comparing non-drug users with substance users on aspects such as gratification, optimism, ostracism, self-image, self-efficacy, and coping mechanisms.

4.2 STATISTICAL ANALYSIS:

SPSS was used to compute the results. Descriptive and t-test was used to measure the significant difference between the two groups.

4.3 INSTRUMENTS EMPLOYED:

1. **Brief COPE Inventory** by Carver (1997) is used to assess coping techniques. It has three subscales: Problem-Focused Coping, Emotion-Focused Coping, and Avoidant Coping. It is a 28-item self-report questionnaire with a 4-point Likert scale scoring system. It has a Cronbach alpha of .70 and a high level of validity.
2. **The Revised Life Orientation Test (LOT-R)** is a widely used psychological test that examines an individual's dispositional level of optimism. It was created by psychologist

Michael Scheier and colleagues in 1994. This test is 0.76 reliable, has a high level of validity, and consists of ten items. Items are rated on a five-point scale.

3. **The BREDEHOFT-SLINGER DELAYED GRATIFICATION SCALE (BSDGS)**, developed by Bredehoft & Slinger (2009), is a 22-item instrument scale that assesses a participant's capacity to defer gratification. Participants respond to questions, On a seven-point Likert scale; additionally, the scale is divided into three subscales: (1) Impulsivity; (2) Task Completion; and (3) Anger/Frustration. A low cumulative score "indicates that the individual is an Instant Gratifier" and lacks the ability to withhold gratification. A high aggregate score" implies that the individual is a Patient Postponer" with a great capacity for deferring or postponing gratification. It has a Cronbach alpha reliability of.88 and valid subscale alphas of.85 (Impulsivity),.81 (Task Completion), and.76 (Anger/Frustration).
4. **Self Concept Questionnaire** was created by Robson in 1989. This is a 30-item scale. Its purpose is to assess an individual's self-esteem. However, self-esteem is conceptualized in this scale as a composite of several overlapping variables such as (i) external approval of attractiveness, (ii) contentment, worthiness, and significance, (iii) autonomous self-regard, (iv) competence, (v) value of existence. Cronbach's alpha is.80, and it has a high level of validity.
5. **General Self-Efficacy Scale (GSE)** by Ralf Schwarzer and Matthias Jerusalem in 1995. It is a ten-item scale with a four-point Likert scale. Cronbach's alphas ranged from.76 to.90 in samples from 23 nations, with the majority in the high.80s and indicating good validity. This is a unidimensional scale.

6. **The ostracism Scale** was developed by Ferris et al.(2008). It is a ten-item scale with a five-point Likert scale. The reliability and validity are satisfactory. Earlier researchers have utilized this scale, for example, Chung (2018), who found it to be 0.97 reliable, and Khair and Fatima (2017), who found it to be 0.89 reliable.

4.4 DESIGN

The independent variables: Substance use and non substance user

The dependent variables: coping mechanisms, optimism, gratification, self-concept, self-efficacy, and ostracism.

4.5 PROCEDURE

The study protocol was thoroughly explained to the participants, and their written consent was obtained. All of the questionnaires were combined into one and distributed to substance abusers in a room as well as non-substance abusers both offline and online via a link shared on social media. A total of 102 statements were included in the questionnaire. The participants had all agreed to take part in the study voluntarily. The subjects were informed about the procedure and given instructions on how to carry it out. The following were the instructions: "You'll have to fill out several questionnaires which are to assess your behavioral tendencies." Avoid much thought, as there is no correct or incorrect answer. The first solution that comes to mind is usually correct. Your personal information will be kept completely private. Please respond as honestly as possible." The participants sat in a relaxed state. The information was statistically analyzed. The participants were given clear instructions on how to fill out the questionnaire, and it took them 10-20 minutes to complete it.

CHAPTER 5

RESULT

Table No. 1: Descriptive statistics

	N	Mean	Std. Deviation
Self concept	200	94.02	33.978
Optimism	200	11.29	5.157
Delayed gratification	200	81.01	27.539
Self-efficacy	200	26.30	6.803
Ostracism	200	28.11	10.179
Avoidance coping	200	22.14	6.962
Problem focused coping	200	19.25	5.529
Emotional Coping	200	30.33	7.405
Valid N (listwise)	200		

Table no.1 shows descriptive statistics gathered from the sample. It shows descriptive statistics for Self concept, Optimism, Delayed gratification, Self-efficacy, Ostracism, Avoidance coping, Problem focused coping, Emotional Coping is 94.02 ,11.29 ,81.02 ,26.30 ,28.11, 22.14 ,19.25 , 30.33 respectively.

Table No. 2: Group Statistics

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Group Statistics								
Gp		N	Mean	Std. Deviation	t	Df	Sig.	
Self concept	Non-User	100	122.17	21.913	20.985	198	.000	
	Substance-User	100	65.87	15.480				
Optimism	Non-User	100	14.90	3.030	13.898	198	.000	
	Substance-User	100	7.67	4.228				
Delay gratification	Non-User	100	105.96	12.769	30.547	198	.000	
	Substance-User	100	56.06	10.188				
Self efficacy	Non-User	100	30.97	5.439	13.347	198	.000	
	Substance-User	100	21.63	4.403				
Ostracism	Non-User	100	19.66	5.587	21.120	198	.000	
	Substance-User	100	36.56	5.728				
Avoidance coping	Non-User	100	16.03	3.870	25.954	198	.000	
	Substance-User	100	28.24	2.675				
Problem focused coping	Non-User	100	23.10	4.338	13.718	198	.000	
	Substance-User	100	15.40	3.562				
Emotional coping	Non-User	100	28.47	5.722	-3.672	198	.000	
	Substance-User	100	32.20	8.393				

Table no. 2 On the parameters of Self concept, Optimism, Delayed gratification, self-efficacy,

ostracization, avoidance, problem focused, and emotional coping a t-test was conducted to compare substance users and nonusers. There was a significant difference between abusers and non-users on all of the variables. At.001, the difference is extremely significant.

T-tests were used to compare the self-concept of substance abusers and those who do not use drugs. There was a significant difference in the scores of non-users (M=122.17, SD=21.913) and individuals with substance use disorder (M=65.87, SD=15.480); $t(198)=20.985$, $P<0.001$. According to these findings, non-users of substances have a higher sense of self-worth than those who suffer from a substance use disorder. Specifically, our results suggest that Individuals with Substance use disorder have low self-concept.

There was a significant difference in the scores of ostracism of non-users (M=19.66, SD=5.587) and individuals with substance use disorder (M=36.56, SD=5.728); $t(198)= -21.120$, $P<0.001$.. Individuals with a substance use disorder, on the other hand, are more likely to report feeling ostracized than non-users of substances. Specifically, our results suggest that Individuals with There was a significant difference in the scores of avoidant coping mechanism of non-users (M=16.03, SD=3.870) and individuals with substance use disorder (M=28.24, SD=2.675); $t(198)= -25.954$, $P<0.001$. Non-users of substances appear to use less avoidant coping than those with a substance use disorder, according to these findings. In particular, our findings suggest that people with substance use disorders are more likely to resort to avoidant coping strategies when confronted with life's challenges.

There was a significant difference in the scores of problem=focused coping of non-users (M=23.10, SD=4.338) and individuals with substance use disorder (M=15.40, SD=3.562); $t(198)=13.718$, $P<0.001$.

These results suggest that non-users of substance use more of problem-focused coping as

compared to individuals with substance use disorder. To be more specific, we found that people with substance use disorders use less problem-focused coping to deal with life's challenges.

There was a significant difference in the scores of emotion-focused coping mechanism of non-users ($M=28.47$, $SD=5.722$) and individuals with substance use disorder ($M=32.20$, $SD=8.393$); $t(198) = -3.672$, $P < 0.001$. These findings suggest that non-substance users employ fewer emotional coping strategies than individuals with substance use disorders. People with substance use disorders appear to rely more on emotional coping than non-users when confronted with life's challenges. However, it has also been observed that people who struggle with substance use disorder choose avoidance coping methods more frequently than emotional coping methods.

There was a significant difference in the scores of self efficacy of non-users ($M=30.97$, $SD=5.439$) and individuals with substance use disorder ($M=21.63$, $SD=4.403$); $t(198)=13.347$, $P < 0.001$. According to these findings, non-substance users have a higher level of self-efficacy than those who have a substance use disorder. In particular, the findings of this study imply that individuals who suffer from substance use disorder have a lower level of self-confidence regarding their capacity to behave appropriately in a variety of different settings.

There was a significant difference in the scores of delay of gratification of non-users ($M=105.96$, $SD=12.769$) and individuals with substance use disorder ($M=56.06$, $SD=10.188$); $t(198)=30.547$, $P < 0.001$. These results suggest that non-users of substances are better at delaying their gratification needs as compared to individuals with substance use disorder. According to our findings, people with substance abuse disorder are unable to hold off on gratification for long.

There was a significant difference in the scores of level of optimism of non-users ($M=14.90$, $SD=3.030$) and individuals with substance use disorder ($M=7.67$, $SD=4.228$); $t(198)=12.89$,

$P < 0.001$. These results suggest that non-users of substances are highly optimistic as compared to individuals with substance use disorder. In particular, the findings of our study imply that people who have a substance use disorder tend to have a more pessimistic outlook.

CHAPTER 6

DISCUSSION

The purpose of this study was to compare individuals with substance use disorder and non-users with regard to the antecedents of self-concept, optimism, delayed gratification, self-efficacy, ostracism, and coping mechanisms. Consequently, it was hypothesized that (H) substance abusers would have a lower self-concept than non-users. This hypothesis was accepted as the study results demonstrated that substance abusers had a lower self-concept than non-substance abusers. The literature supported our findings. A previous study found a strong correlation between low self- esteem and alcohol consumption. In addition, they claimed that mild cannabis users have lower self- esteem and are more sinful than non-users. According to the findings of this study, those with a history of drug abuse, theft, and prostitution had lower self-esteem than average individuals (Alavi,2011)

In our study, we also hypothesized that (H2) substance abusers would be less optimistic than non- users. This hypothesis was also accepted, as the study revealed a highly significant difference between the levels of optimism of individuals with substance use disorders and non-users of substances. According to our study, non-users had a more optimistic outlook on life, whereas those with substance use disorders had a more pessimistic outlook. In a study conducted on residents of Oxford House, which is a home for individuals in recovery from addiction, 12 Step sample members were compared to 12 Step members who had never lived in Oxford House. The results of the study indicate that there is a significant and positive relationship between optimism and abstinence self- efficacy (Majer, Jason, & Olson, 2004) and that optimistic expectations for positive consequences

coincide with beliefs in continued efforts that sustain positive expectations (Scheier & Carver, 1992). This is a reasonable interpretation of the data if optimism is viewed as functional in promoting healthy behaviors (such as continued abstinence) because functional optimism has been claimed to include self-efficacy and positive expectancies (Schwarzer, 1994). Optimism may serve a more functional purpose that facilitates adaptation to change (Schwarzer, 2001) among recovering substance abusers, despite the fact that levels of optimism and days abstinent in the present study were inconsistent with prior research findings (Majer et al., 2003) The correlation between optimism and abstinence self-efficacy suggests that optimism may be a more powerful predictor of behavioral change than self-mastery (Marshall & Lang,1990).In a separate study conducted in Iran, the relationships between optimism, tobacco use, and substance abuse among students were determined. Higher optimism was a protective factor against being in the early stages of cigarette smoking, hookah smoking, and illicit drug use, according to the findings of the study (Marin et al.,2019)

In addition, it was hypothesized that (H3) substance abusers would score lower than non-users on delayed gratification. This hypothesis was also confirmed, as it was observed in the study that individuals with substance use disorders scored poorly on delayed gratification. In contrast, individuals who did not use substances demonstrated a significant ability to delay gratification. There was a study that supported our findings. The study examined individual differences in academic performance, violence, willingness to delay gratification, and substance abuse among middle school students enrolled in a disciplinary program. Students who reported a high propensity to delay gratification as well as low propensities for violent behavior and substance abuse obtained high math scores on the state standardized test, according to the findings of the study. Another study was conducted on high school students who were compensated for their participation. They had the

option of paying a lesser fee instantly or a bigger fee one week later. Compared with students who delayed gratification, those who chose the instant fee demonstrated a greater lack of self-control. They engaged in greater use of cigarettes, alcohol, and marijuana, had a diminished sense of self and underperformed academically. (Wulfert et al.,2002)Eric F. Wagner conducted a thorough investigation on adolescents that did not support our findings. The findings of this research indicate that delay of gratification and problem-focused coping were unconnected to substance use and that stress did not mediate the effect between coping and substance use. (Wagner,1993)

In addition, it was hypothesized that (H4) substance abusers would have lower levels of self-efficacy than non-users. Likewise, this hypothesis was supported by our study's findings. Numerous studies support our study. For patients with low self-efficacy, avoidance coping strategies were associated with worse alcohol use outcomes, but as self-efficacy increased, the negative impact of avoidance coping strategies diminished. (Levin., Ilgen, & Moos,2007). In another study conducted, The results revealed an inverse relationship between self-efficacy and the Methadone, Cognitive-Behavioral, and Alcohol groups and a direct relationship with the Control group. Concerning the severity of drug use, we discovered that self-efficacy was inversely proportional to the number of drugs consumed and directly proportional to chronicity. The study proposes the need to evaluate self-efficacy alongside other personality measures. It is not sufficient to merely believe that one is capable of completing a task (self-efficacy); one must also demonstrate this capability (coping). (Torrecilla.,Cobo, Delgado, & Uc1es,2015) . It was also hypothesized that (H5) Substance abusers experience a greater sense of ostracism than non-abusers. This hypothesis was also accepted, and it was determined that people with substance use disorders felt socially rejected and excluded. Alexi N. Bacon and Heidemarie Bacon conducted an experiment to determine the impact of social exclusion

on alcohol consumption. The study found significant gender differences, with women who felt excluded drinking less alcohol than women who did not feel ostracized or men who felt ostracized. It was a controlled experiment where both male and female participants took part. The findings of the study were intriguing because they revealed that the participants who were excluded from the study had lower levels of self-esteem, control, and meaning in their lives compared to the participants who were not excluded from the study. (Bacon & Bacon,2015)

In addition, it was hypothesized that (H6)substance abusers would score higher than non-users on avoidant coping. Likewise, this hypothesis was supported by the findings of our investigation. A second hypothesis was that (H7) non-substance users would score higher than substance abusers on problem-solving abilities. Likewise, this hypothesis was accepted.

Numerous studies in the published literature corroborated the study's findings. There is research with similar findings to ours that supports our findings. Patients with substance use disorder and patients with comorbid borderline personality disorder and substance use participated in the study. Borderline substance users scored highly on impulsivity and utilized more avoidant coping strategies and very few problem-focused coping mechanisms than those diagnosed with SUD. (Kruegelbach et al., 1993)

Lastly, it was hypothesized that (Hg) Non-substance users would score highly on emotion-focused coping as compared to substance users. This hypothesis was refuted by the results of our study, which showed that substance abusers scored higher than non-substance abusers on emotional coping. The literature supported our findings. In another qualitative study conducted on individuals recovering from substance abuse, it was discovered that the majority of participants employed emotion-focused coping strategies. In contrast, only a minority employed problem-focused coping

strategies. The purpose of the study was to investigate the coping strategies employed and acquired by individuals in response to adversity, with an emphasis on experiences as a child and socialization.

(Valtonen, Sogren & Padmore, 2005)

CHAPTER 7

CONCLUSION, IMPLICATIONS, LIMITATIONS, AND FUTURE RESEARCH

7.1 CONCLUSION:

In this rapidly shifting world, the use of illegal substances and the abuse of legal substances is rising at an alarming rate among people of all ages, cultures, and socioeconomic backgrounds. The purpose of this study was to make a comparison between two very different groups: those who suffered from substance use disorders and those who abstained from substance use altogether. To determine where they diverge. There were some notable findings which jibed well with the existing body of knowledge. It is essential to know how people with substance abuse disorders view themselves. According to the findings of the research, there is a discernible and substantial distinction between the two groups on the dimensions of self-concept, optimism, delayed gratification, self-efficacy, ostracism, avoidance coping, problem-focused coping, and emotional coping. This relationship needs to be studied even more thoroughly in light of correlations found between the subscales. The importance of these significant findings from the study in terms of therapy lies in the fact that they can help us understand the fundamental factors that are influencing an individual's substance use. Various interventions can be developed, each focusing on the domain in which the individual requires the most assistance.

7.2 IMPLICATIONS:

The present research shows the comparison between individuals with SUD and individuals who do not use substances; on the variables of coping mechanism, ostracism, optimism, self-concept, self-efficacy, and delayed gratification. The research was carried out on people with and without substance use disorders. All of these variables are crucial to study, as they are deemed not only important by researchers but also by mental health professionals and the general public, whose awareness is growing. Each variable in this study influences an individual's decision to abuse or not abuse substances, whether consciously or unconsciously. Their connections become even more important as a result of the fact that any change in one variable will have an effect on the others. The study of their relationship can be of great therapeutic value, as modifying one variable (e.g., coping mechanism) may reduce the other (e.g., feeling of ostracism or impulsivity). The variables used in this study are more self-perceptual or have a greater focus on internal rather than external factors. These variables are more concerned with an individual's internal factors than with external factors. These factors must be studied so that psychologists or psychiatrists can measure all of these variables and see where is the need to emphasize, where is the need to increase, and where is the need to decrease in a factor of an individual in order for him to stop using substances and avoid relapse. The variables studied in this study are not the only ones that can influence whether or not someone uses a substance; other factors can also play a role as deciding or contributing factors. These characteristics can be instilled in children at a young age so that they can make rational decisions and cope with life's challenges in a healthy way.

The study also contributes to the growing body of literature, as there is a scarcity of research on coping mechanisms, self-efficacy, self-concept, social rejection, and gratification, as well as their

interactions with other variables and disorders. Another important implication of this research is that it contributes to the body of knowledge in India. Because there is a scarcity of research on Indians, it is difficult to know exactly how these variables interact in the Indian population.

7.3 LIMITATIONS

There are some limitations of the present study. The first is that it did not account for gender differences. The sampling was done in a convenient manner. The study also did not include the social-economic status of the patients, which can also play a role in substance use disorder. The study is also limited by its reliance on self-report measures, despite efforts to obtain honest responses. The sample size is also a constraint. If the sample size had been larger, the results would have been better.

7.4 FUTURE RESEARCH

Various future study directions can be considered in light of the findings and limitations. To begin with, longitudinal research can be conducted to better understand dysfunctional attitudes and their effect on substance use behavior. Additionally, it can be determined whether or not the patient relapses following the addition of some therapeutic approaches to the medication. Numerous therapeutic techniques can be used to motivate the patient to abstain from the substance in order to increase the patient's optimism, self-concept, and self-regulation. Techniques for increasing problem-solving can be used along with the inculcation of problem-focused coping behavior. Assessing depressed individuals' pre-morbid personalities and case histories can be beneficial.

Second, distinct coping behaviors can be examined separately. Numerous other variables, such as SES, prior memories, and parenting, can be incorporated into the research. Thirdly, another group can be introduced in the study, i.e., the recovered group or abstinent use of substance from 6 months, and a comparative analysis can be conducted. Individual personality traits can be studied independently in relation to substance use disorder and in relation to other variables. Finally, qualitative research can be conducted to elicit information about various other hidden aspects of psychology that contribute to an individual's frequent drug use; All of this can help us better understand the problems associated with drug use and can help us develop an eclectic approach to treating this disorder so that it is used not only for treatment but also for prevention and relapse prevention.

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Psychosocial Repercussions of Substance Abuse in Young Adult Males: A Comparative Analysis between Substance abuser and non user

APPENDIX

1. Robson self-concept questionnaire

	<i>Complete Disagree</i>	<i>Agree</i>	<i>Complete</i>							
	<i>ly</i>		<i>ly</i>							
	<i>Disagree</i>		<i>Agree</i>							
i. I have control over my own life.	0	1	2	3	4	5	6	7		
2. I'm easy to like.	0	1	2	3	4	5	6	7		
3. I never feel down in the dumps for very long.	0	1	2	3	4	5	6	7		
4. I can never seem to achieve anything worthwhile.	0	1	2	3	4	5	6	7		
5: There are lots of things I'd change about myself if I could.	0	1	2	3	4	5	6	7		
6. I am not embarrassed to let people know my opinions.	0	1	2	3	4	5	6	7		
7: I don't care what happens to me.	0	1	2	3	4	5	6	7		
8: I seem to be very unlucky.	0	1	2	3	4	5	6	7		
9. Most people find me reasonably attractive.	0	1	2	3	4	5	6	7		
10. I'm glad I'm who I am.	0	1	2	3	4	5	6	7		
11: Most people would take advantage of me if they could.	0	1	2	3	4	5	6	7		
12. I am a reliable person.	0	1	2	3	4	5	6	7		
13: It would be boring if I talked about myself.	0	1	2	3	4	5	6	7		
14: When I'm successful, there's usually a lot of luck involved.	0	1	2	3	4	5	6	7		
15. I have a pleasant personality.	0	1	2	3	4	5	6	7		
16. If a task is difficult, that just makes me all the more determined.	0	1	2	3	4	5	6	7		
17: I often feel humiliated.	0	12	3	4	5	6	7			
18. I can usually make up my mind and stick to it.	0	12	3	4	5	6	7			
19: Everyone else seems much more confident and contented than me.	0	12	3	4	5	6	7			

20: Even when I quite enjoy myself, there doesn't seem much purpose to it all.	0	1	2	3	4	5	6	7
21: I often worry about what other people are thinking about me.	0	1	2	3	4	5	6	7
22: There's a lot of truth in the saying "What will be, will be".	0	1	2	3	4	5	6	7
23: I look awful these days.	0	1	2	3	4	5	6	7
24: If I really try, I can overcome most of my problems.	0	1	2	3	4	5	6	7
25: It's pretty tough to be me.	0	1	2	3	4	5	6	7
26: I feel emotionally mature.	0	1	2	3	4	5	6	7
27: When people criticise me, I often feel helpless and cond-rate.	0	1	2	3	4	5	6	7
28: When progress is difficult, I often find myself thinking it's just not worth the effort.	0	1	2	3	4	5	6	7
29: I can like myself even when others don't.	0	1	2	3	4	5	6	7
30: Those who know me well are fond of me.	0	1	2	3	4	5	6	7

Brief COPE				
	I haven't been doing this at all	A little bit	A medium amount	I've been doing this a lot
1. I've been turning to work or other activities to take my mind off things.				
2. I've been concentrating my efforts on doing something about the situation I'm in.				
3. I've been saying to myself "this isn't real".				
4. I've been using alcohol other drugs to myself feel better.				
5. I've been getting emotional support from others.				
6. I've been giving up trying to deal with it.				
7. I've been taking action to try to make the situation better.				
8. I've been refusing to believe that it has happened.				
9. I've been saying things to let my unpleasant feeling escape.				
10. I've been getting help and advice from other people.				
11. I've been using alcohol other drugs to help me get through it.				
12. I've been trying to see it in a different light, to make it seem more positive.				
13. I've been criticizing myself.				
14. I've been trying to come up with a strategy about what to do.				
15. I've been getting comfort and understanding from someone.				
16. I've been giving up the attempt to cope good in what is happening.				
17. I've been looking for something				
18. I've been making jokes about it.				
19. I've been doing something to think about it less, such as going to movies,				

watching TV, reading, daydreaming, sleeping, or shopping.				
20 I've been accepting the reality of the fact that it has happened.				
21 I've been expressing my negative feelings.				
22 I've been trying to find comfort in my religion or spiritual beliefs.				
23 I've been trying to get advice or help from other people about what to do.				
24. I've been learning to live with it.				
25. I've been thinking hard about what steps to take.				
26. I've been blaming myself for things that happened.				
27. I've been praying or meditating.				
28. I've been making fun of the situation.				

Bredehoft-Slinger Delayed Gratification Scale (BSDGS)

DIRECTIONS: In the next section of questions, the items contain a list of common behaviors and attitudes. For each indicate whether it is like you or not. Be sure not to omit any items. Please use the scale below in answering each of the questions.

RESPONSE SCALE:

Always s Like Me 7	6	5	Neutral 4	3	2	Never Like Me 1
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- ___ 1. I believe in “work before pleasure.”
- ___ 2. I prefer to buy things on impulse.
- ___ 3. I am patient when forced to wait in a long line.
- ___ 4. I buy things on impulse.
- ___ 5. I get angry when I am forced to wait for something I want.
- ___ 6. I finish my work before I relax.
- ___ 7. I am not an impulsive buyer.
- ___ 8. I want it, and I want it now.
- ___ 9. I have fun instead of working on a necessary task.
- ___ 10. I do research before making any expensive purchases.
- ___ 11. I finish things I have to do before doing what I want to do.
- ___ 12. I feel angry when I do not get what I want.
- ___ 13. I watch my favorite TV show before I study or do work at home.
- ___ 14. I save my money until I have enough to buy the expensive things I want.
- ___ 15. I don't complain when my plans get unexpectedly delayed.
- ___ 16. In regards to my work, I plan ahead.
- ___ 17. When I see something I really want, I wait until I have enough money to buy it.
- ___ 18. Instead of planning ahead, I just let things happen.
- ___ 19. I am a saver.
- ___ 20. I make decisions on the spur of the moment.
- ___ 21. I am spender.

____ 22. When someone interferes with my plans and causes me a delay I get angry.

SELF EFFICACY SCALE

RESPONSE FORMAT: 1 = Not at all true 2 = Hardly true 3 = Moderately true 4 = Exactly true

- 1 I can always manage to solve difficult problems if I try hard enough.
- 2 If someone opposes me, I can find the means and ways to get what I want.
- 3 It is easy for me to stick to my aims and accomplish my goals.
- 4 I am confident that I could deal efficiently with unexpected events.
- 5 Thanks to my resourcefulness, I know how to handle unforeseen situations.
- 6 I can solve most problems if I invest the necessary effort.
- 7 I can remain calm when facing difficulties because I can rely on my coping abilities.
- 8 When I am confronted with a problem, I can usually find several solutions.
- 9 If I am in trouble, I can usually think of a solution.
- 10 I can usually handle whatever comes my way.

OSTRACISM

EXPERIENCE SCALE FOR ADOLESCENTS

(i) Never (ii) Rarely (iii) Sometimes (iv) Often (v) Always

1. Others treat me as if I am invisible
2. Others look through me as if I don't exist
3. Others give me the silent treatment
4. Others have ignored my greetings when we are walking by one another
5. Others ignore me during conversation
6. Others leave the area when i enter a room
7. Others ignore me
8. Others spread rumors about me
9. Others physically turn their backs to me when in my presence
10. Others do not call me on my cell phone
11. Others do not answer their presence when I call

LOT-R (Life Orientation Test-Revised)

Please be as honest and accurate as you can throughout. Try not to let your response to one statement influence your responses to other statements. There are no "correct" or "incorrect" answers. Answer according to your own feelings, rather than how you think "most people" would answer.

A = I agree a lot

B = I agree a little

C = I neither agree nor disagree

D = I Disagree a little

E = I Disagree a lot

1. In uncertain times, I usually expect the best.
2. It's easy for me to relax.
3. If something can go wrong for me, it will.
4. I'm always optimistic about my future.
5. I enjoy my friends a lot.
6. It's important for me to keep busy.
7. I hardly ever expect things to go my way.
8. I don't get upset too easily.
9. I rarely count on good things happening to me.
10. Overall, I expect more good things to happen to me than bad.