Prediction of Addiction Tendency in People Who Quit Addiction Based on Psychological Capital, Coping Strategies, and Mental Toughness

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Abstract

Background: Addiction tendencies have become increasingly common due to various factors, including mental health issues, curiosity, lack of willpower, the desire to escape from a monotonous life, therapeutic motives, and abnormal personality traits.

Objectives: This study aims to predict addiction tendencies based on psychological capital, mental toughness, and coping strategies. The statistical population consists of all drug addicts who visited addiction treatment centers in Shiraz in 2021, with a sample size of 150 participants.

Patients and Methods: This research follows a correlational design. The questionnaires for assessing Lotanz Psychological Capital Scale, Coping Inventory for Stressful Situations, Tendency to Addiction Questionnaire were used. The collected data were analyzed using both descriptive and inferential statistics, with hypotheses tested using Pearson's correlation coefficient and regression analysis.

Results: The results indicated that, among the components of psychological capital, optimism and flexibility significantly and negatively predicted addiction tendencies, while hope was not a significant predictor. Additionally, mental toughness was found to negatively and significantly predict addiction tendencies. Among coping strategies, problem-oriented coping predicted addiction tendencies negatively and significantly, while emotion-oriented coping predicted addiction tendencies positively and significantly. However, avoidance-based coping did not significantly predict addiction tendencies.

Conclusions: The results support the hypothesis that there is a significant negative relationship between psychological capital dimensions, problem-oriented coping strategies, and mental toughness with addiction tendencies. Conversely, emotion-oriented and avoidance coping strategies showed a positive relationship with addiction tendencies. Therefore, teaching mental toughness and psychological capital skills can improve functional abilities and ultimately reduce addiction-related problems.

Keywords: Addiction Tendency, Psychological Capital, Mental Toughness, Coping Strategies

1. Background

Addiction to drugs is a significant issue in contemporary societies, with profound negative effects on both physical and mental health ([1]). Despite the availability of numerous addiction recovery programs, relapse remains a major challenge following treatment ([2]). Several factors can influence the likelihood of relapse, including psychological capital, coping strategies, and mental toughness ([3], [4]).

Psychological capital refers to a set of positive psychological traits, such as hope, optimism, resilience, and self-efficacy ([5]). These traits act as internal resources that help individuals cope with life's challenges and stresses ([6]). Research has shown that higher levels of psychological capital can reduce the tendency to engage in risky behaviors, including addiction ([7]). For example, a study found that emotion regulation strategies could enhance psychological capital in incarcerated women, thereby improving their psychological well-being ([8]).

Coping strategies are the methods individuals use to manage stress and psychological pressure ([9]). These strategies can be classified into adaptive and maladaptive categories ([10]). Adaptive coping strategies, such as problem-solving, seeking social support, and emotion regulation, help reduce stress and prevent

negative behaviors (11). In contrast, maladaptive strategies like avoidance, denial, and rumination may increase stress and contribute to engaging in risky behaviors (12). Another study showed that psychological empowerment could enhance distress tolerance in students prone to addiction, helping them better cope with life's challenges (13).

Mental toughness refers to an individual's ability to confront challenges, stress, and psychological pressures without giving up (14). Individuals with high mental toughness can tackle problems with greater flexibility and persistence, helping them avoid negative behaviors such as addiction (15). Research has indicated that mental toughness can serve as a protective factor against the tendency to relapse into addiction (16). For example, psychological empowerment could enhance mental toughness and reduce the likelihood of relapse (17).

The relationship between psychological capital, coping strategies, and mental toughness is crucial in predicting addiction tendencies in individuals in recovery (18). Those with higher psychological capital are more likely to use adaptive coping strategies and possess greater mental toughness, which together can decrease the likelihood of relapse into addiction (19). Emotion regulation strategies could enhance psychological capital in incarcerated women, improving their mental health (8). In conclusion, psychological capital, coping strategies, and mental toughness are key factors in predicting addiction tendencies among individuals in recovery (20). Strengthening these factors could be an essential part of relapse prevention programs. Recent studies have shown that psychological interventions, such as emotion regulation training and psychological empowerment, can improve these factors and reduce addiction tendencies (3, 7).

Therefore, considering the causes of people's tendency toward addiction and drugs, as well as the characteristics of addicted individuals—such as self-indulgence, pride, egotism, uncontrolled emotions, poor decision-making, lack of belief in a higher power, lack of motivation to engage in positive actions, deep resentment and hatred toward others, feelings of guilt and embarrassment, unhealthy and irrational relationships, inappropriate sexual behavior, and the abuse of others—it is evident that these factors contribute to the spread of irrational beliefs among addicted individuals. Furthermore, given the

relationship between irrational beliefs, situational anxiety, and stressful conditions, as well as anxiety and emotional disorders, it is important to address the increasing suicidal tendencies and the irrational beliefs that accompany addiction, which make it difficult for individuals to quit.

The significance of this research is highlighted by these points, the importance of the study's variables, and the lack of prior research on this topic. Based on the above statements, the hypothesis of the research is that the dimensions of psychological capital, coping strategies, and mental toughness are predictors of the tendency to addiction in individuals who have quit addiction. The aim of this study is to predict the tendency toward addiction based on psychological capital, coping strategies, and mental toughness.

2. Objectives

The statistical population for this research consisted of all drug addicts who referred to drug addiction rehabilitation centers in Shiraz in 2021. The research sample was composed of 150 individuals who had quit addiction in 2021. Participants were selected from the list of individuals recovering from addiction using a targeted sampling method.

3. Patients and Methods

This study employed a descriptive-correlational design to examine the predictive role of psychological capital, coping strategies, and mental toughness in the tendency to relapse among individuals in recovery. The target population consisted of individuals who had completed addiction treatment and had been in recovery for at least six months. A sample of 150 participants (75 males and 75 females) aged between 18 and 50 years was selected through convenience sampling from individuals attending addiction rehabilitation centers and self-help groups.

The research instruments were completed by the participants after the study's objectives were explained and written informed consent was obtained.

The study adhered to ethical guidelines throughout its execution. Ethical approval was obtained from the university's ethics committee, and an ethics code was assigned to the project (IR.IAU.M.REC.1401.013). Participants were informed about the study's objectives and assured of the confidentiality of their data. Written informed consent was collected from all participants, and they were informed that they could withdraw from

the study at any stage without affecting their access to rehabilitation services.

Participants were required to meet specific inclusion criteria, including being in recovery for at least six months, having a history of opioid, stimulant, or cannabis use, and being able to complete the questionnaires. Individuals with severe psychiatric disorders that impaired their ability to complete the questionnaires, those who provided incomplete responses, or those who chose to withdraw from the study at any stage were excluded from participation.

Data analysis was performed using SPSS software version 26. Descriptive statistics were used to calculate the means and standard deviations of the variables and demographic information of the participants. Inferential statistics included Pearson's correlation test to examine relationships between variables and multiple regression analysis to predict relapse tendencies. All analyses were conducted at a significance level of 0.05 to rigorously evaluate the study's hypotheses and predictive model.

3.1. Research Instruments

3.1.1. Lotanz Psychological Capital Scale

This questionnaire was developed by Lotanz et al. in 2007. It utilizes standardized values to measure hope, happiness, and flexibility. The validity and reliability of these subscales have been established. To calculate the total psychological capital score, the score for each subscale was first obtained individually, and their sum was considered the total score for psychological capital. The chi-square ratio for this test is 24.6, with CFI and RMSEA statistics of 0.97 and 0.08, respectively. In a separate study, the reliability was found to be 0.85 based on Cronbach's alpha. Lotanz et al. reported the reliability of the questionnaire as 0.90. In a study by Rajaee et al. (21), the validity of this questionnaire was evaluated. Cronbach's alpha coefficients were 0.89 for the psychological capital scale, and 0.70, 0.83, and 0.73 for the subscales of optimism, hope, and resilience, respectively. Single-factor and three-factor confirmatory factor analysis results, based on Lotanz et al.'s theoretical model, showed that the three-factor model had better fit indices than the single-factor model. The fit indices were favorable. The correlation between the overall positive psychological capital scale and the factors of optimism, hope, and resilience was 0.76, 0.87, and 0.78, respectively, indicating good validity. The

correlation between the factors ranged from 0.41 to 0.62, which is significant at the (P < 0.01) level.

3.1.2. Coping Inventory for Stressful Situations

The questionnaire developed by Endler and Parker in 1990 is a pencil-and-paper test designed to measure coping methods in individuals (both teenagers and adults), and was standardized by Akbarzadeh (1997) in Iran. This questionnaire includes separate forms for adults and teenagers, and it covers three main areas of coping behaviors: Problem-oriented coping, which involves addressing the problem to manage and solve it; emotional-oriented coping, which focuses on emotional responses to the problem; and avoidance coping, which involves avoiding the problem either through social withdrawal or engaging in new activities (17). The coping inventory for stressful situations (CISS) contains 48 items. Each of the coping scales for stress includes several items, and the total scores for each scale are calculated separately, with no overall score. However, the avoidant coping style scale has two subscales: Turning to society and turning to activities, each containing 8 items. The questionnaire takes approximately 15 minutes to complete. Scores of 2, 3, and 4 represent rarely, sometimes, and most of the time, respectively. Studies conducted by Parker and Endler (22) reported the reliability of the problem-focused, emotion-focused, and avoidance subscales for both boys and girls to be 0.90, 0.92, 0.85, 0.82, 0.82, and 0.85, respectively. In a study by Taghilu (23), the reliability of the problem-focused, emotion-focused, and avoidance subscales in both delinquent and normal groups ranged from 0.92 to 0.85, 0.68 to 0.85, and 0.82, respectively.

3.1.3. Tendency to Addiction Questionnaire

This questionnaire, consisting of 16 items, was created and standardized by Mirhessami in 2009. Its primary purpose is to assess the degree of addiction tendency in individuals from three dimensions: Social, personal, and environmental. The questionnaire was developed by the researcher with reference to scientific studies, including Farchad (24). In Mirhessami's thesis(25), the face validity of the questionnaire was ensured by distributing it among a group of students, and after confirming the results, it was administered to a larger statistical sample. Additionally, the reliability of the questionnaire was calculated using Cronbach's alpha, a method used to measure internal consistency. The Cronbach's alpha reliability coefficient ranges from

0 (no consistency) to 1 (perfect reliability), with higher values indicating greater reliability. The Cronbach's alpha for the Addiction Tendency Questionnaire was found to be 0.79.

3.1.4. Ahvaz Hardiness Inventory

The Psychological Hardiness Questionnaire was developed by Kia Morsey and colleagues in 1998. This 27-item questionnaire is scored based on a Likert scale ranging from 0 to 3. Items 6, 7, 10, 13, 17, and 21 are reverse-scored. A higher total score indicates a greater level of psychological hardiness.

The concurrent validity of this scale was examined by correlating it with the Straub Scale (r = 0.55), Depression Scale (r = 0.62), Self-actualization Scale (r = 0.55), and hardiness construct validity (r = 0.51), all of which showed significant correlations.

The reliability of this questionnaire was assessed using Cronbach's alpha, yielding a coefficient of 0.88, indicating high internal consistency (18).

4. Results

Regression analysis and Pearson's correlation coefficient tests were conducted. Table 1 presents the descriptive statistics for the research variables, including the mean, standard deviation, minimum, and maximum scores.

Table 2 displays the results of the Pearson correlation test, which examines the relationships between the research variables. As shown, there is a negative and significant relationship between all dimensions of psychological capital, the problem-oriented coping strategy, and mental toughness with addiction tendency. Additionally, there is a positive and significant relationship between emotion-oriented and avoidance coping strategies with addiction tendency.

To predict addiction tendency based on psychological capital, a simultaneous multiple regression test was performed. The results indicate that the optimism component negatively and significantly predicts addiction tendency (P = 0.032, β = -0.228), and the flexibility component also negatively and significantly predicts addiction tendency (P = 0.048, β = -0.212). However, the hope component did not emerge as a significant predictor of addiction tendency (Table 3).

To predict addiction tendency based on mental toughness, a univariate regression test was conducted. The results reveal that mental toughness negatively and

significantly predicts addiction tendency (P = 0.001, β = -0.532) (Table 4).

To determine the tendency toward addiction based on coping strategies, a simultaneous multiple regression test was used. The results show that the problem-oriented strategy negatively and significantly predicts addiction tendency (P = 0.001, β = -0.334). The emotion-oriented strategy positively and significantly predicts addiction tendency (P = 0.001, β = 0.290). However, the avoidance component did not emerge as a significant predictor of addiction tendency (Table 5).

5. Discussion

The present study aimed to investigate the predictive role of psychological capital, coping strategies, and mental toughness in the tendency to relapse among individuals in recovery from substance use. The findings revealed significant relationships between these variables and relapse tendencies, offering valuable insights into addiction recovery mechanisms and relapse prevention strategies. The results indicated that higher levels of psychological capital (hope, optimism, resilience, and self-efficacy) were associated with a lower tendency to relapse. This finding aligns with previous studies highlighting the protective role of psychological capital in addiction recovery (4, 7, 8). These results can be explained by the broaden-and-build theory, which suggests that positive psychological resources expand individuals' coping abilities and build resilience over time (26). However, contrasting findings in certain studies may reflect variations in cultural or contextual factors, such as differences in support systems or access to psychological interventions (1).

Adaptive coping strategies, such as problem-solving and emotional regulation, were found to significantly reduce the likelihood of relapse, while maladaptive strategies, like avoidance and denial, were associated with increased relapse tendencies. These findings are consistent with Carver et al.'s (27) framework on stress and coping, which posits that adaptive strategies facilitate resilience under stress. Research by Berman et al. supports these results, highlighting the detrimental effects of maladaptive strategies on recovery. However, some contradictory findings suggest that cultural or individual differences in coping preferences might moderate these relationships (16).

The study found that higher mental toughness significantly predicted lower relapse tendencies, corroborating previous research (15, 16). This result

Table 1. Descriptive Statistics Related to Research Variables

Variables and Dimensions	Mean ± SD	Minimum - Maximum
Coping strategies		
Problem-focused	55.92 ± 8.40	38 - 75
Emotion-focused	24.13 ± 4.94	13 - 37
Avoidant	52.16 ± 5.85	40 - 64
Psychological capitals		
Hope	21.09 ± 4.03	11 - 29
optimism	31.73 ± 6.00	18 - 47
Flexibility	46.17 ± 8.10	21 - 64
Mental toughness	85.58 ± 8.78	53 - 98
Tendency to addiction	9.32 ± 6.16	2 - 30

Table 2. Pearson Correlation Matrix Between Research Variables

Variables	Hope	Optimism	Flexibility	Problem-Focused	Emotion-Focused	Avoidant	Mental Toughness	Addiction Tendency
Hope	1							
Optimism	0.677 [a]	1						
Flexibility	0.684 [a]	0.642 [a]	1					
Problem-focused	0.407 [a]	0.428 [a]	0.455 [a]	1				
Emotion-focused	-0.427 [a]	-0.515 [a]	-0.470 [a]	-0.610 [a]	1			
Avoidant	-0.208 [b]	-0.359 [a]	-0.186 [b]	-0.492 [a]	-0.382 [a]	1		
Mental toughness	-0.390 [a]	-0.359 [a]	-0.482 [a]	-0.460 [a]	0.501 [a]	0.394 [a]	1	
Addiction tendency	-0.391 [a]	-0.426 [a]	-0.421 [a]	-0.564 [a]	0.535 [a]	0.382 [a]	-0.532 [a]	1

[a] $P \leq 0.01$.

[b] $P \leq 0.05$.

Table 3. Multiple Regression Analysis for Predicting Tendency to Addiction Based on Psychological Capitals

Predictor Variables	β	t	P	R	R^2	F	P
Hope	-0.091	0.824	0.411				
Optimism	-0.228	2.170	0.032	0.477	0.222	13.882	0.001
Flexibility	-0.212	1.994	0.048				

aligns with the self-determination theory, which posits that mentally tough individuals are better equipped to maintain intrinsic motivation and overcome challenges during recovery (28). Discrepancies in the literature, such as findings indicating limited effects of mental toughness, may stem from differences in measurement tools or intervention designs (17).

The study supports the notion that psychological resources and behavioral strategies are critical for relapse prevention. Individuals with higher psychological capital and mental toughness are better equipped to employ adaptive coping strategies, creating a protective mechanism against relapse. These findings emphasize the need for tailored interventions that enhance psychological resources and teach adaptive coping skills. For example, incorporating resilience training and emotion regulation strategies in rehabilitation programs could significantly improve recovery outcomes.

The present study has several limitations. First, the cross-sectional design limits the ability to infer causal relationships. Longitudinal studies are recommended to establish the directionality of these effects. Second, the reliance on self-reported data may introduce biases,

Table 4. Univariate Regression Analysis for Predicting Tendency to Addiction Based on Mental Toughness

Predictor Variable	R	R^2	F	P	β	t	P
Mental toughness	0.532	0.283	58.480	0.001	-0.532	7.647	0.001

Table 5. Multiple Regression Analysis for Predicting Tendency to Addiction Based on Coping Strategies

Predictor Variables	β	t	P	R	R^2	F	P
Problem-focused	-0.334	3.818	0.001				
Emotion-focused	0.290	3.521	0.001	0.620	0.385	30.451	0.001
Avoidant	0.107	1.423	0.157				

such as social desirability or recall inaccuracies. Future studies could incorporate objective measures or qualitative interviews to enhance data quality. Finally, the sample was drawn from a limited geographical area, which might restrict the generalizability of the findings. Expanding the study to include more diverse populations could provide more comprehensive insights.

Footnotes

Authors' Contribution: A. B. J. was responsible for idea generation, study design, review, and preparation of the draft. M. A. handled data analysis and review, while M. H. was responsible for the review and approval of the final version.

Conflict of Interests Statement: The authors declared that they have no conflict of interest.

Data Availability: The data are not publicly available due to privacy concerns.

Ethical Approval: This study was approved by the ethics committee of Azad University of Marvdasht with the ethical code IR.IAU.M.REC.1401.013 .

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Informed Consent: All participants were fully informed about the research objectives before selection, and they completed the consent form.

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