Evaluation of resilience components of the identity of recovered addicts in resocialization: a case study of clients in addiction rehabilitation centers in districts 4, 6 and 22 of Tehran)

Somayeh. Khajavi[1], Abdolreza. Adhami*[2] & Mehrdad. Navabakhsh[3]

1. PhD student, Department of Sociology of Social Issues in Iran. Science and Research Branch, Islamic Azad University, Tehran, Iran.
2. ***Corresponding author:** Associate Professor, Department of Sociology, North Tehran Branch, Islamic Azad University, Tehran, Iran.
3. Professor, Department of Sociology, Faculty of Literature, Humanities and Social Sciences, Science and Research Branch, Islamic Azad University, Tehran, Iran.

ARTICLE INFORMATION	*ABSTRACT*
Article type Original research Pages: 97-102 Corresponding Author's Info Email: adhamiab@yahoo.com **Article history:** Received: 2022/07/15 Revised: 2022/10/28 Accepted: 2022/11/08 Published online: 2023/05/07 **Keywords:** *Resilience, recovered people, identity, socialization, addiction.*	**Background and Aim:** Drug addiction is one of the most important problems of the present era, which has gained a global scope, has gone beyond the boundaries of health and treatment, and has turned into a social and family problem. Addiction, in most cases, causes a person to be isolated from society. Therefore, the present study aimed to evaluate the resilience components of the identity of recovered addicts in resocialization: the case study of referrals in addiction recovery centers in districts 4, 6 and 22 of Tehran). **Methods:** The current research was a descriptive survey research in terms of its practical purpose and in terms of the method of data collection. The method of conducting this study (post-event) as well as this study was in the scope of quantitative research. In the present study, the population included all people who recovered from addiction in rehabilitation centers in Tehran's 4th, 6th, and 22nd districts. The method of selecting samples randomly was simple. Among the 2580 people who referred to these centers, 388 people were selected randomly and with a probability proportional to the volume of the center's clients. For this, a list of centers and the number of its clients was prepared, and 11 centers were systematically selected. This study was carried out in accordance with ethical considerations. The data collection tools were demographic characteristics, resilience scale, and a researcher-made questionnaire on the factors affecting addiction recovery. Data analysis was done by SPSS 24.0 statistical software. **Results:** The results showed a significant difference between the average scores of identity resilience of those who recovered from addiction in the post-test with resocialization ($P<0.01$) so the level of socialization had increased. **Conclusion:** According to the obtained results, it can be claimed that environmental protective factors, environmental risk factors, and exchange-environmental processes are effective in resiliency against abuse and prevention of re-addiction.

How to Cite This Article:

Khajavi, S., Adhami, A., & Navabakhsh, M. (2023). Evaluation of resilience components of the identity of recovered addicts in resocialization: a case study of clients in addiction rehabilitation centers in districts 4, 6 and 22 of Tehran). *jayps*, 4(2): 97-102.

Introduction

Resilience is a complex structure that has been investigated from various perspectives. While some researchers see resilience as a consequence of structure and consider it the absence of psychological problems in response to traumatic events. Others focus more on the process of resilience, which refers to rapid adaptation to a stressful event. The third perspective also relates resilience to personality traits that react well to events and misfortunes (Meister et al., 2015). Resilience has a direct effect on the increase of temptation to use, the subjects who have low resilience are more likely to show the behavior of temptation to use (Eskandari et al., 2019). In the new approaches of addiction prevention, identification and promotion of protective factors, resilience factors, and identification and reduction of risk factors have an important and special place. Resilience is the ability to bounce back, improve or adapt successfully in the face of damage or obstacles, and protective factors play the role of structural blocks of resilience to empower a person to overcome stressful life factors. Campfer presented a transactional model of resilience that included both the process construct and the outcome construct. This model emphasizes less on the cycles of destruction and reintegration than on the exchange nature of environmental content and internal resilience (personal environmental exchange processes) and resilience factors and the consequences of reintegration (resilience processes) (Goldstein, 2013).

On the other hand, the process of stopping drug use and ending relationships with addicted peers is extremely stressful and requires new resources and supportive relationships (Kharmnia & Peyvand, 2018). This perceived social support acts as a strong shield against returning to addiction after treatment by increasing the individual's psychological health (Abdi Zarin and Mahdavi, 2018). Therefore, researchers believe that avoiding drug use is positively related to receiving social support (Alivandi Vafa et al., 2021). Unfortunately, research has shown that about 50 to 75 percent of drug addicts start using drugs again after quitting addiction and being released from prison or rehabilitation centers. This has made the problem of addiction more complicated and difficult (Naemi, 2015). In such a way that even some researchers have estimated the rate of returning to drugs at 80% (Sabzi et al., 2015). Erfani and Porsina (2013) refer to individual, interpersonal, social and environmental factors. On the other hand, this issue leads us to the identity of this group of people. Identity basically means having a clear image of oneself or a conscious idea of who and what one is (Azizzadeh, 2007). Hatch and Schultz (2004) in the definition of social identity believe that when a person tends to classify himself in various social classes and categories, in this way, they will be able to define themselves in a social environment. Giddens (2009) believes that personal identity is formed based on differences and social identity is formed based on similarities. In this model, people are placed in one of four identity states based on the level of identity search and commitment. People with high search are in two states, successful and delayed, with the difference that people with successful identity are committed to certain goals, while groups with delayed identity lack identity commitment. Also, people with premature identity have commitment without search and people with confused identity have not gone through any search and crisis and at the same time they are not committed to specific goals (Naimi, 2015). However, like Kampfer (1999), it should be believed that internal resilience factors are very comprehensive and include cognitive, emotional, spiritual, physical and behavioral dimensions. Each of these factors alone or in combination with each other can start the process of identity resilience in a person. Therefore, it is not without reason that resilience-based programs are used in many fields today, such as academic achievement, crime prevention, and substance abuse. The term resilience can be defined as the ability to deal with difficult situations or adjust them. In fact, resilience is: the capacity of people to stay and resist difficult and dangerous situations. The concept of resilience is based on the theory that despite the fact that some people face several risk factors and as a result, the probability of a disorder in them is higher, but they do not suffer from that disorder. Some researchers believe that the emergence of a state of resilience is caused by factors that protect vulnerable people like a shield from the effects

of exposure to risk factors. Therefore, when talking about addiction, the most important question that is raised is how the resilience components of the identity of those recovered from addiction lead to their resocialization. According to what has been stated, the main purpose of this study is to evaluate the resilience components of the identity of those who have recovered from addiction in resocialization: the case study of patients in addiction rehabilitation centers in areas 4, 6, and 22 of Tehran).

Method

The current research is a descriptive survey research in terms of its practical purpose and in terms of the method of data collection. The statistical population of the present study includes all the clients of addiction treatment centers in Tehran's 4th, 6th, and 22nd districts. According to the report of this center, the number of these people was equal to 2580 people. In this research, according to the nature of the research subject and the statistical population under study, simple random sampling method was used and the number of 388 people was considered as a sample.

Materials

1. Resilience Questionnaire. In this research, a 102-question researcher-made resilience questionnaire was used. This questionnaire covers the components of environmental risk factors, environmental protection factors and exchange processes. The face and content validity of this questionnaire was confirmed by 5 experts. Its reliability was calculated by a pre-test for a total score of 0.87 and for each of the components of environmental risk factors, environmental protection factors and exchange processes, it was reported as 0.82, 0.84, and 0.83 respectively.

Implementation

In this research, after obtaining approval from the ethics committee, a written permission from the Islamic Azad University of Tunkabon branch to Tehran MS Association and a letter of introduction to work in the research environment. After introducing himself to the relevant officials, he explained the objectives of the research and the steps of doing the work to them. After obtaining the approval of the directorate and officials of the MS Association, the sampling work began. A clinical interview and an initial visit were conducted among patients with MS, and 60 people who met the following entry criteria were included in the study after obtaining informed consent. The research

samples were selected in a purposeful way and based on the inclusion criteria. They were divided into an experimental group and a control group through random replacement (using a table of random numbers). After random replacement, in order to comply with the principle of random application, one of the groups was chosen again by chance as the intervention group (they receive a consolidated package) and the control group (the group that only receives drug treatments). All participants completed questionnaires of demographic characteristics, health anxiety questionnaire and failure tolerance questionnaire. The experimental groups were subjected to the mentioned intervention. According to the objectives of the research, 3 months after the intervention, a meeting was held with the aim of evaluating the effectiveness of the intervention. Ethically, during the study, there was no relationship between the control and test groups. In the descriptive analysis of the data, the statistical indices related to each of the research variables were calculated. In the inferential statistics section, analysis of variance with repeated measurements and SPSS-22 software were used.

Results

The mean and standard deviation of the male participants in the research were reported as 36.74 (5.56) and 32.31 (3.44) for the female participants; According to the report of the participants, the highest frequency of drug consumption was opium and the lowest drug consumption was flower. According to the results, the average duration of involvement with addiction of the participants was 6 years; Also, 82% of addicted people, no other person in the family is involved in drug cases, but in contrast to 18% of these people, another person in the family is addicted. 49 people lived in a family of 3-4 people; 165 people in a family of 5-6 people; 93 people in a family of 7-8 people; 81 people in a family of 9-10 people; Three people lived in a family of ten or more. The highest frequency is related to families with 5-6 members and then 7-8 members. Next, in order to investigate the relationship between "environmental protective factors" and "resilience against abuse", in a model, multiple regression test was used in the simultaneous method, the results of which are reflected in Table 1.

Table 1. Regression test to investigate the relationship between environmental protection factors and resilience against abuse					
Model	Predictor variables	The correlation coefficient	The square of the correlation coefficient	Adjusted correlation	Sig.

1	Neighborhood security Job security The presence of professional help Therapy groups Family solidarity Criterion variable: resilience against abuse	0/403	0/163	0/154	0/01

Based on the information in the table above, the relationship between "environmental protective factors" and "resilience against abuse" is estimated to be 0.403. In other words, environmental protective factors (neighborhood security, job security, presence of professional help, therapy groups, family solidarity) explain about 16.3% of the variance related to "resilience against abuse" of the sample. (R^2=0.163). The calculations related to the F statistic showed that the regression model is a suitable model and the predictor variables are well able to explain the changes in the criterion variable (p=0.01).

Table 2. Regression test to investigate the relationship between environmental risk factors and resilience against abuse					
Model	Predictor variables	The correlation coefficient	The square of the correlation coefficient	Adjusted correlation	Sig.
1	Lack of social support Conflict with spouse and children Having a disabled child Family issues Criterion variable: resilience against abuse	-0/486	0/221	0/172	0/01

Based on the information in the table above, the relationship between "environmental risk factors" and "resilience against abuse" is estimated as -0.486. In other words, environmental risk factors (lack of social support, conflict with spouse and children, having a disabled child, family problems) explain about 22.1% of the variance related to "resilience against abuse" of the sample. (R2=0.172). The calculations related to the F statistic showed that the regression model is a suitable model and the predictor variables are well able to explain the changes in the criterion variable (p=0.01).

Table 3. Regression test to investigate the relationship between exchange-environmental processes and resilience against abuse					
Model	Predictor variables	The correlation coefficient	The square of the correlation coefficient	Adjusted correlation	Sig.
1	exchange-environmental processes Personal attitude to materials Environmental changes of the addicted person Criterion variable: resilience against abuse	0/408	0/186	0/191	0/01

Based on the information in the above table, the relationship between "exchange-environmental processes" and "resilience against abuse" is estimated as 0.408. In other words, exchange-environmental processes (personal attitude towards substances, environmental changes of

the addicted person) explain about 19.1% of the variance related to "resilience against abuse" of the sample (R=0.191). Calculations related to the F statistic showed that the regression model is a suitable model and the predictor variables are well able to explain the changes in the criterion variable (p=0.01; 274 and df=7, F=16.38).

Conclusion

The present study was conducted with the aim of evaluating the resilience components of the identity of recovered addicts in resocialization: the case study of the referrals in addiction rehabilitation centers in districts 4, 6 and 22 of Tehran). The results of the hypothesis test of this study showed that all 3 hypotheses were confirmed. Environmental protective factors included neighborhood security, job security, professional help, therapy groups, and family solidarity. The findings of the present research are consistent with the following findings: Jafari (2009); Sohrabi (2004); Ali Moradi (2011); Hosseinifar (2011); A teacher and a competitor (2010); Kidrov et al. (2004); Zimmerman et al. (2004); Kalsin et al. (1996); Craig et al. (1996); Bruner et al. (1997); Khosravi Kabir et al. (2008); Katibaei et al. (2010). These findings were similar to the research results presented in this report. Parsons considers four dimensions for social security, each of which is related to a sub-system of society, and by having them, one can hope to achieve security at the level of society. Financial and economic, political, legal, judicial and cultural security are necessary in Parsons's intellectual system, respectively, and each has a special place. The lack of each of these dimensions disrupts the cybernetic process and disrupts the world of functions and makes the society as a whole unbalanced and disturbed. The location of the neighborhood and residential areas play a key and effective role in creating a sense of security for people. Therefore, regions can be classified based on the quality of urban security and sense of security. In some areas, where due to various social, economic and even activity reasons, there are more favorable conditions for the emergence and escalation of insecurity, the social life conditions of the people have suffered serious problems. Various factors prevent recovered people from returning to addiction. The lack of a job is one of the most important problems for people who have recovered from addiction, so it is an important

factor in the return of addiction. If it is possible to create jobs for drug addicts freed from addiction according to their job skills, not only will their recurrence be prevented, but the field of empowerment and their return to the center of family and society will also be provided. It seems that having a job and job skills have an effective role in predicting the durability of addiction treatment. Considering the important role of employment in preventing the return to drug use, the necessity of creating job opportunities to prevent the return to the cycle of addiction is emphasized. Group therapy means the application of psychotherapy methods on the group in order to benefit from the mutual influence of group members on each other. On the other hand, resilience refers to standing against danger, but it is a gradual phenomenon and the accumulation of danger can defeat even the most resilient people. Rutter points out that resilience is an interaction with the risk factor. That is, it has a growing materiality that originates from the biological and early experiences of Zenada, and protective factors can act in different ways in different stages of development. Therefore, group therapy has an effect on the self-efficacy and resilience of drug addicts under treatment (Azadeh et al., 2016).

Family and family relationships play a very important role in people's resilience. By providing the basic needs of their children to the extent of their ability and sense of responsibility, families trust them and monitor their activities. Families should give education to their children from their childhood and do not withhold support, encouragement and emotional, spiritual and spiritual solidarity from family members. In line with the international standards of substance abuse prevention, the family is considered as the first platform in preventive interventions and the training of parents' parenting skills for early childhood, middle childhood and early adolescence is emphasized; Because children are at home for more than 4300 hours a year and effective interventions to empower them will make them have sufficient skills and a healthy lifestyle while being resilient. In the product basket of the Iranian family, the issue of teaching parenting skills to help parents create a positive and caring relationship with their children, using firm discipline, having realistic expectations, etc. should be given serious

attention. Family, as it may be a place to preserve and grow people and help to solve stress and injury, can be a source of tension, problem and disorder. Ignorance of parents, poor communication between parents and children, paying too much attention to the child and not being able to bring him back, lack of discipline in the family, a tense or chaotic family and disunity increase the possibility of committing various types of delinquency such as drug abuse. Parents who use drugs make their children consider drug use as a normal behavior and do similar behavior by modeling their behavior. Meanwhile, the lack of family support for the injured person, marital and family problems and conflicts, and the presence of a sick and disabled child in the family can lead to more conflicts for the person.

Conflict of Interest

According to the authors, this article has no financial sponsor or conflict of interest.

References

Abdi Zarin, S., & Mahdavi, H. (2018). The effectiveness of cognitive-behavioral therapy on self-efficacy and resilience in addicts referred to drug addiction camps in Behshahr. Addiction Research, 12(49): 39-56.

Alivandi Vafa, M., Fathi, A., Kalandzan, S., & Rostami, H. (2021). Predicting the level of resilience of addicted men treated with methadone based on the variables of spiritual intelligence and emotional intelligence. Journal: Law enforcement medicine, 1(2): 117-124.

Azadeh, M., Ghazinejad, M., & Sadeghi, A. (2016). Investigating the relationship between the location of the neighborhood and women's sense of social security (comparative comparison of Vanak and Sarassiab neighborhoods). Women in Culture and Art, 8(2): 205-224.

Bolier, L., Haverman, M., Westerhof, G. J., Riper, H., Smit, F., & Bohlmeijer, E. (2013). Positive psychology interventions: a meta-analysis of randomized controlled studies. BMC Public Health, 13, 119-139.

Erfani, N., & Porsina, M. (2013). Comparison of personality profiles of drug addicts anonymous and non-anonymous male prisoners. Addiction Research Quarterly, 7(25): 73-88.

Eskandari, E., Jalali, A., Mousavi, M., & Akrami, N. (2019). Predicting psychological resilience based on social support and attachment style with the mediation of self-efficacy and meaning in life. Journal of Positive Psychology, 5(2), 17-30.

Farivar, M., & Mirhashmi, M. (2018). Predicting the probability of relapse to drug use based on the resilience and communication patterns of spouses of addicts. Journal: Addiction Research, 12(46): 87-100.

Goldstein AL, Faulkner B, Wekerle C. The relationship among internal resilience, smoking, alcohol use, and depression symptoms in emerging adults transitioning out of child welfare. Child Abuse Negl. 2013 Jan;37(1):22-32. doi: 10.1016/j.chiabu.2012.08.007. Epub 2012 Dec 21. PMID: 23260123.

Hosseini al-Madani, S. A., Ahadi, H., Karimi, Y., Bahrami, H., & Moazedian, A. (2013). Comparison of resilience, identity styles, spirituality and perceived social support in addicted, non-addicted and recovered people. Journal: Addiction Research, 6(21): 47-64.

Javadi, Kh. (2008). The relationship between family functioning and resilience against drug use in male high school students of high-risk schools. Dissertation of University of Welfare and Rehabilitation Sciences.

Mahmoudian, T., Amiri, Sh., Taher Nashat Dost, H., & Manshai, Gh. (2019). Comparison of the effectiveness of schema therapy and cognitive behavioral therapy on improving primary maladaptive schemas in anorexia nervosa patients with weak maternal attachment. Journal of Clinical and Counseling Psychology Research (Educational and Psychological Studies) 8(1): 124-141.

Meister, R. E., Weber, T., Princip, M., Schnyder, U., Barth, J., Znoj, H., Schmid, J. P., & von Känel, R. (2015). Resilience as a correlate of acute stress disorder symptoms in patients with acute myocardial infarction. Open heart, 2(1), e000261.

Rashidzadeh, A., Beyrami, M., Hashemi Nosrat Abad, T., & Mirnasab, M. M. (2019). The effectiveness of teaching positivity based on religious teachings in the psychological health and resilience of mothers with autistic children. Women and Family Studies, 12(43), 59-83.

Sabzi, M., Motamedi, H., Rafiei, H., & Alipour, F. (2015). The relationship between social control and social support with resilience against substance abuse in boys with an addicted father. Social Welfare Quarterly, 13(50): 207-228.