COMPARISON OF PROBLEM-SOLVING STYLES AMONG NON-ADDICT AND ADDICTED YOUNG ADULTS (20-35 YEARS) IN ISFAHAN, 2012

YEGANEH YAVARI\textsuperscript{a1} AND MARZIEH AREFI\textsuperscript{b}

\textsuperscript{a}Department of Psychology, Science and Research branch, Islamic Azad University, Urmieh, Iran
\textsuperscript{b}Assistant Professor, Department of Psychology, Science and Research branch, Islamic Azad University, Urmieh, Iran

ABSTRACT

The present study compared the problem-solving styles among addicted and non-addict young adults (20-35 years) and was conducted in Isfahan in 2012. The population sample included 100 people who were addicts and 107 control individuals. Among referred subjects to Addiction Treatment Center of Amin Hospital, in a random manner a sample group of addicts and their relatives referred to hospital clinics and shopkeepers around, the control and treated group were selected. Method was a casual and comparative. In this study, the diagnosis of the difference between solving style was done by Long Cassidy questionnaire. The data obtained were analyzed by using statistical analysis. The statistical analysis between two groups was not significant difference between drug and control in problem solving. Demographic indicators (education) in both groups showed significant relation (0.001 > P) and (0.000 > P).

KEYWORDS: Problem Solving, Addiction

From effective coping strategies, problem-solving approach can be noted that a comprehensive and elaborative method often included as a component of self-government, education, problem solving process, enhancement of example and is affective role (Hughes, Translated by Najarian et al, 1996).

Having effective problem solving and decision making skills, stress management and assertiveness skills and having the courage skills has inverse relation to alcohol, tobacco and other substance. The higher personal and social skills reduce willingness to drug use. Several studies on the direct relationship between smoking and poor problem-solving skills have discovered. (Elikson and Hay 1990; Cairns and Vabinson, 1986 as quoted by Epstein et al., 2000)

The importance and necessity of research: substance abuse can change mood and behavior, mental disorders; one of the most significant social damage, the dependence of disorders and dependency to them causes to complex psychological and social effects (Noorani Poor, 2004, p 15).

The research purpose: Comparison of problem-solving styles among addicted and non-addict young adults (35-20 years) in Isfahan in 2012

Hypothesis: it appears that there is a difference between addicts and non-addicts in solving problem styles.

Problem statement: Many studies have also shown that teaching coping skills to avoid relapse with a high degree of correlation between drug-dependent individuals and individuals with cognitive and behavioral coping skills, relapse prevention, are highly successful in the process. Research evidence confirms the fact that coping skills such as problem solving strategies reduce the detoxification process and reuse materials will eventually prevent relapse. Also, the use of problem-focused strategies has is a significant positive relationship with resiliency (Jafari et al, 2009, p 79). Endler and Parker (1990, quoted by Shokri, 2007, p 250) addressed the public review process and divided subjects in the terms of three basic styles of coping that distinguishes them: coping emotion-focused style, avoidant coping style and a problem-oriented style. Emotion-focused coping strategies describe ways in which a person focuses on his or her efforts noticed by reducing the unpleasant feeling themselves. (Halahan, Daris and Power, quoted Shokri, 2007, p: 250)

Emotional coping style included behaviors and cognitions which aim to change a person's response to stressors and then tries to alter the distressing emotional responses to stress are reduced. This style includes strategies such as crying, angry, upset, addressing behavior censorious, self-preoccupation, fantasies, and focus on the emotional aspects of the problem. (Gomez and McLaren, quoted Mikael Monie, 2009, p: 47)
Problem-focused coping style, which is the most efficient way to deal with challenge is optimized applications of variables of problem-focused coping style, which is the most efficient way to tackle the optimal use of variables, logical, flexibility, foresight and careful assessment of the actual needs of availability (Shizayden and Radmacher, 1992, quoted Abdollahi et al, 2011, p: 284).

Problem solving ability is an important strategy that enables a person to rein problem situations of everyday life and negative emotional affect them well, through reducing psychological stress (Baron, Parker, 2000, quotes Zeinali et al, 2010, p 362). Ways of solving the problem and complexity facilities, knowledge, skills and abilities show alternative and successor options and depends on previous experience the question (Kralonohyrenil, 2000, quoted Khoshkam, 2008, p: 33). People who have high self-esteem apply problem-solving style to face a sense of personal control and are more stable and have a greater expectation of success, less depressed and anxious and less health problems and health (Heppner, 1995)

Problem solving approach is suitable and interesting both for professionals and patients. Because it can easily be learned and in a range of situations that commonly arise in psychiatric treatment applied. Problem solving is often a short-term intervention.

This approach is different from the use of cognitive strategies. In the past decade, the problem was a model for expanded services in general and special education (Allen & Gordon, 2002, Deno, 2003, quoted Nasri, 2006, p: 129, 1994, quoted Mostalemi et al, 2005).

Research method 1: In this study, the research design is apost event. The purpose of applying the causal - comparative method (post event) is finding probable cause of a behavioral pattern. This is often the post-events (Delaware, 1997, pp. 393), it refers to cases in which the cause of the occurrence happens before and study is recently based on the effect on another variable whose effect is called persist; it is possible (Delaware, 2007). Study of the post-events is retrospective and tries to follow the apriority (Sarmad et al, 2011, p: 100).

Population: All patients in the first group of 20 - 35 years old are addicted who receive methadone from May to July 2012 in Addiction Treatment Center of state admitted to Amin Hospital and a control group was non-addicted individuals who had introduced their questionnaires non-addict.

Sample, sample size and sampling method: Sampling was took action as follows:

The first group of patients in all age ranges 20-35 years by using the method of randomly selected 100 cases with informed consent, only those who were accepted within population that also located in this age range and their duration dependence was over 2 years, and had at least one month of the long-term detoxification at addiction centers in the past and have had to stop at least twice. In contrast group, species sampling was a random sampling style. Number of samples was one hundred and seven of these population groups include people with no history of drug dependence or abuse based on control variables such as age, gender among the companions of clients outpatients of same hospital and the workshops and outpatient clinic who were at same hospital with a manner randomly selected peer. For safe keeping and harnessing cultural and socioeconomic factors in the control samples from different individuals they were randomly selected from the same place.

Scale of problem solving: The Long and Cassidy questionnaire (1996) was made in two stages, with 24 questions, the 12-item style, problem-solving, problem-focused and emotion-focused problem solving that each of these styles measure 3 factors of 4 items respectively as follows: helplessness, avoidance, problem solving, creativity, style, confidence, problem solving, avoidance style, style trends.

Reliability and validity of problem solving tests: In research of Mohammadi and Sahebi (2001) alpha coefficients were, respectively, for helplessness(69%), inhibitor of solution (66%), style of creativity (63%), confidence in problem solving (72%), avoidance (53%), style trends, 37%, and the total average or 60% and the average internal consistency coefficient of correlation for the above cases have been reported 37%, 33%, 29%, 39%, 21%, 20%, respectively. Note that the alpha coefficients is higher than 0.50 (except style trends) and alpha 0.60 as well as the average internal consistency of the tests, the scale is valid. In Babapour's research (2002), Cronbach's alpha reliability coefficient has been reported 77% to 87%. The research of Saber (2011) the validity and reliability were 90% to 79%, respectively.
Grading Method: Questions on a three-point scale, "Yes, I do not know, no" is graded. The "yes" scores 2, the "no" scores zero, and the phrase "I do not know" scores 1 and all scores represent the sum of the scores for each of the six factors.

Descriptive research’s findings

Table 1: Frequency and frequency percentage of participants’ educational levels

<table>
<thead>
<tr>
<th>Level of Education</th>
<th>Percentage of Frequency</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under diploma</td>
<td>31.9</td>
<td>66</td>
</tr>
<tr>
<td>Diploma to Bachelor</td>
<td>65.2</td>
<td>135</td>
</tr>
<tr>
<td>MA and PhD</td>
<td>2.9</td>
<td>6</td>
</tr>
</tbody>
</table>

Descriptive research’s findings

Table 1: Frequency and frequency percentage of participants’ educational levels

Education of applicants is as follows

Number of individuals who have under diploma degrees was 66 percent and frequency is 31.9. People with diploma, associate degree and bachelor's degree were 135 and frequency was 65.2 and it was reported as the highest number of education seen in this category. People who have postgraduate education and PhD were also 6 ones and their frequency is 2.9, the lowest number in degrees is seen in this study.

Analytical findings of study

Hypothesis: it seems there is a difference between addicts and non-addicts in solving styles.

Table 2: Comparison of average problem solving styles between groups of addicts and non-addicts

<table>
<thead>
<tr>
<th>group</th>
<th>T</th>
<th>average</th>
<th>number</th>
<th>degrees of freedom</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>addict</td>
<td>0.93</td>
<td>29.12</td>
<td>100</td>
<td>205</td>
<td>0.352</td>
</tr>
<tr>
<td>control</td>
<td>0.92</td>
<td>28.4</td>
<td>107</td>
<td></td>
<td>0.359</td>
</tr>
</tbody>
</table>

Table 2 shows that there is no significant difference in the mean problem solving style between addicts and non-addicts.

Because there are different means and the significance level greater than the alpha level.

DATA ANALYSIS

Hypothesis: there are differences between the style of problem solving addicts and normal subjects in the theories of problem solving style of addicts and non-addicts that do not show significant differences. These findings are consistent with results from other studies because in the end possible causes are mentioned. The results will be a source of theorizing. They return underlie addiction is wrong. As long as this patient's attitude toward the problem of drug addiction does not change completely, changing behavior would be elusive. The results will contribute and lead no difference between the groups. Finally, although the study of problem solving has seemingly significant effect between the two groups and the drug was not a course about why possible determination presents but this is never the reason that problem solving in groups is always meaningless.

Suggestions: Considering that the aim of the study was to compare the style of problem solving in addict and non-addict young adults (20-35 years) in Isfah in 2012 that are in line with the findings and recommendations resulting from the study: Using other measures to investigate the causes of recurrence of technology addiction and addiction

Orientated research and discover ways to modify the damaging effects of addiction

Families of drug education classes to learn the correct way to deal with addiction Choosing more experienced, qualified and more useful psychologists, for drug users to communicate and learn the correct way to not relapse

Learning ways to fight addiction

Providing a close relative of a person to act as the controller until the temptation of reuse is controlled.

Recommended in order to achieve the goals of preventing addiction problem solving training class is taught.

It is suggested that other skills will also be taught to addicts.

Economic and cultural organizations that encompass all matters relating to drug to reduce the possible complications of addiction, mental health and personal growth and help the addicts.
Addiction’s risks are no known to people and the tendency of people to addiction shows the need for community education to prevent drug abuse. Risks to the drug back has always been important and the addiction to deal with the addiction more complex interactions. Patients’ views about the barriers to continue drug abuse addiction can help preventing recurrence.

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