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Substance Use Disorder and Self Esteem: Self Esteem in Substance Use Disorder Clients in Recovery

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Abstract

Substance Use Disorder (SUD) is a growing problem which has an adverse impact on individuals, families and entire societies. The present literature review is part of a study the purpose of which is to identify the possible effect of drug rehabilitation on building Self-Esteem among SUD clients in recovery. The literature review aims to shed light on various aspects related to SUD, and to examine what has already been published in a body of studies examining the relationship between low Self-Esteem and SUD. In the cross-sectional study affiliated with the literature review, a convenience sample of residents of four drug rehabilitation facilities in Cairo Egypt, under Freedom Drug Rehabilitation Program, was approached in order to solicit volunteers to participate in the study. A demographic sheet was used to collect the personal information of participants; additionally, Rosenberg Self-Esteem Scale (Rosenberg, 1989) was administered to measure the participants' levels of Self-Esteem, where each participant has spent a different time span in rehabilitation.

Keywords: *Substance Use Disorder, Self-Esteem, Rehabilitation, Recovery.*

Introduction

Being a chronic, relapsing brain disease (Volkow 2014), SUD has caused researchers to study predispositions of the disease and means of avoiding relapse. Several studies have indicated that Low Self-Esteem, among other factors, is a possible predisposition for SUD and the relapse of such.

In study that aimed to examine the relation of Self-Esteem and illegal substance usage in high school students, Khajehdaluee, Zavar, Alidoust, Pourandi (2013) stated in their research article that their study results indicated a significant positive or negative association between the Rosenberg self-esteem test results and smoking, and substance abuse. Khajehdaluee et al. (2013) suggested that increasing self-esteem is essential for preventing the adolescents' emotional and behavioral disorders including drug-abuse prevention.

Martin, Bliven, & Boisvert (2008) conducted a study to measure Occupational Performance, Self-Esteem, and Quality of Life in Substance Addictions Recovery. Martin et al (2008) performed a pre-test and post-test to evaluate changes in occupational performance, self-esteem, and quality of life among clients completing a substance abuse recovery program. Researchers investigated Seventy-five clients with four to six months interval, using the Rosenberg Self-Esteem Scale, and the Quality of Life Rating scale. Results showed improvement with significant differences between intake and discharge scores for all measures.

Substance use disorder (SUD)

In a National Institute of Drug Abuse (NIDA) publication on the Science of Addiction by Volkow (2014), severe SUD is defined as a chronic, relapsing brain disease that is marked by compulsive drug craving and use, in spite of adverse consequences. The disorder is termed a brain disease since drug use changes the brain - in structure and in mode of functioning. The changes can be long term, and can possibly lead to the harmful behaviors on the part of drug users.

In the guide on the Principles of Drug Addiction Treatment, Volkow (2018) indicates that SUD is characterized by uncontainable drug craving, along with compulsive drug seeking and use that persist despite devastating

consequences. Volkow (2014) explains that the reason is that the abused substance changes the brain; its structure and how it works. Volkow (2014) elaborates that when a person first uses a substance, they may perceive what seems to be a positive outcome; and may believe that their use is under control.

However, according to Volkow (2014), clinical examination shows that drugs can quickly control their lives. Over time, taking the substance becomes necessary for the user in order to just barely feel normal. Volkow (2014) asserts that the initial decision to take drugs could be voluntary; yet, with sustained use, the ability to exert self-control becomes seriously impaired. Brain imaging studies of people with addiction show physical changes in areas of the brain that are critical to judgment, decision making, learning and memory, and behaviour control. Volkow (2014) elaborates that scientists believe that these changes alter the way the brain works and may help explain the compulsive and adverse behaviours of substance dependence.

According to a Substance Abuse & Mental Health Services Administration (SAMHSA) (2019) publication, SUD affects individuals from all age groups and all aspects of life. SUD occurs when the continual use of substances such as alcohol and/or drugs causes clinically significant deficiency, inter alia health problems, impairment, and failure to meet main responsibilities at work, school, or home.

Research has shown that long-term substance use results in changes in the brain that endure long after a person stops using drugs. (Volkow, 2012) These substance-induced changes in brain functions have severe effects, including an inability to exert control over the impulse to use drugs despite adverse consequences.

Surgeon General (2016) indicated in his report that well-supported scientific evidence shows that SUD, be that alcohol or drugs, is a chronic brain disease that has potential for recurrence and recovery.

Volkow, Koob & McLellan (2016) in their study: Research Advances in Neurobiology clarify some of the mechanisms of the intense trouble in decision-making impairment and emotional imbalance exhibited by individuals with SUD. Research is providing insight into the disruption taking place within fundamental biologic processes resulting in alteration of behavioral control in drug use and other related disorders (Volkow et al, 2016)

Volkow et al. (2016) state that advances in research has indicated a theory which is contrary to what has been believed that over time the addicted brain would become more sensitive to the rewarding effects of drugs and that this increased sensitivity would be reflected in higher levels of dopamine in the circuits of the brain reward system (including the nucleus accumbens and the dorsal striatum) than the levels in persons who never had a drug addiction. Volkow et al. (2016) explain further that clinical studies indicate that drug consumption triggers much smaller increases in dopamine levels in the presence of addiction than in persons who have never used drugs.

The addicted brain reduces the release of dopamine; thus, the brain's reward system becomes much less sensitive to stimulation by both drug-related and non–drug-related rewards. Consequently, Volkow et al. (2016) explain, persons with addiction no longer experience the same degree of euphoria from a drug as they did when they first started using it. This claim explains why the addicted brain often becomes less motivated by everyday stimuli (e.g. relationships and activities) than it did prior to having started using drugs. It has been asserted that such changes become deeply embedded and cannot be immediately reversed by simply terminating drug use through detoxification (Volkow et al., 2016).

Recovery

According to SAMHSA (2009), recovery is a 'holistic healing process' in which an individual develops a positive and meaningful sense of identity, and redefinition of the self.

Volkow (2018) explains that because SUD has so many dimensions and disrupt so many aspects of an individual's life, treatment is not simple. Volkow (2018) further states that operational treatment programs incorporate several components, each of which aims at a particular aspect of the illness and the consequences of such. SUD treatment is required help people seeking help to stop using narcotics, maintain a drug-free lifestyle, and achieve productive functioning in the family, at work, and in society. Because SUD is a disease, most people cannot simply abstain for a few

days and be cured. Individuals suffering from SUD require long-term or repeated occurrences of rehabilitation in order to achieve the definitive goal of sustained abstinence and recovery. Scientific research has proven the value of continuing care in treating SUD, using various approaches that have been tested and integrated in residential and community therapeutic settings (Volkow, 2018).

Self esteem

As per Mruk (2013), self-esteem expert, Sociologist Morris Rosenberg explains self-esteem as one's attitude toward self. Rosenberg describes self-esteem as either a favorable or unfavorable attitude toward oneself (Mruk 2013); asserting that self-esteem is an essential determinant of psychological well-being that can lead to severe problems during adolescence.

In the Encyclopedia Britannica, Nolen (2020) defines Self-esteem as a sense of personal value and aptitude which is essential to an individual's identity. Nolen (2020) refers to Karen Horney who asserted that low self-esteem leads to the development of a personality that extremely craves approval and regard, demonstrating an extreme longing for personal achievement. She envisioned healthy self-esteem as the solution to many, if not most, psychological and behavioural problems (Mruk, 2013). According to Alfred Adler's theory of personality, low self-esteem leads people to strive to overcome their perceived inferiorities and to develop strengths or talents in compensation; he saw self-esteem as a way of overcoming a deep sense of inferiority, which Adler believed was related to human behaviour, both positive and negative. (Nolen, 2020 & Mruk, 2013).

Researcher, author, and Psychology professor, Dr. Christopher J. Mruk (2013), states that self-esteem has been defined in three different ways, at least: one connects self-esteem to an individual's general success or competence; a second definition is based on understanding self-esteem as a sense of worth or one's "worthiness" as a person. The third approach, which Mruk adopts, involves defining self-esteem as a relationship between the two factors. Mruk (2013) argues, 'that it is only an individual's competence at dealing with the challenges of living in worthy ways that gives rise to healthy, positive, or authentic self-esteem' (P. 1)

Mruk (2013) states that Branden may have been the first to give the two-factor definition stating that 'Self-esteem has two interrelated aspects: it entails a sense of personal efficacy and a sense of personal worth. It is the integrated sum of self-confidence and self-respect. It is the conviction that one is competent to live and worthy of living. (p. 110)

Why is self esteem important?

Mruk (2013), in his book Self-Esteem and Positive Psychology, states that self-esteem is a critical topic due to several reasons, inter alia, there are 'relatively few dimensions of human life that stretches across the full spectrum of behavior' (P. 3), such as development, personality, or identity. At one end of the spectrum, Mruk (2013) states, low self-esteem can be connected depression, hostility and anger, social anxiety, shame and guilt, embarrassment, loneliness, as well as general negative affect versus more positive affect among those with high self-esteem.

Mruk (2013) suggested that during the late 80s and mid 90s of last century, academia emphasized the possibility of a link between individual self-esteem and major social problems, including substance abuse, welfare, and teen pregnancy.

Dr. Nathaniel Branden, a leading expert in the field of self-esteem, has written extensively on the topic. According to Branden (1995 & 2001), self-esteem is made up of two main components namely, self-efficacy, which is trust in one's ability to deal with the challenges of life and self-respect, which is believing that self is worthy of happiness, achievement and love.

Dr. Nathaniel Branden (2001), claimed to be the father of self-esteem, in his book, the Psychology of Self-Esteem, states that Self-esteem has two interrelated aspects: it entails a sense of personal efficacy and a sense of personal worth. Branden (2001), several years before Mruk's research-based findings, explains further his description of self-esteem as 'the integrated sum of self-confidence and self-respect. It is the conviction that one is competent to live and worthy of living'. (p. 110).

Relationship between self-esteem and SUD

Several studies have indicated a strong correlation between SUD and Self Esteem.

Khajehdaluee, M, Zavar, A, Alidoust, M & Razieh Pourandi, R. (2013) conducted a study where they aimed at evaluating the relationship between low self-esteem and illegal drug abuse. The study was conducted through examining 943 students - grades nine to twelve - from Sarakhs, during the year2010 - 2011. Adolescents who participated in the study, completed two self-report questionnaires. The first questionnaire included questions about participant and family information, smoking and illegal substance use history, and the second was the Rosenberg's self-esteem scale. Results of the study showed a significant association between the Rosenberg self-esteem test results and smoking, and illegal substance use. Researchers proposed that increasing self-esteem is essential for preventing the adolescents' emotional and behavioral disorders.

Akhter (2013) conducted a study that aimed to assess the relationship between Self-Esteem and Substance dependence. Researchers conducted their study examining a sample of 240 participants (80 participants for each substance); they were aged 20-30.

The research concluded that substance has a strong influence on one's self-esteem and that using high doses of substance may lead to low self-esteem. Substance use further has a very strong influence on one's health and academics. Results agreed with research hypothesis, confirming a strong influence on self-esteem, which has long been hypothesized to play a critical role in psychoactive substances (Akhter, 2013).

In another study that aimed to investigate the role of self-esteem in the tendency towards addiction, theft and prostitution in Kerman city, Iran, Alavi (2011), examined a sample of 300 individuals, 200 of whom had a record of addiction, theft and prostitution in the central prison of Kerman city, and 100 ordinary people. Of the total sample 283 filled out the questionnaires and accordingly their responses were analyzed. Results revealed that individuals with a history of drug addiction, theft and prostitution had lower self-esteem than normal people. Researchers recommended that society as a whole need to work on improving self-esteem, adding that authorities needed to include enhancement of self-esteem as a strategy of substance use recovery (Alavi, 2011).

In another study targeting teen girls, Wheeler (2010) indicated in his study that increased self-esteem and academic performance improvement among young girls can have benefits in decision-making related to tendency towards premature sexual behavior and drug use disorder. He reported that the higher the self-esteem, the lower the likelihood of drug use among targeted sample. Wheeler concluded that increased self-esteem and academic performance improvement among young girls can have benefits in decision-making related to premature sexual behavior and drug use disorder.

However, a few studies have results that would not associate low self-esteem with SUD.

Jensen (2011) conducted a study to evaluate the impact of self-esteem as it related to substance use in emerging adults (18-25). She stated in her literature review that SUD has been increasingly recognized as contributing to one of the United States' most costly, and challenging health and social conditions. Jensen (2011) indicated in her study that a correlation between self-esteem and substance use was found in the majority of research looked at for her dissertation. She elaborated that it was also reported in many studies that the relationship between self-esteem and drinking behavior was strong and that low self-esteem often predicted alcohol and substance abuse problems. Accordingly, Jensen (2011) hypothesized that self-esteem would be negatively correlated with substance use. However, contrary to previous research, Jensen (2011) indicates in the findings of her study, insufficient evidence to correlate self-esteem and substance use. The study failed to find a statistically significant correlation between gender and age differences with substance use in emerging adulthood. However, the study had the limitation of having the majority of participants being females between the ages of 22-25.

Another study conducted by Pritchard Wilson, & Yamnitz (2007), however found no relationship between self-esteem and alcohol usage. Based upon the previous research, scholars hypothesized for their study that self-esteem would be negatively correlated with both drug and alcohol use. Contrary to previous results, Pritchard et al. (2007) found that there was insufficient evidence to correlate self-

esteem and alcohol/substance use. This study failed to show a statistically significant correlation between self-esteem and alcohol abuse, marijuana abuse, cocaine abuse or other illicit substance abuse. However, a limitation of this study was the small number of study participants that reported using cocaine or other illicit substances.

In attempting to find literature to this effect, scholar could not find recent studies examining a possible correlation between time spent in drug rehabilitation program, Self-Esteem in the Egyptian or the Middle Eastern Culture. There is a paucity of information and studies that tackled low self-esteem and Dysfunctional Attitudes in SUD clients in rehabilitation.

However, there has not been an ample body of research work that connected a raise in self-esteem of SUD clients in recovery in relation to time spent in rehabilitation/therapeutic communities. Given the body of literature connecting low self-esteem with SUD, it can be anticipated that the former does have a significant effect on the latter, which makes it worthwhile to investigate the correlation between time spent in rehabilitation and raising the level of self-esteem with SUD clients in recovery.

Methods

All recovering addicts within the rehabilitation centers above 18 years of age were invited to participate in the study, after conducting briefing sessions to explain the details and objectives of the study.

The researcher adopted a structured approach: Rosenberg Self-Esteem Scale (Rosenberg, 1979), was administered to measure volunteer participants' Self-Esteem in a cross-sectional study. The Questionnaire was filled in a closed area to ensure privacy and confidentiality.

Limitations to the study is that no follow up is conducted to measure progress of Self- Esteem in participating individuals, after completing rehabilitation, since the time frame of the study did not allow for such follow up. Data analysis would include the length of stay in the drug rehabilitation center as a variable. Another limitation is that the questionnaire is that of a self-reporting nature, which does not allow for scholar observation to match with participant input.

The present is a prospective quantitative cross-sectional study that aims at measuring the possible effect of drug rehabilitation on Self-Esteem among SUD clients residing in a rehabilitation center, and at correlating Self-Esteem to the length of time spent in the Drug Rehabilitation center. Even though correlation doesn't imply causation (Shuttleworth 2010), indicating a limitation of choosing the present design to structure the study, the results of the study could still give an indication that may assist in elevating self-esteem of SUD clients in rehabilitation.

Clients spending different time spans in rehabilitation filled the RSES, along with a demographic sheet. Data would be entered into statistics data base software and analyzed in order to identify the correlation between Self Esteem and time spent in the Drug Rehabilitation Center.

Results

For the sake of the present study, data would be compiled and uploaded into an access compatible encrypted file. Data analysis would be performed by the IBM SPSS (Statistical Package for the Social Sciences) software (Version 23.0). Numerical data would be presented as mean and standard deviation (SD) values while categorical data will be presented as frequencies and percentages. Linear regression analysis would be used to determine significant predictors of self-esteem. The significance level will be set at P-value ≤ 0.05.

Discussion

A considerable body of research studies has explored and indicated correlation between SUD and low Self-Esteem. Results indicated a negative correlation (Alavi, 2013 & Akhter, 2011). The present study aims at measuring self-esteem among SUD clients in recovery, particularly aiming to identify the effect rehabilitation has on self-esteem.

The importance of such focus lies in considering self-esteem as hypothesized by researchers mentioned herein (Mruk 2013, 2013, 2013b; Branden , 1995, 2001), and ruling out the negative connotation that some scholars have identified in their studies of self-esteem (Jensen, 2011 and Pritchard et al., 2007), thus including

recovery approaches targeting raising self-esteem among SUD clients. The focus would allow for potential increase in statistics of recovering SUD clients, and allow for sustained recovery.

Conclusion

Consequences of substance abuse on the society in general and on youths in particular are extremely negative in every aspect of life. Volkow (2018) indicate that Addiction affects multiple brain circuits, including those involved in reward and motivation, learning and memory, and inhibitory control over behavior. That is why addiction is a brain disease. Some individuals are more prone to severe SUD than others, depending on the interplay between genetic makeup, age of exposure to drugs, and other environmental influences. Despite individuals' initially choosing to use substance, over time the effects of long-term exposure of the substance on brain functioning compromises the ability to choose; craving and consuming substance become compulsive, often escaping a person's self-control or willpower.

But SUD is more than just compulsive substance using - it can also result in far-reaching health and social consequences. Substance use increases an individual's risk of various other mental and physical illnesses related to substance use lifestyle or the toxic effects of the substance per se. In addition, the dysfunctional behaviors that result from substance use can interfere with a person's normal functioning in the family, the workplace, and the community.

Surgeon General (2016), Volkow (2018) and more researchers indicated in their studies and research-based reports that SUD, be that alcohol or drugs, is a chronic brain disease that has potential for recurrence and recovery.

Regardless of the onset rationale, the disease, with its monumental consequences, is worthy of every attempt to curb the adverse impact it has on individuals, families and entire societies.

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