

SOCIAL SUPPORT, SELF-ACCEPTANCE, AND ADVERSITY QUOTIENT AMONG RESIDENTS OF SELECTED DRUG TREATMENT AND REHABILITATION CENTERS

Myrtle Orbon Grijalvo¹, Tesla Kalalo¹,
Pamela Hendra Heng^{2*}, Fransisca
Iriani Roesmala Dewi², Adam Angus¹,
Tirza Pesik¹

¹Psychology Department, Adventists University of the Philippines, Silang, Cavite 4118, Philippines

²Faculty of Psychology, Universitas Tarumanagara, Jakarta 11440, Indonesia

*Corresponding author. Email: pamelah@fpsi.untar.ac.id

Submitted : July 2022, Revised : December 2022, Accepted: February 2023

ABSTRACT

The adversity quotient is essential especially among individuals in the clinical setting. The study aims to determine the role of social support and self-acceptance to the level of adversity quotient among rehab patients. The social support was measured in terms of emotional, companionship, informational, and tangible support. Control, ownership, reach, and endurance were the variables to measure adversity quotients. The respondents were 106 residents from private drug treatment and rehabilitation centers in the Philippines. The findings revealed that the patients have a high level of social support and self-acceptance and low level of adversity quotient. Social support and self-acceptance have significant positive relationships with control which suggests that the external support received by the residents and unconditional acceptance of oneself contributes to better handling of adversities in the life of the residents. Moreover, emotional, companionship, and tangible support and self-acceptance helps the residents not to suffer from the consequences of their negative experiences. The study recommends the importance of strong social support and self-acceptance in the residents' ability to deal with adversities in life. Results and implications are further discussed in the study.

Keywords: Self-acceptance, Social support, Adversity quotient, Drug rehabilitation

1. PREFACE

Adversity Quotient

Adversity Quotient (AQ) is a scientific measure of human resilience just as how intelligence of individuals is measured by IQ. AQ is described as a heart wired pattern of response to life challenges or tough times many people encounter every day. Additionally, Howell clarified that AQ is a gauge to measure how people respond and deal with challenges and adversities that many times catches individuals off guard and unprepared. Moreover, Stoltz argued the extent of human AQ may change over time.

Although Stoltz originally invented the adversity quotient for him to learn his employees better, the principle was eventually used by other companies to predict the success of their workers too. Even more, other researchers started to apply AQ in the educational setting. For instance,

<https://doi.org/10.24912/ijassh.v1i1.25797>

Canivel conducted a study to learn the adversity quotient of school principals. Not only that, but earlier study also even applied AQ to students as well. AQ has brought so many new findings to the world of research.

At present, AQ has been linked with many positive outcomes for workers and students. Yet, no study has applied it in the clinical setting specifically in drug rehabilitation centers. While resilience has been linked with the effect of treatment of addicts, no similar study has used an adversity quotient as their model in measuring the capability of the residents in facing their adversity. Stoltz argued that the adversity quotient is the most effective way of measuring and strengthening human resilience. Therefore, the researchers aim to determine the adversity quotient to the treatment and drug rehabilitation center.

Social Support

There are many aspects that affect the willingness of drug dependent residents to stay sober and cancel out their addiction. The extent of such influence comes from internal and external factors. Internal factors come within an individual's self and one major factor that contributes to this is resilience. According to Lee, the ability to bounce back from adversity is essential and much needed for those in the recovery stage of their addiction.

One of the many predicting factors that influence adversity quotient, according to Southwick et al. might be high social support since it can encourage healthy coping behavior which can be linked as an individual resilience. Additionally, Cherry in his article on how to improve people's resilience agreed that developing social support is indeed important to help individuals battle crises better. Social support is considered important in the recovery of drug-addicted individuals. Researchers found that a key component of substance-abuse treatment should involve strengthening the individual's place in the community as a productive worker, family member, and community member. Individuals who report supportive and cohesive family relationships at treatment entry have reported fewer drug, family, and psychological problems three months after beginning treatment.

There are several studies that show the effectiveness of social support in different areas. A study conducted by Liu et al. shows how social support aids individuals in adjusting and coping with challenges, including providing information and advice, expressing validation and caring, or making oneself available as a companion. Another study even emphasizes how lower levels of perceived social support can influence drinking rates, entry into treatment, and interfere ultimately on-going sobriety following treatment.

Self-Acceptance

Self-acceptance is considered crucial in the recovery for individuals who abuse substances in the disease of addiction. In addition, shame and guilt may also be associated as part of the reasons why addicts may have difficulty building self-acceptance. Matthew et al. stated that

self-acceptance includes some self-knowledge of vulnerability and a self-directed forgiving attitude. By adopting this attitude, further resilience against the tendency towards shame may be obtained.

Several studies also proved that self-acceptance contributes in many areas. Xu et al. found that a higher level of self-acceptance is associated with higher levels of subjective well-being as well as tolerance with others. In addition, one study concluded that there was a difference of self-acceptance and environmental mastery in elderly living at nursing homes and communities.

2. RESEARCH METHODS

This study used quantitative methods specifically descriptive-correlational design. The descriptive method was utilized in determining level of social support in terms of emotional support, companionship support, information support, and tangible support of private rehabilitation center residents as well as their level of self-acceptance and their level of adversity quotient along with the four dimensions provided. Lastly, the correlational method was used in determining the significance of relationship on social support, self-acceptance, and demographic profile to adversity quotient.

The purposive sampling technique, as known as selective or subjective sampling was used by the researchers in this study. The technique is a non-probability sampling technique. Purposive sampling relies on the judgment of the researchers when it comes to selecting the respondents. This type of sampling can be very useful in situations of needing to reach a targeted sample quickly.

The area of the population was in the Philippines. Based on the list provided by the Dangerous Drugs Board, there are 50 drug treatment and rehabilitation centers, 20 government-owned centers and 30 private centers in the Philippines as of July 2016. One hundred six addicts that are currently on their recovery treatment served as the respondents of this study. The qualifications of the respondents include those coming from a private rehabilitation center, with the minimum of one month stay and psychologically capacitated. Out of 106 participants; 88% were males, (8.5%) were 13 – 19 years old, (25.5%) were 20 – 29 years old, (35.9%) were 30 – 39 years old, (18.9%) were 40 – 49 years old, (10.3%) were 50-59 years old, and (0.9%) were 60 years old and above. Most of the participants were currently on their first three months stay.

Social Support Questionnaire was taken from Fetzer's questionnaire that was designed to measure the perceptions of social support. The questionnaire was then modified, and some items were added by the researcher. The questionnaire has 20 questions, relating to support that one's gain from their surroundings. The 20 items are constructed by 5 items to measure emotional support, 5 items to measure companionship support, 5 items to measure informational support, and 5 items to measure tangible support. The questionnaire was answered on a 4-point rating scale.

The researchers took some questions in Berger's Expressed Acceptance of Self and Others (EASO) for the Self-acceptance questionnaire, and it used a self-rating questionnaire to measure an individual's self-acceptance level. There were 20 questions relating to one's acceptance of strength and weaknesses that are answered on a 4-point rating scale.

Adversity Response Profile (ARP) was used as the major instrument in determining the level of

Adversity Quotient. However, to better meet the situations of the residents the ARP was modified. There were 28 different scenarios that were answered on a 4-point rating scale. Each 7 scenarios represented one main scale of the four scales of AQ which are Control, Ownership, Reach, and Endurance. Hence, although the scale may seem inter-correlated, they measure very different aspects of AQ. All questionnaires underwent validity and reliability through pilot study (N=106) and has an alpha coefficient of .847 for the social support questionnaire, a .720 for the Self-acceptance questionnaire and .729 for the Adversity quotient questionnaire.

To determine the level of the three variables namely social support, self-acceptance, and adversity quotient, Mean and Standard deviation were used. Pearson product-moment correlation was utilized since the study seeks the relationship of both independent variables and demographic profile to the Adversity Quotient.

3. RESULTS AND DISCUSSION

Respondents' Level of Social Support

Emotional Support. The result suggests that the respondents have a high level of emotional support ($M = 2.92$; $SD = 0.45$). This implies that the respondents received enough warmth and care from their surroundings.

Researchers emphasized that the expressed emotional support from the family to the addict increases the success rate of addiction treatment. It is important because people with mental health or substance use disorder usually struggle to take stock of where their heads and hearts are. Moreover, a negative emotional state contributes more to the relapse of a drug abuser.

Companionship support. The result suggests that the respondents have a high level of companionship support ($M = 3.10$; $SD = 0.53$). This means that the participants have a sense of belongingness in their surroundings.

The study of Van Ryzin et al found that there are significant impacts on substance use from both parents and peers. In addition, The Seasons in Malibu World Class Addiction Treatment, stated that the companion plays a significantly intimate role in the life of an addict, making sure that the individual doesn't put himself in any situation where he can have direct access to alcohol or drugs. Overall, the companion seeks to be a calming and positive presence in the resident's life, enabling and reinforcing positive patterns and activities. The SMWCAT also emphasized that oftentimes, in the journey to recovery, the recovering addict needs to reach out to a non-judgmental and supportive influence, so the presence of companionship support is important. Thus, the presence of friends during the recovery is important.

Informational support. The result suggests that the respondents have a high level of informational support ($M = 2.74$; $SD = 0.49$). This means that the participants received enough information from their environment. Teaching specific to the disease of addiction, teaching coping skills and sobriety support were part of informational support. Researchers noted that potential roles network members may play in substance use and recovery. It was also discussed by Sari et al., informational support can be given as a suggestion how to keep abstinence and how to avoid relapse.

Tangible support. The result suggests that the respondents have a high level of tangible support

($M = 2.92$; $SD = 0.45$). This means that the participants are aware that they have someone to facilitate them in taking responsibilities or work in their surroundings.

Overall, the level of social support among the residents of the selected private rehabilitation centers is generally high. This result shows association with the research of Kelly et al. where social support is considered important in the recovery of drug-addicted individuals. Spouses, family members, peers, and neighborhood factors have been shown to play key roles in both an individual's addiction and in the recovery. Thus, a key component of substance-abuse treatment should involve strengthening the individual's place in the community as a productive worker, family member, and community member.

Additionally, although the participants have enough social support while they are recovering in the rehabilitation centers, they need to maintain their good relationship and connection with their supporters to have a stable high level of social support. Kelly et al. believes that support from loved ones may lead to better recovery and better quality of life.

Respondents' Level of Self-Acceptance

The respondents' scored a high level of self-acceptance ($M = 2.90$; $SD = 0.41$). This indicates that the participants in the chosen private rehabilitation have a high level of self-acceptance. This implies that participants have accepted their weaknesses and are aware of their strengths.

The process of healing an addict contributes to accepting their flaws and strategizes ways to recover it. A commonly implemented program for rehabilitation is the 12-step program, where the first step is to admit their vulnerability and that their lives are unmanageable. By going through recovery, the idea of self-acceptance is commonly the first step to be achieved. With abstinence and recovery programs offered to the residents, they will slowly learn to be vulnerable, eventually overcoming their weaknesses and recognizing their strength as an individual.

Self-acceptance permits balance in recovery that allows addicts to avoid the approval of others as they are satisfied with being themselves. The gathered data has proven that self-acceptance does play a part in a recovering addict. To support this claim, a qualitative study by Mackintosh and Knight puts an emphasis on the journey of recovering drug addicts. He noted that the participants' primary importance is reclaiming themselves that had been lost in addiction. They further claimed that the recovery journey exposed the lowest point in their lives and that engaging in supported accommodation helped them to reclaim themselves and was seen to be the central part of their recovery.

Respondents' Level of Adversity Quotient

Control. The participants have a high level of control ($M = 2.80$; $SD = .51$). This suggests that residents perceived themselves capable of overcoming tough situations. Though the situation might seem overwhelming they eventually find an aspect in the circumstances that they can influence.

The Cabin Group in one of their articles emphasized self-control in addiction is the resident's

one and only concern, hence, many treatments in the drug rehabilitation center focuses on how the residents may be able to learn and apply self-control during and even after their confinement. One study conducted by Abolghasemi and Rajabi concluded that effective control must be possessed by all addicts because it reduces interpersonal reactivity or problems of the said individuals. Therefore, many realized how crucial it is to have their own control over their life especially during the treatment time. Through this finding, it is clear why the result shows how the respondents possessed such a high level of control over their adversities.

Ownership. The participants have a low level of ownership with the mean of 2.31 as indicated in the result. This implies that residents who are currently under recovery lack accountability. Apparently, residents are not capable of improving themselves and oftentimes residents in drug rehabilitation centers felt victimized and helpless. Hence, even though they seem to have the skill in controlling their adversities on their own they still somehow experienced deflected accountability.

According to Glannon, addiction may affect one's ability to act freely and responsibly. In other words, if they think it is not part of their formal obligation it is possible that they would not do anything to improve the situation since they know it is not necessary. Hence, although residents may take rest from their responsibility during treatment they are not to be excused entirely.

Reach. The participants scored a low level for reach ($M = 2.41$; $SD = .55$). It suggests that addicts tend to catastrophize their adversity, in which they let one negative situation affect themselves. Seemingly, the respondents are easily affected and stressed when they face hard events. For instance, being scolded by the staff member would eventually stress them out.

A study concluded that stress in general is one of the contributors to dysregulation of habits and negative emotional states in addicts. Hence, due to the residents' incapability to overcome one problematic event they start linking the difficulty with new situations that may not be linked anyway. This situation is apparently common in the rehabilitation center. Varma therefore recommends residents undergoing treatment to have mindful meditation for them not to be distracted with further adversities.

Endurance. The result indicates a low endurance ($M = 2.31$; $SD = .60$) from the participants. It seems that the respondents perceived adversity as dragging on indefinitely. In other words, residents do not have the capability to see past the most interminable difficulties which lead them to suffer in the adversities' consequences. In a study conducted in China, residents that are categorized helpless experienced negative emotions in which they suffered greatly, attributing relapse as a failure of oneself. Low level of endurance also indicates that the residents are struggling to maintain hope or being motivated since they let consequences of their adversity agonize them. Recent findings associated endurance with self-efficacy in which Lopes-Torrecillas et al. emphasized that self-efficacy contributes to the process in making endurance stronger. In this case, since motivation is being determined by efficacy the chance of residents having low self-efficacy may be true considering how prone they are to suffer.

The overall level adversity quotient of the respondents is low ($M = 2.46$; $SD = .25$). This implies that residents in drug rehabilitation centers have poor capabilities in overcoming adversity.

Although as suggested in the level of control ($M = 2.80$; $SD = 0.51$) they perceived themselves as capable in influencing their difficult situation, the residents still struggle in terms of

responsibility during their adversity. Moreover, they are still affected and suffer greatly due to its consequences. When it comes to addiction, self-control is always being practiced since it is believed to help residents fight their addictions. This may clarify why the respondents possessed such high control but low in the rest of the domains.

Relationship of Social Support and Adversity Quotient

The result suggests that the four aspects of social support have a significant positive relationship with the adversity quotient's element which is control. Moreover, social support in terms of emotional support, companionship support and tangible support have a significant negative relationship with endurance. However, no significant correlation was found between social support with ownership and reach.

The result also suggests that there is a significant moderate positive relationship between emotional support and control ($r = .402$; $p < .001$). It indicates that the higher the support in terms of emotion residents received the higher their capability to control their difficult situation. This result is supported by Slevin et al. who states that the presence of emotional support would lessen anxiety and depression of an individual in a way that they develop control over their negative emotions or cognitions. Hence, being supported emotionally may help a person have stable emotions which may help them deal with adversity better. Moreover, a significant negative weak relationship between emotional support and endurance exists ($r = -.229$; $p = 0.18$). This suggests that the higher the emotional support a resident receives the lower their ability to see past a boundless hardship they're facing. This may be generalized as although giving emotional support to addicts undergoing recovery is suggested, too much of it may not be beneficial to the residents since it may increase the sense of attachment that leads addicts to feel helpless during adversities. In contrast, no significant relationships were found between emotional support with ownership ($r = .07$; $p = .477$) and emotional support with reach ($r = -.128$; $p = .19$).

Moreover, there is a significant weak positive relationship between companionship support and control ($r = .307$; $p = .001$). It indicates that the higher support of companionship residents have, the better they control their conflict in life. In one study conducted by Pilcher and Bryant, the result emphasized that one indicator of positive self-control is stress inducing condition which may be obtained through recreational time with friends. Moreover, a negative weak relationship is present when it comes to companionship support and endurance ($r = -.240$; $p = .013$). It suggests that the higher companionship support one has, the weaker his or her ability in overseeing what lies beyond their suffering. This result is supported by Williams, who claimed that giving autonomy to a resident in drug rehabilitation is very beneficial for their recovery. Therefore, although the term companionship sounds helpful it may not be good for the residents if it leads to dependency on others. On the other hand, ownership ($r = -.158$; $p = .105$) and reach ($r = -.104$; $p = .289$) are not associated with companionship support.

The result also highlights the relationship between informational support and the adversity quotient among rehab residents. The result suggests that overall informational support has a significantly weak positive relationship with the residents' control ($r = .305$; $p = 0.001$). These findings imply that the higher level of informational support, the higher the level of the control the residents experienced. This result is supported by the study of Candela where social support is the key to many human accomplishments, including the successful management of

stress. Social support is the perception or reality that one is cared for, has assistance from others, and is a member of a supportive social network. However, there are no significant correlation found between informational support and ownership ($r = -.0008$; $p = 0.934$), similarly with reach ($r = -0.06$; $p = 0.934$) and with endurance ($r = -0.184$; $p = 0.06$).

In the same way, the tangible support was found to have a significantly weak positive relationship with control ($r = .345$; $p < 0.001$). Meaning, the higher the level of the tangible support the residents received, the higher the level of the control ability of the residents. This result is supported by the study of Cruza-Guet et al., they found that social support is effectively helping the recipients when they are experiencing unusual amounts of stress such as financial difficulties to overcome. Quite the opposite, a significant weak negative correlation was found between the tangible support and endurance ($r = -.270$; $p = 0.005$). This explained that the higher the level of the tangible support the residents received, the lower the endurance ability of the residents will be, and in the reverse, the lower the level of the tangible support the residents received, the higher the endurance ability of the residents will be. This result matches the research of Kalomo et al. They found that physical and mental health are significantly associated with increased resilience in older caregivers. In other words, if the caregivers are satisfied with their job in terms of the task and salary, then the need for employment assistance and health services will be fulfilled and it will improve the resilience of caregivers caring for people living with HIV and AIDS. In addition, Hertz and Ferguson highlighted the central goal for the mothers is to ensure their child is being provided for. Lastly, there is no significant relationship between tangible support, ownership ($r = -0.043$; $p = 0.665$) and reach ($r = 0.003$; $p = 0.975$).

Relationship of Self-Acceptance and Adversity Quotient

The result shows that there is a significant moderate positive relationship between self-acceptance and control ($r = .604$; $p < .001$). This implies that the more the participants accept themselves, the better they are in perceiving themselves in controlling a difficult situation. The result is supported by Blackhart et al. [43] which suggests that acceptance does positively correlate with self-control. It means that a person who accepts oneself has the drive in handling adversities.

The result also presents a significantly weak negative relationship between self-acceptance and endurance ($r = -.355$; $p < .001$), indicating that the more the participants accept themselves, the more likely they will not suffer from their adversity. This implies that self-acceptance helps the residents during recovery. As stated by Wenkart, self-acceptance opens a new perspective in viewing one's life. It challenges individuals to have courage to risk, endure, and suffer. However, since endurance is closely related to optimism, a study conducted by Augusto-Landa et al., contradicts with the result as they concluded that optimism predicts all six domains of psychological well-being, including self-acceptance. In this case, perhaps during recovery, the participants are yet to develop a better perspective and new challenges which may affect their optimism. Although there is a significant relationship on self-acceptance between both control and endurance, there were no relationship found between self-acceptance and ownership ($r = .011$; $p = .907$) and between self-acceptance and reach ($r = -.156$; $p = .109$).

4. CONCLUSION AND RECOMMENDATIONS

Regardless of the respondents' nature of environment it seems that they are receiving a very satisfactory amount of social support. They appeared to be satisfied emotionally, content in terms of company, pleased by the information help they received and fulfilled by their financial funding. Hence, even though they are living inside the rehabilitation center it does not hinder them in receiving support.

In contrast, the respondents seem to have a poor adversity quotient. Though they may be able to have a fair amount of control, the residents still struggle in improving themselves in tough conditions. They also still experience an unusual amount of burden and stress over problems, and it tends to have a cumulative effect on another situation. Moreover, the result implies that the more support residents received and the more they accepted themselves, the higher the tendency of each resident to have perceived themselves being in control during adversity. And self-acceptance best predicts both control and endurance.

Surprisingly, emotional, companionship, and tangible support and self-acceptance helps the residents not to suffer from the consequences of their negative experiences. The study recommends the importance of strong social support and self-acceptance in the residents' ability to deal with adversities in life.

REFERENCES

- Abolghasemi A, Rajabi S, (2013). The role self-regulation and affective control in predicting interpersonal reactivity of drug addicts. *International Journal of High Risk Behavior & Addiction*, 2(1), 28-33. doi:10.5812/ijhrba.9919
- Atadokht A, Hajloo N, Karimi M, Narimani M, (2015). The role of family expressed emotion and perceived social support in predicting addiction relapse, *International Journal of High Risk Behavioral Addiction*. 4(1). DOI: <https://doi.org/10.5812/ijhrba.21250>
- Alcoholics Anonymous. (2001). *The big book of alcoholic anonymous* (4th ed.). USA: A.A. World Services, Inc.
- Augusto-Landa J.M, Pulido-Martos M, Lopez-Zafra E, (2011). Does Perceived Emotional Intelligence and Optimism/Pessimism Predict Psychological Well-being?, *J Happiness Stud*. 12 463–474. DOI: <https://doi.org/10.1007/s10902-010-9209-7>
- Baumeister R.F, Vonasch A.J, (2015). Uses of self-regulation to facilitate and restrain addictive behavior. *Addictive Behaviors*, vol. 44, 3-8. doi:10.1016/j.addbeh.2014.09.011.
- Blackhart G, Nelson B, Winter A, (2011). Rockney A, Self-control in relationship to feelings of belonging and acceptance. *Self and Identity*, 10, 152-165. doi:10.1080/15298861003696410
- Candela, L. (2011). Coping with and managing stress. *Boundless Psychology*. Retrieved from <https://bit.ly/2VU9sqv>

- Canivel L.D, Principals' (1997). adversity quotient: styles, performances and practices, Ph.D. Thesis, University of the Philippines, Retrieved from https://peaklearning.com/documents/PEAK_GRI_canivel.pdf
- Cherry K, (2020). 10 ways to build your resilience. Very well minded. Retrieved from <https://www.verywellmind.com/ways-to-become-more-resilient-2795063>
- Cruza-Guet M, Spokane A, Caskie G, Brown S, Szapocznik J, (2018). The relationship between social support and psychological distress among hispanic elders in Miami, Florida. *J Counsel Psychology* 55(4), doi:10.1037/a0013501
- Glannon J.W, (2018). Civil procedures: rules, statutes, and other materials, supplement, Wolters Kluwer.
- Howell D, (2016). Adversity quotient plays an important role in dealing with everyday challenges. Retrieved from <https://www.psychreg.org/adversity-quotient-role-dealing-everyday-challenges/>
- Hertz R, Ferguson F.I, (1998). Only one pair of hands. Ways that Single Mothers Stretch Work and Family Resources, *Community, Work & Family*, 1(1) 13-37. DOI: <http://dx.doi.org/10.1080/13668809808414695>
- Kalomo, E, Lee, K., Lightfoot, E., & Freeman, R. (2018). Resilience among older caregivers in Rural Namibia: the role of financial status, social support and health. *Journal of Gerontological Social Work*, 61(6), 605-622. doi:10.1080/01634372.2018.1467524
- Kelly S.M, O'Grady K. E, Schwartz R. P, Peterson J.A, Wilson M.E, Brown B.S, (2010). The relationship of social support to treatment entry and engagement: the community assessment inventory, National Center for Biotechnology Information: Substance Abuse. 31(1) 43-52. DOI: <https://doi.org/10.1080/08897070903442640>
- Koob G.F, Buck C.L, Cohen A, Edwards S, Park P.E, Schlosburg J.E, Schmeichel B, L.F, Vendruscolo C.L. Wade, Whitfield Jr T.W, George O, (2013). Addiction as a stress surfeit disorder. *Neuropharmacology*, vol. 76, 370- 382. doi.org/10.1016/j.neuropharm.2013.05.024.
- Lee J, (2012). The importance of resilience in addiction recovery. Retrieved from <https://bit.ly/2RGPYDV>
- Liu Y, Kornfield R, Shaw B.R, Shah D.V, McTavish F, Gustafson D.H, (2017). When support is needed: social support solicitation and provision in an online alcohol use disorder forum, *Digital Health*. 3. DOI: <https://doi.org/10.1177/2055207617704274>

- Lopes-Torrecillas F, Delgado P, Ramires-Ulces I, (2015). Predictive capacity of self-efficacy in drug dependence and substance abuse treatment. *Journal of Psychology and Clinical Psychiatry*, 2(3), 1-7. doi:10.15406/jpcpy.2015.02.00073
- Mackintosh V, Knight T, (2012). The notion of self in the journey back from addiction. *Qualitative Health Research*, 22(8), 1094-1101. doi.org/10.1177/1049732312450325
- Matthews. S, Dwyer R, Snoek A, (2017). Stigma and self-stigma in addiction, *Journal of Bioethical Inquiry*. 14(2) 275–286. DOI: <https://doi.org/10.1007/s11673-017-9784-y>
- Mericle A.A, (2014). The role of social networks in recovery from alcohol and drug abuse, *The American Journal of Drug and Alcohol Abuse*. 40(3) 179-180. DOI: <https://doi.org/10.3109/00952990.2013.875553>
- Nazari I, Jamshidi F, Rahimi Z, Cheraghi M, (2016). Effective factors of addiction relapse among self-introducing addicts to drug addiction-quitting centers in Khuzestan province, Iran, *International Journal of Pharmaceutical Research & Allied Sciences*. 5(3) 174-181. Retrieved from <https://ijpras.com/storage/models/article/gjS2CpAggQc3nileUUdbNOFqc9rUs6WYD8DIODH61uqjLAB7j6sgnmWLfkPu/effective-factors-of-addiction-relapse-among-self-introducing-addicts-to-drug-addiction-quitting-c.pdf>
- Narcotics Anonymous. (1985). Self-acceptance. USA: Narcotics Anonymous World Services, Inc. Retrieved from <https://www.addictioncenter.com/treatment/12-step-programs/narcotics-anonymous/>
- Pilcher J.J, Bryant S.A, (2016). Implications of social support as a self-control resource. *Front Behavior Neuroscience*, 10 (228), doi:10.3389/fnbeh.2016.00228
- Poland J, Graham G, (2011). Addiction and responsibility, Massachusetts Institute of Technology Pres
- Rahman M, Rahaman M, Hamadani J, Mustafa K, (2016). M. Islam, Psycho-social factors associated with relapse to drug addiction in Bangladesh. *Journal of Substance Use*. 21(6) 627-630. DOI: <https://doi.org/10.3109/14659891.2015.1122099>
- Sari A.P, Wahyuni C.U, Wibowo A, (2018). Social support and substance abuse relapse, *Health Notions*. 2(1) 65-69. DOI: <https://doi.org/10.33846/hn.v2i1.96>
- Sun J, Stewart D, (2007). Age and gender effects on resilience in children and adolescents, *International Journal of Mental Health Promotion*. 9(4) 16-25. DOI: <https://doi.org/10.1080/14623730.2007.9721845>

- Slevin M.L., Nichols S.E, S.M. Downer, P. Wilson, T.A. Lister, S. Arnott, J. Maher, R.L. Souhami, J.S. Tobias, A.H. Goldstone, M. Cody, (1996). Emotional support for cancer residents: what do residents really want? *British Journal of Cancer*, (74),1275–1279. <https://doi.org/10.1038/bjc.1996.529>
- Stoltz P.G, (2014). Adversity quotient, Youtube. Retrieved from <https://bit.ly/2yc27bU>
- Stoltz P.G, (1997). Adversity quotient: turning obstacles into opportunities, John Wiley & Sons, Canada.
- Southwick S.M, Sippel L, Krystal J, Charney D, Mayes L, Pietrzak R, (2016). Why are some individuals more resilient than others: the role of social support, *World Psychiatry*. 15(1) 77-79. DOI: <https://doi.org/10.1002/wps.20282>
- The Seasons in Malibu World Class Addiction Treatment. (2017). How a sober companion can make a difference in recovery in alcohol rehab treatment programs. Retrieved from <https://seasonsmalibu.com/how-a-sober-companion-can-make-a-difference-in-recovery/>
- Thomas S, (2022). Emotional wellness in recovery guide. American Addiction Centers. Retrieved from <https://americanaddictioncenters.org/rehab-guide/emotional-wellness>
- The Cabin Group, (2017). The cabin addiction service group. Retrieved from <https://www.thecabin.com>
- Tracy E.M, Munson M.R, Peterson L.T, Floersch J.E, Social support: (2010). a mixed blessing for women in substance abuse treatment, *Journal of Social Work Practice in the Addictions*. 10(3) 257-282. DOI: <https://doi.org/10.1080/1533256X.2010.500970>
- Van Ryzin M. J, Fosco G. M, Dishion T.J, (2012). Family and peer predictors of substance use from early adolescence to early adulthood: an 11-year prospective analysis, *Addictive Behaviors*. 37(12) 1314-1324. DOI: <https://doi.org/10.1016/j.addbeh.2012.06.020>
- Varma P, (2018). Mindful meditation for addiction disorders, *Indian Journal of Positive Psychology*, 9(1), 202-204, DOI: <https://doi.org/10.15614/ijpp.v9i01.11774>
- Verma S, Aggarwal A, Bansal H, (2017). The relationship between emotional quotient (EQ) and adversity quotient (AQ). *IOSR Journal of Business and Management (IOSR-JBM)*. 49-53. DOI: <https://doi.org/10.9790/487X-1901024953>
- Wiliyanarti P.F, Rofiatin I, Nasrullah D, Yulianto Y, (2018). The comparative study: Self-acceptance, environmental development and depression on elderly, *Humanistic Network for Science and Technology*. DOI: <https://doi.org/10.33846/hn.v2i2.125>

- Wenkart A, Self-acceptance, (1955). *The American Journal of Psychoanalysis*. 25(2)135- 143.
doi: 10.1007/BF01874637
- Williams S.D, (2015). If you only have a few minutes with a drug addict. *BMJ*, (351),
doi.org/10.1136/bmj.h4211
- Xu W, Oei T.P, Liu X, Wang X, Ding C, (2014). The moderating and mediating roles of self-acceptance and tolerance to others in the relationship between mindfulness and subjective well-being, *Journal of Health Psychology*. 21(7) DOI: <http://dx.doi.org/10.1177/1359105314555170>
- Zhang Y, Feng B, Geng W, Owens L, Xi J, (2016). “Overconfidence” versus “helplessness”: a qualitative study on abstinence self-efficacy of drug users in a male compulsory drug detention center in China. *Substance Abuse Treatment, Prevention, and Policy*, vol. 29, doi.org/10.1186/s13011-016-0073-2