

# SELF-CONTROL AND READINESS TO CHANGE AMONGST RECOVERING ADDICTS

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**Purpose:** *This study was done to identify and measure Self-Control and Readiness to Change amongst recovering addicts plus it also aims to compare recovering addicts' Self-Control and Readiness to Change mean score based on age, race, marital status, educational level and duration involved in drugs. The relationship between Self-Control and Readiness to Change amongst recovering addicts also were examined in this study.*

**Methodology:** *Study involved 190 respondents, randomly selected from a Cure and Care Rehabilitation Centre (CCRC) located in the state of Johor. Instruments used to measure the levels were the Self-Control Scale and the University of Rhode Island Change Assessment Scale (URICA). The quantitative descriptive design was applied and the questionnaire method was used to obtain data. Statistical Package for Social Science (SPSS) version 22.0 using descriptive, t-tests and correlation statistical analysis were used to analyze the data.*

**Findings:** *Research findings showed that levels of Self-Control amongst recovering addicts were at an average level and the Readiness to Change amongst recovering addicts were at the Contemplation stage. There were no significant differences in recovering addicts' Self-Control and Readiness to Change mean score based on the demographic variables examined. The findings of this study also showed an inverse correlation between Self-Control and Readiness to Change ( $r = -0.15$ ,  $n = 190$ ,  $p = 0.04$ ). However, the results cannot be generalized because the sample does not represent the population of all recovering addicts in Malaysia.*

**Implications:** *The information gathered from this study is useful for understanding the level of Self-Control and Readiness to Change amongst recovering addicts, hence it can be emphasized in future drug prevention and rehabilitation programs in Malaysia.*

**Originality of this study:** *Drug addiction problem in Malaysia is vastly increasing and there are many measures being taken to curb this problem. Hence, this study emphasizes on the importance of Self-Control and Readiness to Change for recovering addicts to gain a positive and healthy lifestyle. However, in this study its showed that, even if there is help and support from others, a change can only occur if the individual is prepared mentally and physically.*

***Keywords: Self-Control, Readiness to Change, Recovering Addicts, Drug Addicts, Rehabilitation***

## **INTRODUCTION**

In Malaysia, substance abuse seems to be very complex and it is a serious ongoing public health issue. The overall demographic is changing from time to time and the fastest rising group in Malaysia today are the younger generations. The Malaysian Government has spent millions to solve this problem over the years and they have implemented a number of programs aimed at curtailing drug distribution as well as improving the existing drug-treatment programs. However, day by day it is just increasing due to many factors linked to it.

According to Dr. Tam Cai Lian, a senior lecturer in Monash University Malaysia, the factor that tops the rise of drug addiction is peer influence and curiosity. Kids want to explore things that are not of the norm in this society and simply out of sheer curiosity, while some are influenced by their circle of friends (Lian & Chu, 2013). A study done by Mahmood, Mohd Shuib, Lasimon, Muhamad Dzahir and Rusli (1999) said that, 50% of old friends influenced former drug addicts to pick up drug-taking habits after they were discharged from rehabilitation centers, plus the research also showed that 76% of old friends have assisted recovering addicts to get the needed supply of drugs. Gottfredson and Hirschi (1990) theory of crime mentioned that people who lack Self-Control are more inclined to imprudent behavior. A study done by Tarter (1988) mentioned that, absence or lack of Self-Control refers to one's tendency to act without thinking. Rachlin (1995) defined Self-Control as an intrapersonal conflict between passion and reason, cognition and motivation and internal planner and internal doer. There are many studies emphasizing the significant relationship between poor Self-Control and substance abuse.

Self-Control is usually established early in childhood and once developed, it remains fairly constant over one's lifetime and is not affected by increased age, however it can be depleted over time (Baumeister & Exline, 2000; Muraven, Tice, & Baumeister, 1998). The three factors which lead to success in life, are family socio-economic status, I.Q., and Self-Control (Moffitt, 1993). Theoretically, by having adequate amount of Self-Control, the individual would gain motivation to change. Change is a slow process that gradually unfolds over a period of time. As this process begins to unfold, a person's motivation then changes accordingly. James Prochaska and Carlo Di Clemente (1983) were the ones who developed the Stages of Change Model which assesses an individual's readiness to enter into recovery, and provides strategies, or processes of change that guide the individual into taking action. Finney (2003) claimed that readiness to change is an important consideration in treatment planning. Measuring motivational readiness to change is viewed as important for interventions aimed at promoting health behaviors within substance abuse programs. Some researchers have found that the readiness to change is a concept that has been linked with successful treatment. According to this model, change occurs gradually, different change processes are associated with different stages of change. Hence, this study aims to emphasize and give importance to Self-Control and Readiness to Change amongst recovering addicts.

## **OBJECTIVES**

This study was done to achieve the following objectives:

1. To measure Self-Control amongst recovering addicts.
2. To measure Readiness to Change amongst recovering addicts.
3. To compare recovering addicts' Self-Control mean score based on certain demographic variables
4. To compare recovering addicts' Readiness to Change mean score based on certain demographic variables.
5. To examine the relationship between Self-Control and Readiness to Change amongst recovering addicts.

## **METHODOLOGY**

The conceptual framework of this study is divided into two types of variables, which are the dependent and independent variables. The independent variable are respondents demographic whereas the dependent variables are Self-Control and Readiness to Change. This study examined the level of Self-Control and Readiness to Change amongst recovering addicts based on certain demographic aspects which comprised of age, race, marital status, educational level and duration involved in drugs.

### *A. Research Design*

This research applied the quantitative descriptive design and used the questionnaire as its instrument to obtain data. Based on previous studies, it is stated that quantitative research is a study process to produce a scientific report to solve problems according to certain disciplines and it is a form of study that uses statistical as well as numerical aspects with measurable parameters (Creswell, 2014). The data was obtained by using questionnaires that were distributed to the respondents. The two variables which are Self-Control and Readiness to Change.

As for the basic landscapes of the data descriptive statistics were used because it provides simple summaries about the sample and the measures for descriptive analysis are data simplification (Loeb et al.,2017). This was also used to search the mean value for each of the independent variables, to show the level of Self-Control and Readiness to Change. Correlation Statistic Analysis was used to find the relationship between the level of Self-Control and Readiness to Change.

### *B. Instrumentation*

The first instrument was the Self-Control Scale which was developed by Grasmick et al., (1993). This scale was used to measure the levels of Self-Control amongst the recovering addicts. The original Self-Control Scale contains 24 items to measure the Self-Control level of the respondents and this instrument consists of six dimensions which are physical activities, self-centeredness, impulsivity, simple tasks, risk-taking, and temper. There were previous studies indicating that the Self-Control Scale is a valid and reliable psychometric for measuring Self-Control levels (Mezo, 2009). Originally, these 24 items are measured with a four-point Likert scale. However, for the purpose of this study, only the 18- item unidimensional scale was used, 6 items were omitted as they evidenced poor relationship with Self-Control based on the factor analysis done by Mohammad Rahim et al. (2013). The items were answered on a five-point Likert type scale ranging from 1 (not at all like me) to 5 (completely like me). As for item number 2, 4, 5, 8, 11, 12, 13 and 16 in the Self-Control questionnaire, the scales were reverse coded so that high scores indicated low Self-Control.

Previous reports of reliability (Cronbach's alpha) suggest good to moderate reliability (Grasmick et al.,1993). For this study, the Self-Control Scale Bahasa Melayu version by Mohammad Rahim et al., (2013) proved to have good construct validity and showed a good face validity. Mohammad Rahim et al. (2013), also analyzed and measured the reliability of the 18 items by using Cronbach's alpha coefficient and for 18 items the internal consistency was 0.80 which was relatively high. Hence, that was used.

The second instrument was the University of Rhode Assessment Scale (URICA) which was used to measure the Readiness to Change amongst recovering addicts. URICA is a self-assessment tool that was developed to assess the level of a person's Readiness to Change as they progress through the stages of change in modifying their behavior (McConaughy, Prochaska, and Velicer, 1983). It consists of 32 questions and each question is allocated a five-point Likert scale ranging from strongly disagree to strongly agree. The 32 items represent the four primary stages of change in the Transtheoretical Model, with 8 items for each of the Precontemplation, Contemplation, Action and Maintenance subscales. For the purpose of calculating the readiness to change score, four items are omitted and not counted. These are item number 31 for the pre-contemplation subscale, item number 4 for contemplation subscale, item number 20 for action subscale, and item number 9 for maintenance subscale (DiClemente & Hughes, 1990). The internal consistency of the URICA is good with Cronbach's alpha ranging from 0.79 to 0.89 for the four subscales (McConaughy, Prochaska & Velicer, 1983; McConaughy, DiClemente, Prochaska & Velicer, 1989). Construct validity of the URICA has been supported through factor analysis (McConaughy et al.,1983; Field, Adinoff, Harris, Ball, & Carroll, 2009; DiClemente, Schlundt, & Gemmell,2004). For the purpose of this study, the Malay version of the instrument was used. The Bahasa Melayu version which is known as Skala Tahap – Tahap Perubahan was translated into Bahasa Melayu by using back translation by Abdul Halim (2010) and Mohd Rafidi (2003).

### *C. Reliability*

Cronbach's alpha coefficients were used to analyze the reliability of the questionnaires. Table I below showed the original and computed Cronbach's alpha values for the Self-Control Scale and URICA Scale. It is observed that the computed Cronbach's alpha values for all the factors exceeded 0.6 (> 0.6), which indicates that all the items are reliable for their corresponding factor.

TABLE I  
RELIABILITY OF INSTRUMENTS

| Variables    | Original $\alpha$    | Computed $\alpha$ |
|--------------|----------------------|-------------------|
| Self-Control | 0.91 (24 items)      | 0.62 (18 items)   |
| URICA        | 0.79-0.89 (32 items) | 0.69 (32 items)   |

### *D. Sample*

The target population of this study were recovering addicts who underwent treatment at a Cure and Care Rehabilitation Centre, in the State of Johor, Malaysia. The sampling that was done in this study was random sampling. The total questionnaires distributed and collected for this study were 200. However, only 190 questionnaires were fully responded to and selected. All respondents were male and literate. There were a total of 85 items and the time

needed to answer was 30 minutes. The data obtained was analyzed using the descriptive analysis method.

## FINDINGS

Before further analysis, normality test of the overall scores for Self- Control and Readiness to Change was done to see if the data was ready for analysis based on the skewness. For Self-Control, the skewness for the overall score was 0.334 and for Readiness to Change the skewness for the overall score was -0.374. After the analysis was done, the overall mean score for Self-Control was, minimum of 27.00, the maximum was 78.00, the mean was 47.77 and the standard deviation was 8.88. As for the Readiness to Change overall score, the minimum was 4.86, the maximum was 14.00, the mean was 9.92 and the standard deviation was 1.69. Since all the data were within the range, the data was acceptable and further analysis was done.

It is shown that out of 190 respondents from this Cure and Care Rehabilitation Centre, 32 of them have high Self-Control levels, 133 of them have average levels of Self-Control and 25 of them have low levels of Self-Control. Overall, the inmates of this respective Cure and Care Rehabilitation Centre have an average level of Self-Control which is 70.0% out of the total respondents. This can be seen in Table II below.

TABLE II  
SELF-CONTROL LEVEL

| Index   | Frequency | Percentage (%) |
|---------|-----------|----------------|
| High    | 32        | 16.8           |
| Average | 133       | 70.0           |
| Low     | 25        | 13.2           |

As for the level of Readiness to Change, it is shown that out of 190 respondents from this Cure and Care Rehabilitation Centre, 21 of them are in pre-contemplation stage, 122 of them are in contemplation stage, 45 of them are in the action stage and 2 of them are in the maintenance stage. Mostly, they are in the contemplation stage which is 64.2% out of the total respondents. This can be seen in Table III below.

TABLE III  
READINESS TO CHANGE LEVEL

| Index                  | Frequency | Percentage (%) |
|------------------------|-----------|----------------|
| Pre-Contemplation (PC) | 21        | 11.1           |
| Contemplation (C)      | 122       | 64.2           |
| Action (A)             | 45        | 23.7           |
| Maintenance (M)        | 2         | 1.1            |

The five dependent variables in this study which are age, race, marital status, educational level and duration involved in drugs, had an adequate sample size, thus they were taken for further analysis with Self-Control Level and Readiness to Change Level respectively. An independent sample t-test was conducted to compare the Self-Control mean score based on age, race, marital status, educational levels' and duration involved in drugs. The analysis

showed that there were no significant differences in recovering addicts' Self-Control mean score based on age, race, marital status, educational level and duration involved in drugs. Hence, these results showed that age, race, marital status, educational level and duration involved in drugs, does not have an effect on Self-Control amongst recovering addicts.

As for Readiness to Change, an independent sample t-test was also conducted to compare Readiness to Change mean score based on age, race, marital status, educational level and duration involved in drugs. The analysis showed that there were no significant differences in recovering addicts' Readiness to Change mean score based on age, race, marital status, educational level and duration involved in drugs. Hence, these results showed that age, race, marital status, educational level and duration involved in drugs, does not have an effect on Readiness to Change amongst recovering addicts.

In order to assess the relationship between Self-Control and Readiness to Change amongst recovering addicts, a Pearson's  $r$  correlation coefficient was computed. Based on the two variables, it shows that there was an inverse correlation,  $r = -0.15$ ,  $n = 190$ ,  $p = 0.04$  for the relationship between Self-Control and Readiness to Change amongst recovering addicts which means when Self-Control increases, Readiness to Change decreases. However, low Self-Control levels indicate high Self-Control, high Self-Control levels indicate low Self-Control. Thus, the actual correlation is a direct positive correlation. As for the relationship between Self-Control and Readiness to Change, the correlation is significant at the 0.05 level (2 tailed) as shown in Table IV below.

TABLE IV  
CORRELATIONS BETWEEN SELF-CONTROL AND READINESS TO CHANGE

|                     | Self-Control | Readiness to Change |
|---------------------|--------------|---------------------|
| Self - Control      | 1            | - 0.15*             |
| Readiness to Change |              | 1                   |

N = 190

\*Correlation is significant at the 0.05 level (2- tailed)

## DISCUSSION

Overall in this Cure and Care Rehabilitation Centre, the level of Self-Control amongst recovering addicts were at average levels and the Readiness to Change levels were at Contemplation level. The results also showed that age, race, marital status, educational level and duration involved in drugs do not have any significant effect on Self-Control and Readiness to Change amongst recovering addict. As for the relationship between Self-Control and Readiness to Change, the actual correlation was direct positive correlation.

Developing Self-Control basically begins at birth and this process continues across our lives. It is a skill that is critical to an individual's school success and overall healthy development. It enables an individual to cooperate with others, to cope with frustration, and to resolve conflicts. Studies have said that lack of Self-Control is importantly related to drug involvement. According to Sussman (2003), among teens, lack of Self-Control is a strong predictor of tobacco use, heavy drinking and other substance use, as well as perpetration of personal and property crimes. NIDA (2008) stated that, the changes in the brain from drug

addiction erodes a person's Self-Control and ability to make sound decisions while sending intense impulses to use more drugs or alcohol. Studies have also revealed that a high degree of Self-Control was found to be associated with lower levels of aggression and criminality, as well as better psychological adjustment, academic performance, and personal relationships.

People from all walks of life can experience problems with their drug use, regardless of age, race, or background. In overcoming addiction, there are 4 main stages which are the precontemplation, contemplation, action and maintenance. People with addiction problem may be in the contemplation stages for many years. Contemplation is the second stage in the Stages of Change Model and it essentially means to consider or think about something deeply. Based on the Stages of Change Model, contemplation specifically refers to the stage at which the person engaging in the addictive behavior begins to think about changing, cutting down, moderating or quitting the addictive behavior. A study by DiClemente and Prochaska (1998), estimated that at least 80 percent of persons with substance abuse disorders are currently in a precontemplation or contemplation stage. When an individual is in the Contemplation stage, the therapist can help by giving continues support about minimizing the impact and harm of substance abuse. In addition, the support can be given by helping to motivate the user to change, such as exploring with them the choices they have and offering them information to better inform their choice.

Basically, Self-Control depends on the individual themselves because ultimately people control their own behaviors. According to Baumeister, Campbell, Krueger and Vohs (2003), it is said that Self-Control requires willpower in which people use energy and strength to overcome a temptation thus when will-power gets tapped out, a person can become vulnerable to impulsive behaviors, such as alcohol or drug abuse. Baumeister has said that evidence has so far supported sleep and positive emotional experiences, such as humor and laughter, in helping to restore Self-Control.

Based on the findings of this study, the results of the t-test analysis showed that there was no significant mean difference between recovering addicts' Self-Control based on the demographic variables examined. This means that all factors do not have an effect on Self-Control. The findings also proved that there is significant relationship between Self-Control and Readiness to Change. Since the actual correlation was a direct positive correlation, this means when Self-Control is low, Readiness to Change will also be low. As for Readiness to Change, the t-test analysis also showed that there were no significant mean differences between recovering addicts' Readiness to Change based on the demographic variables examined which means that all these factors does not have an effect on the Readiness to Change. Theoretically, we know that no matter how complex the situation is or how much other people want you to change, if you're not ready, it's not going happen.

## **CONCLUSION**

In conclusion, this study found the importance of Self-Control and Readiness to Change for recovering addicts to gain a positive and a healthy lifestyle. In Malaysia, drug addiction is so crucial, and this leads to various negative consequences. Even if there is help and support from others, a change can only be achieved if the individual himself is prepared mentally and physically. It should come from within oneself. Overcoming addiction requires the individual to learn how to connect with themselves and one way to do this, is to learn to have self-control, be self-forgiving, self-regulate and be mindful towards their actions.

## **LIMITATION AND STUDY FORWARD**

Among the limitations of this study was, it was conducted using questionnaires, hence all information about the respondents were based on their feedback through the questionnaires. Therefore, the reliability of the findings depends solely on the sincerity of the respondents while answering the items in the questionnaires. Moreover, the results cannot always represent the actual occurring because the respondents have limited options of responses which are based on the selection made by the researcher. Secondly, this study was done on a short term basis due to the limited time and resources available. The accuracy of the information given was based on the cooperation and understanding of the respondents while answering the questionnaire. There were limited generalisability of findings whereby the findings from this study are only applicable and based on respondents from this Cure and Care Rehabilitation Centre (CCRC) in the State of Johor. In order to have a better outcome and understanding, this study can be expanded and replicated in a bigger setting with larger sample size.

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## **AUTHORS CONTRIBUTION**

This study was designed, directed and coordinated by Brindha Vijayakone as the principal investigator and Professor Dr Haslee Sharil Lim Abdullah, provided conceptual and guidance for all aspects of this research. The author would also like to thank Dr Wan Norhayati Othman and Dr Siti Nubailah for their technical guidance throughout this research.

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