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SELF-COMPASSION AND SELF-CONTROL AMONGST RECOVERING ADDICTS

Belas Kasihan Kendiri dan Kawalan Kendiri dalam Kalanagan Penagih Dadah Yang Sedang Pulih

Brindha Vijayakone & Haslee Sharil Lim Abdullah
Faculty of Leadership and Management
Universiti Sains Islam Malaysia

sharil@usim.edu.my

Abstract

This study was aimed to measure Self-compassion and Self-control levels, compare their mean scores based on age, race, marital status, educational level and duration involved in drugs and examine the relationship between Self-compassion and Self-control amongst recovering addicts. This study involved 190 respondents randomly selected from a Cure and Care Rehabilitation Centre (CCRC) located in the state of Johor. Instruments used were the Self-compassion Scale and Self-control Scale. This quantitative design research used questionnaire method to obtain data. The data was analyzed using descriptive analysis, *t* - test Analysis and Correlation Statistic Analysis. Results showed an average level of Self-compassion and Self-control amongst recovering addicts. There were no significant differences in recovering addicts' Self-compassion and Self-control mean score based on age, race, marital status, educational level and duration involved in drugs. Results also showed there was an inverse correlation between Self-compassion and Self-control ($r = - 0.48, n = 190, p < 0.001$). The findings from this study provides useful understanding on the level of Self-compassion and Self-control amongst recovering addicts. Thus, both Self-compassion and Self-control could be given emphasis for future drug prevention and rehabilitation programs in Malaysia.

Keywords: self-compassion, self-control, recovering addicts.

Abstrak

Kajian kuantitatif ini dijalankan untuk mengukur tahap Belas Kasihan Kendiri dan Kawalan Kendiri, membandingkan skor minnya berdasarkan bangsa, status perkahwinan, tahap pendidikan dan tempoh penglibatan dalam penagihan dadah, dan korelasi di antaranya dalam kalangan penagih dadah yang sedang pulih. Kajian ini melibatkan 190 responden yang dipilih secara rawak di sebuah Pusat Pemulihan *Cure and Care* di Negeri Johor. Instrumen yang digunakan adalah Skala Belas Kasihan Kendiri oleh Neff (2003) dan Kawalan Kendiri oleh Grasmick et al. untuk mengumpul data. Data dianalisis dengan menggunakan analisis deskriptif, ujian *t* dan korelasi. Penemuan kajian ini menunjukkan tahap Belas Kasihan Kendiri dan Kawalan Kendiri berada pada tahap sederhana. Tiada perbezaan yang signifikan dalam min skor Belas Kasihan Kendiri dan min skor Kawalan Kendiri berdasarkan umur, bangsa, status perkahwinan, tahap pendidikan dan tempoh penglibatan dalam penagihan dadah. Kajian ini juga menunjukkan korelasi songsang antara Belas Kasihan Kendiri dan Kawalan Kendiri ($r = - 0.48$, $n = 190$, $p < 0.001$). Dapatan kajian ini berguna untuk memahami Tahap Belas Kasihan Kendiri dan Tahap Kawalan Kendiri dalam kalangan penagih dadah yang sedang pulih. Dengan mengambil kira keputusan kajian ini, penekanan yang lebih lanjut dapat diberikan dalam program pencegahan dan pemulihan dadah di Malaysia pada masa akan datang.

Kata Kunci: belas kasihan sendiri, kawalan sendiri, penagih yang sedang pulih.

INTRODUCTION

Substance abuse and drug addiction has become a major global problem these days and Malaysia has not been spared from the rise of this. The overall demographic of drug use in Malaysia is changing from time to time and the fastest rising group of drug abusers in Malaysia today are the young generation. Over the years, the Malaysian Government has spent millions to curb this problem and even implemented a number of programs aimed at curtailing drug distribution as well as improving the existing drug-treatment programs. However, this problem seems to be vastly growing day by day. There are many factors attributed to this phenomenon. According to Dr. Tam Cai Lian, Senior Lecturer in Counseling Psychology at the Jeffrey Cheah School of Medicine and Health Sciences at Monash University, Malaysia, there are a number of significant factors contributing to the rise in drug addiction in this country. The factor that tops the list is peer influence and curiosity. This is because more and more kids simply want to explore things that are not of the norm in this society out of sheer curiosity, while some are influenced by their circle of friends. Research by Mahmood, Mohd Shuib, Lasimon, Muhamad Dzahir and Rusli (1999) found 50% of old friends influenced former addicts to pick up the drug taking habit after they were discharged from rehabilitation centres. The research also

showed that 76% of the old friends assist rehabilitated individuals to get the needed supply of drugs.

Other than that family factors, parental behaviour, family relationships, home atmosphere, and economic standing also plays a role. Nonetheless, it is believed that the lack of Self-love or Self-compassion could be the core factor. An individual has to love himself first before he can love anyone else which means the individual should be able to treat himself with the same kindness, concern and support he would show another person.

According to Leary, Tate, Adams, Allen and Hancock (2007), Self-compassion brings about the psychological well-being of people by promoting positive capacity of coping with stress, happiness, optimism, sense of connection to others and initiatives while demoting negative emotions. Hence, by having a positive mindset, an individual is able to control himself from doing negative things. Self-compassion in many ways are related to Self-control. Research by Gottfredson and Hirschi (1990) and Jackson (2000), has claimed that lack of Self-control is importantly related to drug involvement. Gottfredson and Hirschi (1990) also mentioned that Self-control refers to the ability to forego immediate or near-term pleasures that have some negative consequences and the ability to act in favour of longer term interests. According to Tarter (1988), generally, lack of Self-control refers to one's tendency to act without thinking. A research done by Pokhrel (2007), said that, in adolescents, lack of social Self-control seems to result in increased drug use, which in turn is likely to further decrease social Self-control.

Based on research done by Baumeister (2002) ; Grasmick, Tittle, Bursick, and Arneklev (1993), Self-control is usually established early in childhood and once developed, this trait remains fairly constant over one's lifetime and is not affected by increased age but however it can be depleted over time (Baumeister & Exline, 2000; Muraven, Tice, & Baumeister, 1998). Terri Moffit, a professor of Psychology and Neuroscience at Duke University who has conducted a long-term research with a group of 1,000 young people since birth has found that there are three factors which lead to success in life, which is I.Q., family socio-economic status, and Self-control. A child who has Self-control at age four is more likely to be happy and healthy as an adult and she concluded that children who had the greatest Self-control in primary school and preschool ages were most likely to have fewer health problems and least likely to be addicted to any kind of a substance when they reached their 30s. Hence this study, aims to emphasize on Self-compassion and Self-control amongst recovering addicts.

METHOD & MATERIALS

The independent variable is the demographic of the respondents whereas the dependent variables were Self-compassion and Self-control. This study examined the level of Self-compassion and Self-control amongst recovering addicts based on certain demographic aspects which comprised of age, race, marital status, educational level and duration involved in drugs.

This research applied the quantitative design and used questionnaire as its instrument to obtain data. According to previous studies, it is stated that a quantitative research is a study process to produce a scientific report to solve problems according to certain disciplines. It is also a form of study that uses statistical as well as numerical aspects with measurable parameters. In this study, the data was obtained by using questionnaires which were distributed to the respondents. The two variables which are involved in this study is Self-Compassion and Self-Control.

Loeb, Morris, Dynarski, Reardon, Mcfarland, Reber and Brock (2017), mentioned that descriptive statistics was used to describe the basic landscapes of the data as it provides simple summaries about the sample and the measures for descriptive analysis is data simplification. This analysis was also used to search the mean value for each of the dependent variable to show the level of Self-compassion and Self-control. Pearson correlation analysis was used to find the relationship between the level of Self-compassion and Self-control.

The first instrument was the Self-compassion Scale developed by Neff, K. D. (2003). This scale was used to measure the level of Self-Compassion amongst the recovering addicts. The Self-compassion Scale is a 26-item inventory, including statements related to the following six subscales: self-kindness, self-judgment, common humanity, isolation, mindfulness, and over-identification. For the subscale of self-judgment (item number 1,8,11,16,21), isolation (item number 4,13,18,25) and over-identification (item number 2,6,20,24) the score was reverse coded. The items are rated on a five point Likert scale from 1 (almost never) to 5 (almost always). Since the respondents were local Malaysians, the Self-compassion scale that was used was in Bahasa Melayu version. The Bahasa Melayu translated version was adopted with minimal changes from a research done by Novitasari D (2018) from University Islam Indonesia. The overall instrument was in Indonesian language, however there is a high similarity between the Indonesian language and Bahasa Melayu language. A few amendments were made to suit the Malaysian context.

The second instrument was to measure levels of Self-control amongst recovering addicts. The Self-control Scale developed by Grasmick et al., (1993) was used. The

original Self-control Scale contains 24 items on a 4-point Likert scale to measure the Self-control level of respondents. This scale consists of six dimensions: impulsivity, simple tasks, risk taking, physical activities, self-centeredness, and temper. There were previous studies indicating that the Self-control Scale is valid and reliable for measuring Self-control levels.

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 (coefficient 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 a good construct validity and showed good face validity. Mohammad Rahim et al., (2013), also analysed and measured the reliability of the 18 items by using Cronbach Alpha coefficient and the internal consistency of the 18 items was 0.80 which was relatively high. Hence, that was used.

The reliability of the instruments were also analysed based on Cronbach's alpha coefficients. Table 1 below shows the original and computed Cronbach's alpha values for Self-compassion Scale and Self-control 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 1: Reliability of Instruments

Variables	Original α	Computed α
Self-compassion	0.92 (26 items)	0.74 (26 items)
Self-control	0.91 (24 items)	0.62 (18 items)

The target population of this study were recovering addicts who were undergoing treatment at a Cure and Care Rehabilitation Centre, in the State of Johor, Malaysia. The sampling that was done in this study is random sampling. The total questionnaires distributed and collected for this study was 200. However, only 190 questionnaires were fully responded 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 from the survey questionnaire were analysed by using the descriptive and inferential analysis.

FINDINGS & DISCUSSION

Before further analysis, Normality Test of the overall scores for Self-compassion and Self-Control was done to see if the data was ready for analysis based on the skewness. For Self-compassion, the skewness for the overall score was 0.176 and for Self-control, the skewness for the overall score was 0.334. After the analysis was done, the overall mean score for Self-compassion was, minimum 1.89, maximum was 4.60, mean was 3.34 and standard deviation was 0.38. For Self-control overall score, the minimum was 27.00, maximum was 78.00, mean was 47.77 and standard deviation was 8.88. 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, 20 (10.5%) of them have low Self-compassion level, 135 (71.1%) of them have an average level of Self-compassion and 35 (18.4%) of them have high levels of Self-compassion. Generally, the inmates of this Cure and Care Rehabilitation Centre have an average level of Self-compassion which is 71.1% out of the total respondents as shown in Table 2 below.

Table 2: Self-Compassion Level

Index	Frequency	Percentage (%)
Low	20	10.5
Average	135	71.1
High	35	18.4

As for the level of Self-control, it is shown that out of 190 respondents from this Cure and Care Rehabilitation Centre, 32 (16.8%) of them have high Self-control levels, 133 (70.0%) of them have average levels of Self-control and 25 (13.2%) of them have low levels of Self-control. Overall, the inmates of this respective Cure and Care Rehabilitation Centre have an average levels of Self-control which is 70.0% out of the total respondents. This can be seen in Table 3 below.

Table 3: Self-control Level

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

The five independent variables in this study which are age, race, marital status, educational level and duration involved in drugs, had adequate sample size, thus they were taken for Self-compassion and Self-control mean analysis. The independent sample t-test was conducted to compare Self-compassion mean score based on age, race, marital status, educational level and duration involved in drugs. There were no significant differences in recovering addicts' Self-compassion mean score based on these five independent variables. Hence, the results showed that age, race, marital status, educational level and duration involved in drugs did not have an effect on Self-compassion amongst recovering addicts.

As for Self-control the independent sample t-test was also conducted to compare Self-control 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' Self-control mean score based on age, race, marital status, educational level and duration involved in drugs. Hence, this results showed that age, race, marital status, educational level and duration involved in drugs, did not have an effect on Self-control amongst recovering addicts.

Pearson's r correlation coefficient was computed to assess the relationship between Self-compassion and Self-control amongst recovering addicts. Based on the two variables, there was an inverse correlation between Self-Compassion and Self-Control, $r = -0.48$, $n = 190$, $p < 0.001$, which means when Self-Compassion increases, Self-Control decreases. However, in Self-control Scale, low Self-control score indicates high Self-control, high Self-control score indicates low Self-control. Thus, the actual correlation is a direct positive correlation. As for the relationship between Self-Compassion and Self-Control, the correlation is significant at the 0.01 level (2 tailed).

Overall in this Cure and Care Rehabilitation Centre, the level of Self-compassion and Self-control amongst recovering addicts were at average levels. The results also showed that age, race, marital status, educational level and duration involved in drugs did not have any significant effect on Self-compassion and Self-control

amongst recovering addicts. As for Self-compassion and Self-control, the actual correlation was direct positive correlation.

According to Neff and Germer (2013), Self-compassion is the ability to extend compassion to one's self, particularly during an instance of suffering and it can be framed as a set of coping skills in response to suffering, which can be measured and raised through training. There are some studies which show relationship between risk factors for developing substance use disorder and Self-compassion. Low Self-compassion levels was correlated with risk factors for substance use disorder. Based on Vettese, Dyer and Wekerle (2011), it is found that Self-compassion predicted emotion dysregulation, which is a risk factor for developing substance use disorder (Weiss, Sullivan & Tull, 2015).

As for Self-control, developing it 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), lack of Self-control among teens is a strong predictor of heavy drinking, tobacco use, other substance use, as well as perpetration of personal and property crimes. NIDA (2008) said 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.

Based on the findings of this study, the results of the *t*-test analysis showed that there were no significant mean difference between recovering addicts' Self-Compassion based on age, race, marital status, educational levels and duration involved in drugs. There is a recent research suggesting that Self-compassion is one of these traits that can be affected by the environment in which a person was raised. A study done by Neff and McGehee (2010), said that, high childhood received maternal support, more harmonious family functioning, and secure attachment were associated with higher levels of adulthood Self-compassion. Tanaka, Wekerle, Schmuck, and Paglia-Boak (2011) found that higher adulthood emotional abuse, neglect, and physical abuse were associated with lower Self-compassion. Hence, individuals with low levels of Self-compassion were also found to be more likely to have psychological distress or substance abuse problems.

As for Self-control, the results of the *t*-test analysis showed that there were no significant mean difference between recovering addicts' Self-control based on age, race, marital status, educational levels and duration involved in drugs. This means that all these factors does not have an effect on Self-control. Basically, Self-control depends on the individual themselves because ultimately people control their own behaviours. 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 willpower gets tapped out, a person can become vulnerable to impulsive behaviours, such as alcohol or drug abuse. Baumeister has said that evidence has so far supported sleep and positive emotional experiences, such as humour and laughter, in helping to restore Self-control.

The findings also proved that there is a significant direct relationship between Self-compassion and Self-control. Hence, based on this study, it is shown that when Self-compassion amongst recovering addict increases, Self-control increases as well.

CONCLUSION

In conclusion, this study found the importance of Self-Compassion and Self-Control for recovering addicts to gain a positive and a healthy lifestyle. In Malaysia, drug addiction is a crucial problem 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. Overcoming addiction requires the individual to learn how to connect with themselves and one way to do this, is to learn to be self-compassionate, self-forgiving, self-regulate and being mindful towards their actions.

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