

Early Life Correlates of Resilient Coping among Drug Users in Recovery

Felipe González Castro & Rebeca Rios
Department of Psychology, Arizona State University



1. INTRODUCTION

Resilience involves good outcomes in spite of serious threats to adaptation or development (Masten, 2001). “**Ego-resilience**,” has been regarded as involving four important dimensions: (1) **confident optimism**, (2) **productive activity**, (3) **insight and warmth**, and (4) **skilled expressiveness** (Klohn, 1996). Ego-resiliency enables individuals to “flexibly modify their impulse expression and thus adaptively respond to environmental contingencies and shape them in accordance with their personal goals and desires,” (Klohn, 1996). Thus, personal competencies consistent with adaptive survival are features of ego resilience. Beyond these descriptors, questions remain regarding the early life factors that promote resilience, and its expression into the adult years.

2. PURPOSE

This study investigated the use of clinical ratings of four dimensions of resilience as drawn from audiotaped interviews, to evaluate psychological aspects of resilience in a population whose resilience has been greatly compromised by one or more major disruptive life events. In addition, this study served to develop the methods of text analysis that provide across-case text analyses of thematic narratives, as these may clarify psychological factors associated with resilient coping among these users of illegal drugs, as they struggle to recover from their addiction during their stay in a therapeutic community treatment program.

A client’s patterns of responsiveness to a major life problem thus serves as a viable paradigm for examining emotional regulation of various negative emotions, cognitive complexity in the client’s ability to understand various aspects of their problem, and their problem solving skills in taking action to recover from drug abuse and from the major life losses that have accompanied their compromised lifestyle as a consequence of addiction to illegal drugs.

3. METHOD

PARTICIPANTS

A sample of 108 heavy drug users, 61 of Hispanic background and 47 of mainstream White American background were interviewed with an open-ended “*platica*” approach entitled: “*Your Life’s Journey: Who You Are, and Where You are Going*.” This study examines 39 of these users for whom complete narrative stories were available.

PROCEDURE

Trained interviewers administered structured interviews to participants. IRB approval and informed consent were obtained from all participants. The adult drug users were interviewed individually in 2 ½ to 3 hour structured interviews. These adult participants were compensated \$25 for their involvement in the study.

This interview has two stages, a 20 minute qualitative *platica* interview, and a 2 hour structured interview that examines the process of personal growth and adaptation across important life milestones.

The present study focuses on the section entitled: the *most “Difficult Problem” in the past 5 years*. This consists of: (1) identification of this most “Difficult Problem,” (2) when this happened, (3) a time sequence of what happened, (4) how stressful this was, and (5) what the client did in temporal sequence analysis of their thoughts and feelings.

Independent raters used criteria for high and low resilience to evaluate the overall resilience of these individuals. These criteria involved 7 areas of coping in response to the “Difficult Problem”: (1) **cognitive/ affective**, (2) **behavioral**, (3) **interpersonal**, (4) **spirituality**, (5) **cognitive complexity**, (6) **self-efficacy**, and (7) **drug use**.

From listening to the recorded audiorecordings of client responses their strategies for coping with a their most “Difficult Problem,” raters provided 3-level ratings in four areas: (1) **Emotional Regulation**, (2) **Organized Problem Solving**, (3) **Cognitive Complexity**, and (4) **Overall Resilience Rating**.

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4. RESULTS

Correlational analyses were conducted to examine inter-relationships between the four clinical rating indices and selected measured variables of interest. Table 1 presents the zero-order correlations between the four clinical ratings and five scales: (1) a 4-item **Health Motivation** scale ($\alpha = .72$); (2) an **American Orientation** scale measuring mainstream American likes and wants (Castro, Garfinkle, Naranjo, Rollins, Brook & Brook (in press) ($\alpha = .69$); the **CES-D Depression** scale ($\alpha = .90$); and two scales derived via factor analysis with this sample using the items from the Connor-Davidson Resilience inventory: (4) the 11-item **Goal Directedness** ($\alpha = .89$), and the 13-item **Persistence** scale ($\alpha = .86$).

The construct validity of these clinical ratings were demonstrated by the significant associations of the Emotional Regulation and overall Resilience Ratings with the CD Goal Directed and Persistence scales. Greater cognitive complexity was also associated with greater persistence.

Table 2 shows the associations of these four clinical ratings with retrospectively reported indices of (1) **Urban-Rural Neighborhood** and (2) **Neighborhood Socioeconomic Status (SES)** at three periods of the drug user's early life: in Middle School, in High School, and Currently. Higher SES was associated with higher indicators of resilience, and less urbanicity (greater rurality) was associated with greater Emotional Regulation.

5. DISCUSSION

These results suggest that living in high income neighborhoods aid in the development of resilience capabilities. The availability of economic and other resources in higher income homes may serve as a protective factor, while low income environments may serve as risk factors for lowered resilience. It is not clear why lower urbanicity (higher rurality) may be associated with greater emotional regulation. It is noteworthy also that the observed effects were evident for the middle school and high school developmental periods, but not for the current adult developmental period.

Limitations of this study include the use of self-report in obtaining these data, although the resilience ratings were based on research assistant evaluations of the client's responses. And for the present study, these ratings were only available from a single rater. We will conduct additional ratings by a second set of independent raters to ensure the reliability of these clinical ratings.

Future research will include the in-depth analysis of the entire transcribed narratives when examined via thematic analysis using computer-assisted text analysis software (Atlas-TI), to obtain a greater depth of understanding of the complex relationships between social, cultural and psychological factors, and the various aspects of resilience as expressed among addicted users of illegal drugs.

6. REFERENCES

Castro, F. G., Garfinkle, J., Naranjo, D., Rollins, M., Brooks, J. S., & Brook, D. W. (in press). Cultural traditions as protective factors among Latino children of illicit drug users. *Substance Use and Misuse*.

Klohn, E. C. (1996). Conceptual analysis and measurement of the construct of ego-resiliency. *Journal of Personality and Social Psychology*, 70, 1067-1079.

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Clinical Ratings	Scales				
	Health Motivation	American Orientation	CES-D Depression	CD- Goal Directed	CD- Persistence
Emotional Regulation	-.06	.23	-.43 *	.41 *	.36 *
Resilient Action	-.19	.49 **	-.28	.20	.29
Cognitive Complexity	.05	.03	-.02	.15	.42 *
Resilience Rating	-.07	.32 #	-.16	.40 *	.44 *

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Clinical Ratings	Measured Items							
	Middle School		High School		Current		Parents	
	Rural-Urban	SES	Rural-Urban	SES	Rural-Urban	SES	Father	Mother
Emotional Regulation	-.40 *	.48 **	-.48 **	.32 #	-.26	.07	.32 #	-.07
Resilient Action	-.14	.35 *	-.15	.14	-.03	-.26	.09	-.14
Cognitive Complexity	-.01	.35 *	-.07	.33 *	-.20	.22	-.01	-.05
Resilience Rating	-.25	.30 #	-.29 #	.18	.13	-.11	.28	.00

- > **Urban-Rural Neighborhood:** (1)= Rural, (2)= Some Rural, (3)= Small Town, (4)= Small City, (5)= Large City, (6)= Metropolitan.
- > **SES- Socioeconomic Status:** (1)= Poor, lower class, (2)= Low income, (3)= Middle income, (4)= Upper-middle income, (5)= Wealthy, high income
- > **Relationship with Father and with Mother:** (1)= Extremely bad, (2)= Bad, (3)= OK/Neutral, (4)= Good, (5)= Very Good, (6)= The Best
- > # p < .10; * p < .05; ** p < .01.