

Building a measure of catastrophic thinking among addicts

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ABSTRACT The aim of the research was to build a measure of catastrophic thinking among addicts and measure catastrophic thinking among addicts from the point of view of specialists. The current research was limited to a sample of specialists in psychology and psychiatry at the University of Kufa in Najaf for the academic year 2017-2018, and the researcher built a scale for addicts consisting of (30) paragraphs and three alternatives were developed to answer the paragraphs of the scale, and statistical analysis were carried out to extract the psychometric properties of the scale as their types were extracted from the validity of the scale, which are (apparent honesty and truthfulness by the method of the two extreme groups and the method of the correlational relationship between the score of the paragraph and the total degree of the scale, and the researcher also extracted the reliability in several ways, namely (the filter segmentation method and the retest method), then the researcher applied the scale to a sample of (15) specialists for the purpose of verifying the research objectives in separating the results, and several statistical methods were used to process the data, namely (the T-test, the Pearson correlation coefficient and the Seberman-Brown equation). The most important results of the research were the construction of a scale of catastrophic thinking among addicts, and the sample has a high level of catastrophic thinking.

KEYWORDS: Building a measure, catastrophic thinking, addicts .

INTRODUCTION The thinking of an individual who consumes a drug or intoxicant is characterized by what is called catastrophic thinking, meaning that the drug abuser thinks either that he is an addict and continues to use the drug, or he is not addicted and stops permanently from that, so there is no middle ground between the two, and this thinking is called (nothing thinking). If he stopped using the drug and then relapsed and turned back, so he believed that he could not return to the cessation again because he had violated this abstinence, and thus he loses the confidence in his ability to control himself. (Awad, 1988, p. 35)The problem of addiction is a complex problem due to the overlapping of many and complex factors in the occurrence of addiction to ultimately leave behind the persistent and irresistible tendency towards drug use. In addiction, there are structural, genetic, social, economic, family, educational, psychological and cultural factors, as these factors intersect and interact with each other to form addictive behavior (Gald, 1974.p.50)The addict is distinguished by his possession of ideas and words, which are inevitable and frightening thoughts and self-defeating ideas, and these disastrous beliefs that have the characteristic of inevitability and persistence that are imposed on the self and they are exaggerated statements in describing the external situation that incites the evaluation and interpretation, for example: I must such and I must obtain such and such and I must possess Likewise, that is, you impose on yourself demands that must be fulfilled without there being any options in the event that the self imposed demand is not fulfilled (Abdel-Al, 1985, p. 22)The addict's thinking is also characterized by self conversations and beliefs that are characterized by exaggerating accidents and exaggerating their impact on the soul. These exaggerated statements are usually used in the following expressions: It is a terrible thing, and it is something that I cannot bear due to its severity, that it is a terrifying thing and so on (Levey, 1961, p. 40). Another matter that must be taken into consideration in psychological counseling is that it is wrong to think that deviations of behavior are separate pathological entities as sexual perversion triggers addiction to drugs and alcohol, prostitution often coincides with psychopathy, drug suicide coincides with criminal behavior and violence

(Lazarus, 1961, p.50)These expressions that govern the addict's self are often unrealistic, and pure overstatement and exaggeration, translating the frightening matter into a disaster, and such a disastrous belief blocks in the face of the addict the ability to bear and makes misfortune a disaster, as the psychological reaction differs completely between the belief that this was a misfortune that happened to the addict, or that a disaster struck him that is difficult to bear, the first belief leads to discomfort while the second belief leads In despair, hopelessness, and depression, now we may wonder how it is possible to overcome these catastrophic beliefs and emotions? (Lawton, 1991, p. 15)We have to answer the following questions:

1- Why does an addict consider it scary to commit a sin?

2- Why should he not commit this sin?

3- Why when he commits a sin should he accuse himself of foolishness and weakness of mind? (Mussen, 1980, p. 35)

research aims:The current research aims to:

1- Building a measure of catastrophic thinking among addicts.

2- Know the level of catastrophic thinking of addicts from the point of view of specialists.

search limits: The current research is determined by a number of specialists in psychology and psychiatry at the University of Kufa in Najaf for the year 2017-2018.

Defining terms: Some key terms are mentioned in the research, we define them as follows:

Addict: A person who lacks self organization, will-power and ambition, does not have self-confidence or faith, and avoids responsibility (Yunus, 1972, p.20)

The addict: He is a person whose degree of readiness for all kinds of pain is extremely high and he cannot bear criticism or the possibility of frustration (Al-Kisad, 1978, p. 32).

Catastrophic thinking: arbitrary and imaginative thinking that creates mixed and exaggerated visions that do not reflect the actual facts of everyday reality (Marlowe, 1982, p. 22).

Catastrophic thinking: intimidation of trivial fears, impatience, moodiness and randomness of thinking

As for the procedural definition of the researcher: it is the degree that the members of the current research sample obtain through their answers to the paragraphs of the scale (addicts' catastrophic thinking) prepared for this purpose.

2 Theoretical framework First: Catastrophic thinking: By examining the pathology of addiction to alcohol or drugs, we find that it is adherent to thinking disorder and behavioral health disorder, and in some others it is a disease where the patient makes little effort to control the propensity to abuse the drug, but without interest in treatment or a fundamental change in the way of thinking. And since addiction is a disease like high blood pressure or a cardiovascular lesion, he needs to change the way of thinking and create healthy habits of thinking, feelings and behavior, and not limited to drug treatment alone, and this is what the psychiatrist, psychologist and social specialist should know. (Engler, 1985, p. 12) We often find among addicted individuals a conflicting series of beliefs and ideas regarding drug use with themselves and with others, which leads to the reinforcement of the tendency to continue to use the substance. (Al-Jubouri, 1995, p. 30) The emotional-rational (intellectual) therapy that provides a model and explanation for the disorder that a person is experiencing is at the same time an effective method that helps patients learn to help themselves by themselves by stopping drinking the drug and maintaining abstinence and cessation, and this gives the individual's response to his defeatist thoughts that lead him to abuse The drug and replacing these thoughts with positive ones, with determination to counter the false beliefs that they raise and fuel addictive tendencies and the weak ego. (Al-Dahri, 1994, p. 14).

Second: Addiction: There is no agreement among scholars about the meaning of addiction, medicine men explain addiction by its effect on the body and brain functions, and sociologists understand addiction through its effect on the individual in his social relations, and lawmen give addiction the meanings of behavior that confronts the law and defies it, Nevertheless, this term has become so common that it is difficult to abandon and replace. Among the psychotic (mental) symptoms of addiction are hallucinations, severe mood disorders, behavior, and disturbance of higher capacity functions, including thinking, judgment, memory and perception.

Addiction from the point of view of the rational- emotional theory, The studies of the psychologist (Bandura) in (1982) indicated that the misuse of alcohol and excessive drinking of it leads of course to a physiological and psychological encroachment, and this learned habitual behavior does not come through direct reinforcement to weaken the influence of alcohol or the drug and psychological tension that the addict suffers, but rather as a result of his beliefs and expectations of what he does Alcohol or narcotic in his

psyche, in addition to his wrong thinking about the substance. (Mussen, 1980, p. 17) Cognitive therapy is mainly focused on changing expectations and misconceptions about what the drug they use does. The belief that the drug reduces psychological tension and increases social adjustment is what greatly contributes to the appetite of individuals, including juveniles and adolescents, to depreciate the drug and perpetuate the addictive behavior. Emotional-rational (intellectual) therapy that provides a model and explanation for the disorder that a person is experiencing is at the same time an effective method that helps patients learn to help themselves by stopping alcohol or drug use and maintaining abstinence, but this type of modern therapy makes an effective contribution to Developing the addiction recovery process and moving it forward. (veilly, 1983, p. 28)

3 METHODOLOGY To achieve the objectives of the current research, the researcher constructed a measure of the catastrophic beliefs of addicts from the point of view of specialists. The following is a review of the procedures that were adopted in building this scale.

Drafting the scale paragraphs In order to formulate paragraphs for the current topic of the research, the researcher prepared a survey questionnaire that was applied to a random sample of specialists consisting of (10) specialists and in the light of that (30) paragraphs were formulated.

Measurement metho : The researcher has adopted the method (Lekert) in building the current scale as one of the methods used in building psychological measures.

- The validity of paragraphs :For the purpose of identifying the validity of the paragraphs - the apparent truthfulness - the paragraphs were presented in their initial form to a group of experts in psychology, and in light of the experts' responses, all the paragraphs were retained because they obtained an agreement percentage (80%) or more, and their number was (30) paragraphs.

Preparation of scale instructions: The scale instructions are considered as the index that guides the respondent during his response to the scale paragraphs, so it was taken into account when preparing them that they are simple and understandable, and it was emphasized in them that the respondent must choose the appropriate response alternative that actually expresses his opinion, and that his response will only be seen by the researcher, so no The respondent is asked to mention his / her name to reduce the potential impact of the social desirability factor.

Exploratory study : The aim of this study is to identify the extent of clarity of instructions and clarity of the paragraphs in terms of wording and meaning and the average time that the respondent spends in responding to the scale paragraphs. Therefore, the scale was applied to a random sample of specialists at the University of Kufa in Najaf city of (10) specialists.

Applying the paragraphs to a sample representative of the research community For the purpose of obtaining a representative sample of the research community that can be used in analyzing the paragraphs and extracting truthfulness and consistency, information related to the original community for the research was collected and the sample was chosen by the random stratified method, in this case the community should be divided into different sections and then a sample is taken from each section in a random manner and the original community included a number of Specialists at the University of Kufa in the city of Najaf.

Correction of the scale : The paragraphs of the current scale are written in positive and negative formulas. As for the alternatives to responding to the paragraphs, they are (agree, not sure, not agree) with a score scale (3, 2, 1). As for the paragraphs of negative content, they are offset by a scale (1, 2, 3). In this way, the total score was calculated for each respondent Responsive on the scale by summing the scores of his / her responses to all the paragraphs.

Performing paragraph analysis: The researcher applied the scale on a sample consisting of (10) specialists who were randomly selected from the University of Kufa in Najaf, and (IPL) indicates that the goal of this procedure is to keep good paragraphs in the scale or scientific tool.

A - The method of the two extremes

In order to conduct the analysis in light of this method, follow the following steps:

- 1- Determine the total score for each questionnaire.
- 2- The order of the forms from the highest degree to the lowest degree.
- 3- Determination of the (27%) of the forms obtaining the upper and lower degrees that is representing two groups of the largest size and the maximum possible distinction where (13). Whereas the distribution of the individuals of this sample on the scale is closer to the equilibrium distribution, the researcher undertakes the following procedure.
- 4- The application of the T-test (T-test) for two independent samples to test the difference between the

upper and lower groups on each paragraph. The T-value was considered an indicator to distinguish each paragraph by comparing it with the tabular value and after comparing the used T-values, it was found that there are (11) unmarked paragraphs because their The extracted value is less than the tabular T value which is (1.96) at the level of significance (0.01) and the degree of deviation (0.214).

B - The relationship of the paragraph score to the total score

The second method in analyzing the paragraphs is to find the correlational relationship between the score of each paragraph and the total score, and one of the advantages of this method is that it presents the relationship with a homogeneous scale in its paragraphs. And the berson correlation coefficient was used to extract the correlation relationship between the score of each paragraph of the scale and the total score of (30) unmarked paragraphs, because their extracted values are less than the values of the correlation coefficient according to the (Ebel) standard, which is equal to (0.19) noting that the unmarked paragraphs for this method is the same as that which was not distinguished by the style of the two extremes.

Indicators of validity and reliability of the scale of catastrophic thinking among addicts from the point of view of specialists.

First: validity (Oppenheim) points out that honesty denotes a paragraph's measure of what it's supposed to measure. (Al-Bayati, 1997, p.33)

Two types of validity were achieved in the current scale:

1- content validity

This type of validity is achieved through rational analysis of the scale content and its analysis based on subjective judgments

A- Logical validity : This type of content validity is achieved through the accurate definition of the catastrophic belief variable, which the scale measures through the logical design of the paragraphs to cover all important areas for this scale, and we may find this validity available in the current scale because a clear definition of the catastrophic belief variable has been adopted. (Allen, w, w, 1979.p. 23).

B- Face validity : The best way to extract apparent honesty is to present the scale's paragraphs to a group of experts to judge their validity in measuring the characteristic that is intended to be measured, and this type of validity was achieved in the current scale when its paragraphs were presented to a group of experts in education and psychology, and yet it is not considered The scale is completely honest in the language of the validity of the content because there is no clear structure for the content, and a treatment for that and in order to be more accurate, a second procedure was adopted to find the validity of the scale, which is the validity of the construction. (Nunally, 1978, p. 30).

2- Construct validity: It is meant to analyze the degrees of the scale based on the psychological structure of the characteristic to be measured or in light of a specific psychological concept, thus, it is the extent to which it is possible to decide that the scale measures a specific theoretical construct or a specific characteristic.

The relationship of the paragraph score to the overall score : The total score of the scale is considered as real-time spoken measurements through its correlation with the grades of individuals on the paragraphs, and then the score of the paragraph is linked to the total score of the scale, meaning that the paragraph measures the same concept that the total score measures, and in light of this indicator it possesses constructive validity, and the current scale was promised constructively in accordance with This indicator is as mentioned previously in conducting the paragraph analysis.

Second: Reliability : It is consistency in the results of the scale, and the fixed scale is an approved and reliable measure, and consistency in the words of (Cronbach) refers to the consistency of the degrees of responses across a series of measurements, which are divided into two types: the internal consistency that is achieved if the scale paragraphs measure the same concept and the external consistency that is achieved When the scale continues to give stable results by repeating its application over a period of time, and after selecting a random sample, the stability was extracted in two ways:

A- Split - half method: The researcher divided the scale paragraphs into two halves, including individual and even marital, and to verify the homogeneity of the two halves, the researcher extracted the F-Ratio (Ferguson), as its calculated value reached (1.24) and when compared with the tabular value, it was found that it is not a significant function, which indicates the fulfillment of the condition of homogeneity between the degrees of the two halves of the scale, and the researcher also extracted the Pearson correlation coefficient between the degrees of the two halves of the scale, and it reached (0.67), and after correcting it with the Seberman Brown equation, the reliability coefficient of the scale reached (0.80). And it is of

significant function at (0.05) level.

B- Test-Reset Method: For the purpose of extracting the stability in this way, the researcher re-applied the scale on the same sample that was chosen by the half-segmentation method, and after two weeks of the first application as indicated by (Adams) and after calculating the Pearson correlation coefficient between the scores of individuals on the two applications, the scale reliability coefficient reached according to this method (0.77) and a high stability coefficient with the retest method indicates the stability of individuals and their responses to not fluctuate between one application and another, and thus indicates the accuracy of the scale.

The final application : The researcher applied the scale in its final form to the applied research sample at the University of Kufa in Najaf in January 2018, and the application process was carried out by the researcher herself, as the process of instructing specialists how to answer and explain the instructions, and the application process proceeded normally.

4 Research results and their interpretation:

Table (1) shows the T-test for the difference between the average scores of the members of the current research sample on the catastrophic beliefs scale and the objective average of the scale among the members of the current research sample.

Sample mean	standard deviation	Objective average	The calculated T-value	The tabular T-value	Function level
63.3200	14.55383	60	61.3200	1.96	0.05

It is clear from Table (1) that the average scores of the research sample on the current scale reached (63.3200) degrees and a standard deviation of (14.55383) degrees and it is noticed that this average is higher than the hypothetical average of the scale which is(60) degrees using the T-test to identify the nature of the difference between The two averages, as it was found to be significant at the level (0.05%) and the degree of freedom (80), and it is clear from the above that the average scores of the individuals of the current research sample fall on the positive side of the catastrophic thinking scale, and this means that the current study shows that addicts have catastrophic beliefs, which calls for Anxiety and the need to take it into consideration and try to find treatment methods that are commensurate with the level of this catastrophic thinking.

Conclusions In light of the results of the current research, the following was concluded:

1- The need to follow psychological treatment aimed at helping the addicted individual a qualitative help in recognizing his problem of being an addict, and accepting the existence of this problem and then making a sincere intention and possible determination to change his thinking, feelings, and behavior that are the cause of his addiction, and that such interactive treatment that exists between the therapist and his patient who facilitates the healing process and getting rid of addiction

2- The emotional-rational (intellectual) therapy that gives a model and explanation for the disorder that a person is experiencing, and at the same time it is an effective way that helps patients learn to help themselves by themselves by stopping drinking alcohol, or narcotic and maintaining abstinence and cessation, this type of treatment effectively contributes to developing the addiction recovery process and pushing it forward.

References

- 1- The human being between substance and appearance, translated by Saad Zahran, The World of Knowledge Series, No. 140.
- 2- Al-Bayati, Abdul-Jabbar Tawfiq, and Athanasios, Zakaria Zaki, (1997), Descriptive and Inferential Statistics.
- 3- Al-Jubouri, Egyptian Yahya (1995), The Impact of Frustration on Emotion of Anger, an unpublished master's thesis, College of Arts, University of Baghdad.
- 4- Jalal, Saad (1985) The Right Person, Cairo Library.
- 5- Al-Dahri, Saleh Hassan (1994), Educational Guidance and Counseling, Ministry of Higher Education and Scientific Research, University of Baghdad, Higher Education Press, Mosul.
- 6- Maslow, Abraham (1982), Comments on Frankel's study on Sublimation itself.
- 7- Al-Sayed, Fouad Al-Bahi (1981), Social Psychology, Arab Thought House, Cairo.
- 8- Abdel Aal, Syed Hamid (1985), a study in psychological sociology, a study of Arab thought, Cairo.
- 9- Awad, Abbas Mahmoud (1988), Social Psychology, Arab Renaissance House, Cairo.
- 10- Freud, Sigmund (1955), Introduction to Psychoanalysis, translated by Isaac Ramzi, Dar Al Ma'arif,

Cairo.

- 11- Fahmy, Mustafa (1975) Man and his Mental Health, The Anglo-Egyptian Library, Cairo.
- 12- Al-Kubaisi and Waheeb Majeed (1995), Family social upbringing and its role in the psychological life of children, Iraqi Association for Educational and Psychological Sciences, Baghdad.
- 13- May Rollo (1984), The Existential Basis of Psychotherapy, translated by Fouad Kamel, House of Cultural Affairs.
- 14- Al-Khatt, Muhammad Al-Sayed (1978), Mental Health Pillars, Modern University Office, Alexandria.
- 15- Yunus, Intisar (1972), Human Behavior, Egypt, Dar Al Maaref.
- 16- Allen, w.w, 1974: intrudction measurement theory California.
- 17- Ellis (1980): the principle and practice cratioal comotive theroapy. London.
- 18- Engler, (1985): personality theories it on gnton Mifflin com b ostan engler.
- 19- Gale, Raymond (1974), who are you? The psychology of being your self, hall, inc. emgle wood cliffs new jersey.
- 20- Lawton.M.p8 schaiie. K.w. (1991) psychology well –being springer pulishing company, New York.
- 21- Lazarus, r.s. (1961), personality and adjustment Englewood cli ffis, new jersey.
- 22- Levey .b.s. (1988). The relationship of introspection, psychological adjustment and coynitive development, Columbia unitersty.
- 23- Mussen. P. conger. j. q. kagan j. (1980) essential, of child development and persondlity, harper vow. New York.
- 24- Nunnally. J. C. (1978) psychometric theory. McGraw. Hill. New York.
- 25- Reilly, lewis, e. (1983) educa tional, new York.
- 26- Repp, a. c. (1983), teaching the mentally retarded cliffs. N.j. prentice-hall.
- 27- Rohd, d. (1990, the social psychology of groups, new je

Appendix No. (1) Scale of catastrophic thinking in its final form

N	The paragraphs	agreed	Not sure	Not agreed
1	Narcotic substances reinforce determinism ideas in the addict.			
2	Addictive substances help confirm self-defeating thoughts.			
3	Drugs can reduce the fearful thoughts of the addict.			
4	Addiction helps impose self-determination			
5	The addict always seeks to exaggerate the description of the external situation.			
6	Addiction reduces self-demands.			
7	Addiction turns desire into demands.			
8	The addict feels unable to fulfill the familiar laws of life possibilities.			
9	Taking a drug does not lead to frustration or despair.			
10	The addict imposes feelings of failure on himself and there are no alternatives to solve the problem.			
11	The addict often talks with himself, which is characterized by exaggerating accidents.			
12	Addict tends not to exaggerate everything.			
13	An addictive substance translates a frightening matter into a disaster.			
14	An addict always sees that he makes mistakes.			

15	Addiction leads to self-fulfillment.			
16	The addict feels lost.			
17	The addict sees that he has control over his life.			
18	Addiction contributes to the individual captivity of a specific type of behavior.			
19	Addictive behavior weakens the addict's sense of self-worth and respect for it.			
20	The addictive behavior reinforces the addict's sense of his social value.			
21	Addictive behavior leads to depression.			
22	The addict runs away from himself and him being held accountable for his behavior.			
23	The addict feels guilt and self-blame.			
24	The addict is proud of his existence and his self-esteem.			
25	Addicts tend to always condemn themselves.			
26	The addict always goes to escape his reality.			
27	The addict feels there is a constant problem.			
28	The addict denies that there is a problem in his life			
29	The addict is unable to alert any feeling of challenge and competition.			
30	He looks at himself and his doings positively.			