ABOUT ADDICTIVE PERSONALITY – THE RELATIONSHIP BETWEEN PERSONALITY AND DEFENSE MECHANISMS IN SUBSTANCE (AB)USE

Summary

Addiction diseases are leading and one of the most serious problems of the current world, considering the consequences they cause to the individuals and to the society at all.

The aim of this research was to examine whether there is a connection between personality traits and defense mechanisms between clinical and non-clinical sample, or between substance abusers and substance users.

Clinical sample of men (N=30) was ranged from 18 to 60 years (M=38.9, SD=10.83), and a non-clinical sample (N=100) from 18 to 60 years (M=37.16, SD=6.78). The used instruments were consisted of the DSQ-40 Defense Mechanisms Questionnaire and the BFI-10 Personality Inventory and short sociodemographic background questionnaire.

The results of the research showed that there is a statistically significant and positive correlation between mature defense mechanisms and personality dimensions Extraversion, Conscientiousness and Openness, between neurotic defense mechanisms and personality dimensions Extraversion and Openness but negative correlation between immature defense mechanisms and personality dimension Agreeableness. Also, clinical
and non-clinical sample statistically significant differ in Extraversion and Agreeableness as well as in their defensive style.

Key words: addiction, personality, five-factor model, defense mechanisms

Introduction: Literature review of personality dimensions and substance (ab)use

Substance use and substance abuse become one of the most threatening dangers for young people today. According to current data (World Health Organization, 2010; Degenhardt et al., 2019; Wing Lo et al., 2020; Nawi et al., 2021; Johnson et al., 2022), substance abuse and dependence is an increasing worldwide public health issue. For example, just in the US, about 53 million people in 2018 were substance users (Shahini, 2021). Based on the Diagnostic and Statistical Manual of Mental Disorders (Fifth Edition), substance use disorder is described by a cluster of cognitive, behavioral, and physiological symptoms caused by compulsive drug-seeking despite the significant substance-related problems (Summerfeldt et al., 2006; Alemikhah et al., 2016).

Abuse of psychoactive substances is a serious problem, and the consequences are numerous and severe. Considering that it brings restlessness, psychological crisis into the consumer's life, causes anxiety, depression, structural changes of the brain and other organs and ultimately leads to coma and death. Addiction will not develop immediately, however, due to the feeling of pleasure that needs a stronger dose over time, the consumer is at a high risk of developing addiction to the same.

By addiction, Šarić (2010) in a narrower sense means a group of physical, social and cognitive phenomena in which the consumption of a substance has an advantage for a certain person in relation to other ways of behavior, which he previously attached greater value to. Addiction can be psychological, physical or combined dependence on a substance that acts on the central nervous system, and is taken occasionally or constantly (Šarić, 2010), developing in different temporal dimensions, in the spectrum from a few months to many years. Psychic addiction is reflected in a strong desire or a kind of compulsion to take certain substances or alcohol, and it manifests itself through attention deficit disorder, the inability to perform more complex
cognitive and physical tasks, psychomotor restlessness, etc. *Physical addiction* includes the use of substances in order to reduce the consequences decreasing the level of its presence in the addict's body and with the aim of alleviating the symptoms of withdrawal from drugs, as well as the appearance of withdrawal syndrome. *Combined addiction* manifests itself in both phenomena.

Milosavljević (2003) describes an addict as a person who has become addicted to taking one or more drugs, which results from the interaction between the organism and drugs, and is characterized by changes in behavior and other reactions of the organism, which includes the compulsion to take the drug again taken on a permanent or periodic basis, with the tolerance may or may not be changed.

In numerous research, personality factors are often considered as strong indicators of individual differences in susceptibility to substance use and the correlation between personality traits and substance use disorder has been documented (Creemers et al., 2010; Trucco et al., 2016).

Personality traits can be defined as stable individual differences that shape specific forms of cognition, emotions and behavior of an individual. Personality is most often defined as a pattern of behavior, feelings and thoughts that is characteristic of the way a person functions in relation to others and in relation to the environment (Atkinson and Hilgard, 2007). According to Larsen and Buss, "personality is a set of psychological traits and mechanisms within an individual that are organized and relatively permanent, and influence the interactions and adaptations of the individual to the intrapsychic, physical and social environment" (2008:4).

It can be said that the five-factor model is an attempt to establish a universal concept for analyzing personality, which enables the interpretation of individual differences in human feelings and experiences. However, this does not mean that personality is limited to these or any five dimensions of personality, but rather that the aforementioned dimensions contain a multitude of diverse personality traits, which to a certain extent describe the uniqueness, diversity and uniqueness of an individual in relation to all others. The most widely used and acknowledged taxonomy of personality traits is the Five-
Factor Model of personality (McCrae & John, 1992), consisted of five dimensions or traits, for which the acronym “OCEAN” is usually used (Smederevac, 2000):

**Openness** - people with high scores on this dimension tend to accept new experiences, ideas and attitudes. They experience both positive and negative emotions much more intensely than people "low" on this dimension, who have a normal appearance and demeanor, prefer the familiar to the new, and their emotional reactions are muted.

**Conscientiousness** – this trait refers to the number of goals that someone is focused on, as well as self-control, systematicity and perseverance in achieving them. People with a strong C are focused on several goals and show the self-discipline associated with this focus. These are strong-willed, punctual and reliable people. On the other hand, people with low C tend to be focused on a larger number of goals that they approach superficially, unsystematically and with a large dose of spontaneity.

**Extraversion** - E trait determines the number of interpersonal relationships in which a person feels comfortable. People high on this dimension - extraverts - are characterized by high involvement in the outside world, a tendency to establish relationships with a large number of people, a preference for large groups and gatherings, a tendency to experience positive emotions and optimism. People low on this dimension - introverts - feel more comfortable when they are not surrounded by a large number of people, which does not mean that they are not social, independent, shy or depressed. Introverts need less stimulation and therefore prefer smaller groups or solitude.

**Agreeableness** - people who are "high" on this dimension are altruistic, sympathize and empathize with others and feel the need to help them. They have positive beliefs about people, they believe that people are honest, friendly, good and willing to help them. Usually such people are more popular in society. On the other hand, people "low" on this dimension put personal interests first and are not inclined to worry about the well-being of others.

**Neuroticism** – neuroticism, or negative emotionality, represents the tendency to experience unpleasant and disturbing emotions, the tendency to be agitated in thoughts and actions. People with high N are
prone to irrational ideas, control their impulses less well and overcome stressful situations. People with low N are characterized by stability, composure and the ability to face stressful situations without excessive panic disorder.

Defense mechanisms represent a psychological means by which a person protects himself from unpleasant feelings - they are unconscious, unintentional, automatic patterns of feelings, thoughts or behavior that arise as a reaction to conflict or stressful situations in order to reduce or eliminate anxiety. According to Dziegielwski (2010), defense mechanisms are processes that automatically produce a psychological response that is a means of protecting an individual from anxiety. The founder of the psychoanalytic school Sigmund Freud and his daughter Anna Freud were the first to provide a description of defense mechanisms and point out their importance (Kolenović-Dapo et al., 2015) and today we know that the function of defense mechanisms is to reduce or completely eliminate anxiety. Defense mechanisms are unconscious processes that change the perception of reality in order to protect a person from the perforation of inappropriate thoughts, desires or impulses into a person's consciousness (Fulgosi, 1997:54).

Defense mechanisms can be divided in several ways, depending on the authors and their approaches. The most commonly used division is the author Emilio Vaillant (2000), who followed Anne Freud's classification, expanded her list and created a hierarchical model according to which defense mechanisms are classified into four levels (Sulejmanović, 2023). At the bottom of the pyramid are the non-adaptive and most immature defense mechanisms, they are **psychotic defense reactions**: denial of external reality, distortion and delusional projections. On the second level are **immature defense mechanisms**: projection, fantasy, isolation, rationalization, displacement, regression, hypochondria, denial. After immature defense mechanisms, **neurotic defenses** are positioned on the third level. This group includes: intellectualization, repression, reactive formation, pseudoaltruism and idealization. At the top of the pyramid are **mature defense mechanisms**: sublimation, humor, altruism, anticipation and suppression.

Of all the predisposing factors for the development of addiction, the psychological structure of the individual's personality seems as the most
important. Patients with Substance use disorder have distinct personality traits (Shahini et al., 2021) but there is no single set of psychological characteristics that encompasses all addictions, rather there are several significant personality traits that can contribute to addiction.

According to the definition of the World Health Organization (2010), drug addiction is a state of mental or physical dependence, which is caused by constant or occasional drug consumption. Drug use problems was negatively related to conscientiousness and agreeableness (Kornør & Nordvik, 2007). Also, opioid-dependent individuals showed higher neuroticism, lower extraversion and lower conscientiousness, but similar levels of openness to experience and agreeableness, compared with non-clinical participants (Kotov et al., 2010). Results of 10-year longitudinal study (Kroencke et al., 2021) indicated that individuals with low levels of conscientiousness, as well as high levels of neuroticism, used more drugs on average.

Alcoholism represents a social deviation, and among experts the definition of the World Health Organization (2010) is the most accepted, according to which an alcoholic is considered a person who drinks excessively and whose dependence on alcohol is so great that he shows visible mental disorders or such phenomena that indicate damage to physical and mental health, disruptions in relationships with other people and worsening of her social and economic condition or shows only signs of such development. Alcoholism represents passionate uncontrolled drinking of alcohol, which has direct effects on mental and physical health, conflicts with others, economic, family and social status of the individual, as well as in a negative sense on the development possibilities of small and large social groups (Milosavljević, 2003). Earlier research consistently found that high neuroticism, low agreeableness and low conscientiousness were significantly associated with alcohol use problems (Sher et al., 2000; Ruiz et al., 2003; Walton & Roberts, 2004; Mezquita et al, 2015). A meta-analysis of cross-sectional data from 20 studies (Malouff et al., 2007) show that individuals with severe alcohol use problems often showed high neuroticism, low agreeableness and low conscientiousness.
According to the definition of the World Health Organization (2010), drug addiction is a state of mental or physical dependence, which is caused by constant or occasional drug consumption. Drug addiction is a psychological and physical condition that occurs as a result of the interaction between a living organism and drugs, and is characterized by a change in behavior, a permanent or occasional need to take drugs in order to achieve a psychological effect or remove discomfort. Drug abuse problems was negatively related to conscientiousness and agreeableness (Kornør & Nordvik, 2007). Also, opioid-dependent individuals showed higher neuroticism, lower extraversion and lower conscientiousness, but similar levels of openness to experience and agreeableness, compared with non-clinical participants (Kotov et al., 2010).

Substance use disorders (SUD) affect differentially women and men (Fonseca, 2021) and the prevalence has been reported higher in men than women. Further, men show higher rates of substance use, abuse, and dependence, especially in the case of alcohol, because men usually use alcohol in larger quantities, drink more frequently, and are more hazardous drinkers, while in the case of nicotine, women and men are equally likely to become addicted (Fonseca et al., 2021). In the case of drugs, men are also more likely to use almost all types of illicit drugs (illegal drugs, including marijuana) and they have higher rates of use or dependence on illicit drugs (Center for Behavioral Health Statistics and Quality, 2017).

Method

Problem. The problem of this research is the use of defense mechanisms and their connection with personality traits in persons prone to addictive behavior and the corresponding non-clinical sample of substance abusers. The goal of this research is to examine and determine whether there is a connection between the personality traits of the respondents: openness, conscientiousness, extraversion, agreeableness and neuroticism and and the defense mechanisms used.

Hypotheses. The main research hypothesis H1 said: There is a statistically significant correlation between personality dimensions and defense mechanisms.
**Instruments.** The following instrumentation was used in this research:

*Short sociodemographic background questionnaire.* By applying the Sociodemographic background questionnaire, basic data on respondents such as age and gender were collected. Also, there was a question about earlier substance use/abuse/addiction.

*BFI (Big Five Inventory) personality questionnaire.* The "Big Five" personality questionnaire (English: Big Five Inventory - BFI; John and Srivastava, 1999) is a short multidimensional personality inventory that is used to measure the dimensions of the five-factor model of personality. The questionnaire consists of 44 statements and describes 5 large personality dimensions, known as OCEAN dimensions: Openness ("I see myself as a person who is curious and interested in many different things"), Conscientiousness ("I see myself as a person who thoroughly does work"), Extraversion ("I see myself as a person who is talkative"), Agreeableness ("I see myself as a person who is attentive and kind to almost everyone") and Neuroticism ("I see myself as a person who can be tense") (Milović, Antićević & Čurković, 2021).

In this paper, a short version of the BFI-10 with 10 statements was used. We excluded the results for the Neuroticism variable because the scores on this dimension did not have a satisfactory reliability (α<.70).

*Defense Mechanisms Questionnaire DSQ-40.* Defense Style Questionnaire DSQ-40 (Defense Style Questionnaire) by Andrews, Pollock and Stewart (1989) was used to measure defense mechanisms. The questionnaire measures twenty defense mechanisms (two items for each mechanism), which are grouped into three groups of specific defense styles: mature, immature and neurotic (Vulić-Prtorić, 2008).

**Sample.** 30 men, aged between 18 and 60 years old, average age M=38.9, with standard deviation SD=10.83 participated in the clinical research.

The clinical research included users of the institutional addiction treatment program at the Center for the Rehabilitation of Psychoactive Substance Addicts (CROPS). Participation in the research was voluntary using a questionnaire that was sent to respondents electronically. It was emphasized to the respondents that filling out the survey questionnaire is anonymous and that the data collected through
this research will be used exclusively for the purpose of preparing the thesis. These participants are located in a commune and were treated as substance abusers, in accordance with their diagnosis.

The non-clinical sample included 100 participants, all male, aged 18 to 60 years (M= 37.16, SD=6.78).

This sample was tested online and distinguished from non-clinical population of men who on Sociodemographic background questionnaire described themselves as someone who “always” or “usually” consumes narcotics, be it about alcohol, cigarettes or soft drugs. So, these participants are labelled as substance users.

**Statistical analysis.** The data collected in the research were processed in the software package IBM SPSS (Statistical 25 Package for the Social Sciences). To process the collected data, methods of descriptive statistics (minimum, maximum, arithmetic mean and standard deviation) and Pearson's correlation coefficient were used to examine the relationship between traits, i.e. personality dimensions of the Big Five model and used defense mechanisms. A *p* value of less than 0.05 was considered significant. An independent samples t-test was used to examine differences between the clinical and non-clinical samples.

**Results**

In this study, 30 men with substance abuse disorder and 100 men who described themselves as substance users were examined.

Descriptive statistics for the personality variables: Openness, Conscientiousness, Extraversion and Agreeableness are presented in Table 1.

<table>
<thead>
<tr>
<th>Variable</th>
<th>M</th>
<th>SD</th>
<th>Minimum</th>
<th>Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Openness</td>
<td>3.49</td>
<td>.65</td>
<td>2.00</td>
<td>5.00</td>
</tr>
<tr>
<td>Conscientiousness</td>
<td>3.58</td>
<td>.77</td>
<td>1.50</td>
<td>5.00</td>
</tr>
<tr>
<td>Extraversion</td>
<td>3.65</td>
<td>.70</td>
<td>2.25</td>
<td>5.00</td>
</tr>
<tr>
<td>Agreeableness</td>
<td>3.29</td>
<td>.68</td>
<td>1.75</td>
<td>5.00</td>
</tr>
</tbody>
</table>
Table 2 shows descriptive statistics for defensive styles.

<table>
<thead>
<tr>
<th></th>
<th>M</th>
<th>SD</th>
<th>Minimum</th>
<th>Maximum</th>
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</thead>
<tbody>
<tr>
<td>Mature</td>
<td>5.27</td>
<td>1.65</td>
<td>1.75</td>
<td>8.62</td>
</tr>
<tr>
<td>Immature</td>
<td>4.28</td>
<td>1.35</td>
<td>1.29</td>
<td>7.04</td>
</tr>
<tr>
<td>Neurotic</td>
<td>4.69</td>
<td>1.57</td>
<td>1.30</td>
<td>8.00</td>
</tr>
</tbody>
</table>

In Table 3 is presented analysis of Pearson’s correlation between personality variables and defensive styles.

<table>
<thead>
<tr>
<th></th>
<th>Mature r (p)</th>
<th>Immature r (p)</th>
<th>Neurotic r (p)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Openness</td>
<td>.280** (.001)</td>
<td>.062 (.484)</td>
<td>.250** (.004)</td>
</tr>
<tr>
<td>Conscientiousness</td>
<td>.233** (.008)</td>
<td>-.095 (.281)</td>
<td>.057 (.521)</td>
</tr>
<tr>
<td>Extraversion</td>
<td>.430** (.000)</td>
<td>.112 (.203)</td>
<td>.286** (.001)</td>
</tr>
<tr>
<td>Agreeableness</td>
<td>-.089</td>
<td>-.205* (.019)</td>
<td>-.022 (.800)</td>
</tr>
</tbody>
</table>

p<.05*, p<.01**

As data show, a statistically significant correlation was obtained between the variables Openness, Conscientiousness and Extraversion with mature defense mechanisms, and this correlation is positive, with significance at the .01 level.

There is a statistically significant and negative correlation between personality trait Agreeableness and immature defense mechanisms, and this correlation is significant at the .05 level.

Personality traits Openness and Extraversion statistically significant correlate with neurotic defense mechanisms, and this correlation is positive, with significance at the .01 level.
We also tested the differences in personality dimensions and defense mechanisms between clinical and non-clinical sample (Table 4). T-test for independent samples was used.

Table 4. Differences in tested variables between clinical (N=30) and non-clinical (N=100) sample of men

<table>
<thead>
<tr>
<th>Variable</th>
<th>Between-group differences</th>
<th>t (df=128)</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Clinical /non-clinical sample (M (SD))</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Openness</td>
<td>3.37 (.64) / 3.52 (.65)</td>
<td>1.160</td>
<td>.248</td>
</tr>
<tr>
<td>Conscientiousness</td>
<td>3.48 (.90) / 3.61 (.73)</td>
<td>.793</td>
<td>.429</td>
</tr>
<tr>
<td>Extraversion</td>
<td>3.28 (.50) / 3.76 (.72)</td>
<td>3.356</td>
<td>.001**</td>
</tr>
<tr>
<td>Agreeableness</td>
<td>3.60 (.82) / 3.20 (.60)</td>
<td>-2.967</td>
<td>.004**</td>
</tr>
<tr>
<td>Mature</td>
<td>3.12 (.66) / 5.91 (1.27)</td>
<td>11.506</td>
<td>.000**</td>
</tr>
<tr>
<td>Immature</td>
<td>2.82 (.75) / 4.72 (1.16)</td>
<td>8.454</td>
<td>.000**</td>
</tr>
<tr>
<td>Neurotic</td>
<td>5.24 (1.36) / 2.88 (.54)</td>
<td>9.292</td>
<td>.000**</td>
</tr>
</tbody>
</table>

p<.05*, p<.01**

As it is shown, men from clinical sample statistically significant differ in relation to men from non-clinical sample in personality dimensions Extraversion and Agreeableness. Men from clinical sample are higher on dimension Agreeableness and men from non-clinical sample are higher on dimension Extraversion.

Differences in defensive styles are found in all styles and men from clinical sample use more often neurotic style, but men from non-clinical sample use more mature and even immature styles.
Discussion

Substance misuse has become a significant worldwide problem, affecting 247 million people across the globe (Hanif et al., 2019).

The main hypothesis in this paper, which assumes that there is a statistically significant correlation between personality dimensions and defense mechanisms, was particularly confirmed by this research.

*There is a statistically significant correlation between Openness as a personality dimension and defense mechanisms.* A correlation between Openness as a personality dimension and defense mechanisms is significant at the 0.01 level. People who score higher on the dimension of openness to experience are more likely to unconsciously predict, identify and accept potential unfavorable situations and are able to reinterpret them in a way to evoke positive emotions through, for example, humor, which is part of a mature way of defense (Furnham & Moutafi, 2012). Also, the connection between mature defenses and openness has been proven by other research (Soldz, Demby and Merry, 1995; Furnham & Moutafi, 2012).

*There is a statistically significant correlation between Conscientiousness as a personality dimension and defense mechanisms.* Analysis of the obtained results revealed that there is a positive relationship between mature defense mechanisms and Conscientiousness with statistical significance at the 0.01 level. People who are high on the dimension of conscientiousness are organized and persistent when it comes to achieving goals, they are reliable, orderly, avoid problems and strive for achievements.

*There is a statistically significant correlation between Extraversion as a personality dimension and defense mechanisms.* The analysis of the obtained results revealed that there is a connection between extraversion as a personality trait and a mature defensive style, and this connection is statistically significant at the 0.01 level. The above data are in line with the statements of Krapić (2005), who points out that people who are high on the dimension of extraversion are very open and enjoy social relations, often have a wide circle of friends and thus create acquaintances. From this we can see that such people are characterized by optimism and positive emotions. Their positive emotionality affects the reduction of stressful experiences.
There is a statistically significant correlation between Agreeableness as a personality dimension and defense mechanisms. People who achieve high results on Agreeableness are altruistic, sympathize and empathize with others and feel the need to help them. From this we can see that such people have positive beliefs about people, they believe in the sincerity and benevolence of others. These people are well organized, punctual, reliable and self-disciplined.

There is a statistically significant correlation between clinical and non-clinical sample in personality dimension and defense mechanisms.

Almost all addicts are faced with major life problems, so it is to be expected that such people are not imaginative, prone to change and not creative. The reason is facing a harsh reality that demands safe and concrete steps. Preoccupied with problems, addicts are often closed to new ideas, resorting more to safety because they are no longer optimistic about any ideas or creative endeavors. The treatment of addicts is a complex field, and includes many factors, but one of the main factors in the success of treatment is the cause or intention. Unfortunately, an extremely low percentage of addicts manage to overcome their addiction, which is the result of this very intention of treatment. The reasons for treatment can be different, such as: hiding from dealers, debts, hiding from the police, court proceedings, loss of accommodation, family pressure. All of these are reasons for coming for treatment, and none of them is correct, except for the one that comes for treatment because of the desire to leave that way of life, even the smallest details related to such a life. Usually, people undergoing treatment with the wrong intention and reason for coming are not organized, they are not motivated, they spend their days eagerly waiting to get out and return to their old ways, they only do what they are forced to do by the collective, they often cause problems in order to be removed, they are messy, and they are not ambitious. Also, the reason can be the current condition, which can change over a period of time, so it is recommended to stay the entire program in the therapeutic community. People who are in treatment just by stopping the use of opiates return to the real world, which causes great changes and disorders. Without stimulants, such people become closed to any social relationships, they do not know how to express the shock they are going through and withdraw into themselves, they are suspicious of the people
around them, which results in a reduction in the circle of friends. They have a pessimistic view of the future and are full of negative energy, and the reason for this is precisely the psychological and spiritual collapse that occurs when they stop taking opiates and, in general, the trauma experienced in a life of addiction. The life of an addict is full of mutual mistrust, a mass of false faces and friends, and a cruel struggle for survival and life. Therefore, it can be said that the dimension of cooperation, which is not prominent in addicts, stems from the very way of life, as well as the trauma they go through.

**Conclusion**

In this research, we use sample of clinical and non-clinical groups of adult male to test their personality traits, or dimensions, as well as their usual defense mechanisms or styles. We also tested differences between these groups and find that “addictive personality” means a personality who do not have usefull coping skills but instead usually use immature defense mechanisms to cope with daily stress, especially in situations where their self, their ego, their personality is endangered because of crisis, separation from family, loss of funding sources, abandonment by society, loneliness, isolation.

The problem of addiction in the modern world is taking on ever-increasing proportions, and the consequences it entails are manifold and greatly impair the psychophysical health of the individual. As a society, we must raise awareness of the importance of developing compassion, supporting addicts and their families, believing firmly in change. Given that professional competence and empathy are important prerequisites for acting in activities to combat addiction, helping professions can and must help in solving problems and life crises that an individual faces, to take care and to be at the disposal of society.

**References**


O OVISNOJ LIČNOSTI – POVEZANOST OSOBINA LIČNOSTI I MEHANIZAMA ODBRANE KOD (ZLO)UPOTREBE SUPSTANCI

Sažetak

Bolesti ovisnosti su među vodećim i najozbiljnijim problemima u svijetu danas, s obzirom na posljedice koje ostavljaju na pojedinca i društvo uopće.

Cilj ovog istraživanja bio je ispitati postoji li povezanost između osobina ličnosti i odbrambenih mehanizama kod kliničkog i nekliničkog uzorka, odnosno između ovisnika i korisnika psihooaktivnih supstanci.

Uzorak je bio sastavljen od muškaraca starosti između 18 i 60 godina pri čemu je prosječna starost kliničkog uzorka (N=30) bila M=38.9 (SD=10.83) godina, a kod nekliničkog (N=100) M=37.16 (SD=6.78).

Korišteni instrumentarij sastavljen je od DSQ-40 Upitnika mehanizama odbrane i BFI-10 Inventara ličnosti te kratkog sociodemografskog upitnika.

Rezultati istraživanja pokazuju da postoji statistički značajna i pozitivna korelacija između korištenih zrelih mehanizama odbrane i dimenzija ličnosti Ekstraverzija, Satjesnost i Otvorenost, između neurotičnih mehanizama i dimenzija ličnosti Ekstraverziranost i Otvorenost, dok je nađena negativna korelacija između nezrelih mehanizama odbrane i dimenzije ličnosti Ugodnost.

Također, klinički i neklinički uzorak se statistički značajno razlikuju na ličnosnim dimenzijama Ekstraverzija i Susretljivost te u mehanizmima odbrane kojima se koriste.

Ključne riječi: ovisnost, ličnost, petfaktorski model, mehanizmi odbrane
عن الشخصية المدمنة - ارتباط صفات الشخصية بآليات الدفاع عن النفس في حالة إساءة استخدام المواد

الملخص

تعتبر أمراض الإدمان من بين أبرز وأخطر المشكلات في العالم اليوم، نظرًا للتأثيرات التي تتركها على الفرد والمجتمع بشكل عام.

كان هدف هذا البحث هو فحص ما إذا كان هناك ارتباط بين صفات الشخصية والآليات الدفاع عن النفس في العينة السريرية والعينة غير السريرية، أي بين المدمنين ومعاطي المواد ذات التأثير النفسي.

تم تكوين العينة من الرجال الذين تتراوح أعمارهم بين 18 و 60 عامًا، حيث كان متوسط عمر العينة السريرية (N=30) هو M=38.9 (SD=10.83) عامًا. وعمر العينة غير السريرية (N=100) هو M=37.16 (SD=6.78).

تم استخدام أدوات القياس المكونة من استبان DSQ-40 للآليات الدفاعية وجرد للشخصية (10-BFI) بالإضافة إلى استبان اجتماعي دهورافي قصير.

أظهرت نتائج البحث أن هناك علاقة إحصائية وإيجابية ذات معنى بين استخدام آليات الدفاع الناضجة وبين الأبعاد الشخصية: الانطواءية والضميرية والانفتاح، وبين آليات الدفاع العصبية وبين أبعاد الشخصية: الانطواءية والانفتاح، في حين تبين وجود علاقة سلبية بين آليات الدفاع غير الناضجة وبين البعد الشخصي: الارتجاح. كما أظهرت النتائج أيضًا أن هناك اختلافًا إحصائيًا واضحًا بين العينة السريرية والعينة غير السريرية في أبعاد الشخصية، وخصوصًا في البعد الانطوازي والتعاوني، بالإضافة إلى الاختلاف في آليات الدفاع التي يستخدمونها.

الكلمات المفتاحية: الإدمان، الشخصية، نموذج الخمسة عوامل، آليات الدفاع.