

Features of self-concept in the context of drug addiction

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Received 09.02.2026

Revised 05.03.2026

Accepted 18.03.2026

Abstract: Problem. Despite research on individual components of self-awareness in drug addiction, there is insufficient data on how the clarity of self-concept and the balance of independent/collective identity vary during remission depending on the degree of recognition of one's addictive status. This hinders the identification of psychological predictors of engagement in treatment. **Aim.** To identify the features of self-concept in individuals with drug addiction and analyse its role in the remission process. **Methods.** A cross-sectional correlational-comparative study was conducted on a sample of 64 participants aged 21–43 who underwent rehabilitation at a drug treatment center. Groups were formed based on a combination of self-report on addiction recognition and the results of V.D. Mendelevich's methodology (n=27/20/17). The SCCS, Self Construal Scale, Basic Beliefs Scale, Barchard Emotional Intelligence Test, and the method of motivational orientations in communication were applied; the Kolmogorov–Smirnov test, Kruskal–Wallis H-test, and Spearman's correlations were used. **Results.** Self-concept clarity differed between groups ($H=50.263$; $p\leq 0.01$): denial of addiction despite its signs – mean rank 10.50; recognition – 35.67; denial in the absence of signs of addiction – 53.35. Collective self-concept was higher in those who recognised addiction (40.76; $H=11.257$; $p\leq 0.01$), while independent self-concept was higher in individuals without signs of addiction (51.41; $H=44.503$; $p\leq 0.01$). Self-concept clarity was positively correlated with self-value ($r=0.887$) and negatively correlated with negative expressiveness ($r=-0.872$) and the presence of addicts in the immediate social environment ($r=-0.486$; $p\leq 0.01$). **Conclusions.** Denial of addiction in the presence of its psychological markers is associated with minimal self-concept clarity and a risk of reduced engagement in help. During remission, differentiated interventions are required, aimed at increasing the clarity of self-representations, correcting basic beliefs, and training in emotional regulation and partnership interaction.

Keywords: self-concept; drug addiction; addictive behaviour; identity; remission; self-awareness; psychotherapy

Acknowledgements: The authors express their gratitude to the staff of the UNICA drug treatment center (Moscow) for their assistance in organising the empirical study.

For citation: Golub O.V., Kiryushkin A.V., Timofeeva T.S., Mikhalkova E.I. Features of Self-Concept in the Context of Drug Addiction. *Evidence-based education studies*, 2026, no. 1, pp. 19–25. DOI: <https://doi.org/10.18323/3034-2996-2026-1-64-2>.

INTRODUCTION

Self-concept in contemporary psychological interpretation is considered as an integrative system of self-representations, self-attitude, and self-regulation that ensures identity stability and aligns subjective experience with the demands of the social environment. The conceptual basis for its analysis lies in classical ideas about the duality of the Self (the experiencing and the reflexive-evaluative aspects) and the multilevel organisation of self-perception through the relationship between the real, ideal, and mirror selves, where inconsistency between levels increases

the likelihood of internal tension and behavioural dysregulation [1]. From a processual perspective, self-concept is understood not as a static set of characteristics, but as a way of organising experience, based on which a person maintains semantic continuity and chooses self-management strategies in changing circumstances [1; 2]. The narrative approach refines this line, showing that in addictions, the integration of experience is often disrupted: self-narratives become less coherent and less agentic, and the experience of “loss of self” may serve as a dysfunctional way of coping with distress [2].

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In clinical-psychological description, addiction manifests as the entrenchment of behaviour that becomes compulsive and persists despite recognised harm and an intention to stop use, making the issues of control and semantic regulation central to understanding addiction [3]. At the same time, the transition to compulsion occurs not in all users, but only in some, which actualises the search for psychological factors of vulnerability and protection associated with individual differences and the social context of addiction development [3; 4]. A significant mechanism for the loss of self-control is considered to be the violation of autonomy mediated by emotional dysregulation: even with the subjective experience of "voluntariness" of use, the ability for reflexive formation of preferences and maintaining self-control in significant situations decreases [5]. Empirical data on reduced accuracy of recognising emotions from facial expression in chemical addiction complement this explanation, as deficits in emotional recognition potentially distort interpersonal feedback and thereby affect the social foundations of self-determination and sense of belonging [6]. Related research on addictive behaviour shows that higher self-esteem is associated with a greater likelihood of spontaneous remission, and in the family-relational environment of addiction, the severity of codependent manifestations is associated with parameters of emotional regulation and psychological distress, underscoring the importance of self-attitude and the interpersonal environment for the stability of changes [7; 8]. Moreover, gaps in the science of recovery are emphasised: the empirical base on the dynamics of remission and mechanisms of maintaining recovery is limited, and stigma and its internalisation are identified as significant factors requiring theoretically grounded targets for psychological assistance [9; 10]. Rehabilitation practice shows that maintaining sobriety is closely linked to the tasks of social reintegration and the restoration of everyday foundations of agency (stabilisation, access to support, relationship formation, stigma reduction, and addressing basic issues of status legitimation), making the analysis of self-concept key to understanding how compulsivity transforms into controlled behaviour in remission [11].

Contemporary literature on addictions demonstrates the general idea that the key phenomenon of addiction is associated with compulsivity and impaired control; however, the mechanisms of compulsion formation and the contribution of individual explanatory levels remain subjects of debate. For instance, the relationship between habitual (automated) processes and context-goal mechanisms, as well as the role of prefrontal control circuit dysfunction in the transition from impulse to compulsive action, are discussed [3]. Concurrently, multilevel models are being developed, in which addiction is considered at the intersection of personality predispositions, social factors, and neurobiology; at the same time, the need to explain individual differences in vulnerability to compulsivity is emphasised [4].

A separate idea is formed by conceptual and ethical-psychological discussions of autonomy: the traditional as

sumption that "limitation of autonomy" is possible only when using "against one's will" is criticised. It has been shown that emotional dysregulation can be a component of loss of control and reduced autonomy even when use is subjectively experienced as "desirable", because the prerequisites for autonomous formation of preferences and self-management are disrupted [10].

In recent years, interest in the "self" as the psychological core of addictive disorders has intensified. Within the narrative approach, it has been shown that addiction is associated with a disturbed sense of self and problematic, disorganised autobiographical narratives; reviews note deficits in coherence and narrative complexity, a predominance of negative emotions, themes of passivity, and deficits in self-efficacy, which are interpreted as indicators of difficulties in integrating self-experience [9].

At the level of factors maintaining remission, the role of stigma and self-stigma is highlighted. Theoretical models of sustainable recovery propose mindfulness training as a way to mitigate the consequences of stigma and enhance psychological resilience, emphasise mechanisms potentially affecting internal stigma (acceptance, decentering, reappraisal, and "savoring" positive experiences) and the need for further research on contextual moderators of these effects [11]. Practice-oriented studies of recovery communities also indicate the importance of (re)integration, relationships, and a destigmatising environment, while directly stating a lack of data on the key elements ensuring the effectiveness of various forms of living/support in recovery [5]. Finally, empirical work on chemical addiction shows impairments in components of emotional regulation, particularly emotion recognition from facial expression, which can complicate interpersonal interaction and thus affect the social aspects of identity and self-image [6].

Despite the existence of detailed biopsychosocial and multilevel explanations of addictive behaviour, there remains insufficient clarity regarding which specific characteristics of self-concept are associated with the transition to compulsivity and with the maintenance of remission, including cases where cessation of use occurs outside the framework of long-term specialised treatment [4]. Furthermore, there is a contradiction between interpretations of addiction as a "loss of autonomy" and evidence of retained elements of choice during use: emotional dysregulation may reduce autonomy through distortion of self-management and value priorities, which requires consideration in the analysis of the self-awareness of the addicted person [10]. Consequently, an in-depth analysis of self-concept in the context of drug addiction is relevant as a potential psychological mechanism that unites the cognitive (integrity/clarity of self-representations), affective (self-attitude, shame/self-stigma), and social (identity, roles, agency in interaction) levels of recovery.

The aim of the study is to identify the features of self-concept in individuals with drug addiction and analyse its role in the remission process.

METHODS

Research design and sampling strategy

The study was conducted within the framework of a quantitative correlational-comparative design with elements of cross-sectional analysis. The choice of this design was determined by the task of identifying differences and relationships between components of self-concept and psychological characteristics of the individual depending on the degree of recognition of the addictive status. The sampling strategy was purposive, focusing on individuals in a state of remission.

Sample formation procedure

The sample was formed at a specialised drug treatment center. The study included 64 respondents aged 21 to 43 years who had completed the main stage of rehabilitation. Participation in the study was voluntary and was carried out after obtaining informed consent.

Selection criteria and ensuring reliability

Inclusion criteria were a history of drug addiction, a state of remission, preserved cognitive functions, and the ability to participate consciously in the study. Individuals with severe mental disorders and pronounced cognitive impairments were excluded. The reliability of the data was ensured by standardised diagnostic conditions and anonymity of participation.

Research methods and instruments

In accordance with the three-component structure of self-concept, the instruments used were divided into blocks according to the cognitive, affective, and socio-regulatory components.

The cognitive component was assessed using the Self-Concept Clarity Scale (J. Campbell, 1996; adaptation: V.V. Dvovenko, S.A. Shchebetenko, 2021) [13], aimed at measuring the consistency and stability of self-representations, as well as the Basic Beliefs Scale (R. Janoff-Bulman, 1989; adaptation: M.A. Padun, A.V. Kotelnikova, 2008) [15], which allows assessing beliefs about the value of one's own Self, justice, and the controllability of the world.

The affective component was diagnosed using the Emotional Intelligence Test (K. Barchard, 2001; G.G. Knyazeva, L.G. Mitrofanova, O.M. Razumnikova, 2012) [16], which measures the ability to recognise, understand, and regulate emotional states.

The socio-regulatory component included the Independent and Collective Self-Concept Scale (SCS, T.M. Singelis, 1994; validation: E.A. Dorosheva, G.G. Knyazev, O.S. Kornienko, 2016) [14] and the method for diagnosing motivational orientations in interpersonal interaction (I.D. Ladanov, V.A. Urazaeva, 1987)¹, assessing

the orientation of the individual either towards autonomy or towards social inclusion in communication

Additionally, to distinguish groups of subjects according to the severity of addictive tendencies, the "Tendency to Addictive Behaviour" method (V.D. Mendelevich, 2005) [12] was used, allowing assessment of the tendency to addictive behaviour based on score results.

Formation of study groups

The study groups were formed based on a combination of two criteria: objective (scores on the V.D. Mendelevich's "Tendency to Addictive Behaviour" method [12]) and subjective (self-report on the presence of addiction). The threshold score of the method allowed dividing participants into those with and without pronounced addictive attitudes. The self-report recorded recognition or denial of addiction. Based on the intersection of these criteria, three groups were identified: "recognising" ($n=27$) (self-report of addiction + scores above threshold), "denying despite signs" ($n=20$) (denial of addiction + scores above threshold), and "conditionally control" ($n=17$) (scores below threshold regardless of self-report).

Data processing procedure

Primary data processing was carried out in spreadsheets, followed by transfer to the SPSS statistical package. The distribution of indicators was tested using the Kolmogorov–Smirnov criterion. Due to identified deviations from normal distribution, nonparametric analysis methods were applied.

Data analysis methods

Descriptive statistics methods were used to analyse the data. First, the distributions of indicators were tested for normality using the Kolmogorov–Smirnov criterion; when deviations from a normal distribution were identified, nonparametric methods were used. Intergroup differences were assessed using the Kruskal–Wallis test when comparing three independent groups: the group recognising the addictive status, the group denying addiction despite signs, and the group without pronounced signs (such a group is conditionally considered as a control group, since its participants do not have pronounced manifestations of addiction). To analyse relationships between indicators, Spearman's rank correlation coefficient was used. Differences and correlations were considered statistically significant at $p<0.05$ (two-tailed); for multiple comparisons, the significance level was additionally adjusted using the Bonferroni method.

RESULTS

Distribution of susceptibility to drug addiction

Among the study participants, a high level of susceptibility to addiction prevailed (V.D. Mendelevich's "Tendency to Addictive Behaviour" method [12]): 67.2 % of respondents demonstrated a high probability of involvement in addictive behaviour. The number of respondents with an average level of susceptibility was 7.8 %, and with a level above average – 4.7 %. Only 20.3 %

¹*Diagnostics of Motivational Orientations in Interpersonal Communications (I.D. Ladanov, V.A. Urazayeva) // Socio-Psychological Diagnostics of Personality and Small Group Development. 2nd Edition, Revised and Expanded. Moscow: Institute of Psychotherapy and Clinical Psychology, 2018, pp. 147–149.*

of those examined showed a low probability of addictive behaviour.

Self-concept and recognition of addiction

On the Self-Concept Clarity Scale by J. Campbell [13], statistically significant differences were found between groups of respondents identified by their attitude towards addictive status. In the group of respondents denying addiction and indeed having no signs of addiction, the mean rank on this scale was 53.35, which corresponds to the upper limits of the normative range of self-image stability. In contrast, in the group denying addiction in the presence of clear signs of addictive behaviour, the mean rank was extremely low – 10.50, indicating pronounced fragmentation of identity and weak internal consistency of self-representations. Among those who recognise their addiction and have its signs, the mean rank was intermediate – 35.67, reflecting a partial restoration of self-integrity. Statistical analysis confirmed a systematic difference between groups: Kruskal–Wallis test $H=50.263$ ($p\leq 0.01$). This allows considering the observed differences to be substantial and stable.

Independent and collective self-construal

T.M. Singelis's collective self-construal [14] (orientation towards the group and social ties) was most pronounced in individuals recognising addiction (mean rank 40.76). In the group denying addiction despite its presence, the mean ranks for this indicator decreased to 30.48, and the minimum values (21.76) were recorded among respondents without objective signs of addiction. Differences between groups were statistically significant ($H=11.257$; $p\leq 0.01$). The obtained data indicate that high involvement in social structures becomes a psychological resource primarily among those participants who have recognised their addiction.

For independent self-construal (orientation towards autonomy), the pattern was reversed. The maximum mean ranks (51.41) were observed in individuals denying addiction in its absence, indicating strong subjective autonomy and reliance on their own criteria. In the group denying addiction despite its presence, the mean rank was 39.90, while in the group recognising addiction it was only 15.11. A statistically significant difference was confirmed by the Kruskal–Wallis test ($H=44.503$; $p\leq 0.01$).

Correlation analysis

Correlation analysis revealed statistically significant relationships between indicators of self-concept, basic beliefs, emotional intelligence, and parameters of interpersonal interaction.

Self-concept clarity positively correlated with the belief in the value of one's own Self according to the Basic Beliefs Scale by R. Janoff-Bulman ($r=0.887$; $p\leq 0.01$), degree of self-control ($r=0.663$; $p\leq 0.01$), meaningfulness of the world ($r=0.462$; $p\leq 0.01$), and sense of fairness in what happens ($r=0.376$; $p\leq 0.01$). A negative relationship was found between self-concept clarity and negative expressiveness ($r=-0.872$; $p\leq 0.01$).

Collective self-construal demonstrated positive correlations with orientation towards partnership interaction ($r=0.910$; $p\leq 0.01$), harmony of communication strategies ($r=0.643$; $p\leq 0.01$), and tendency towards compromise ($r=0.333$; $p\leq 0.01$). At the same time, negative correlations were found between this construal and confidence in one's own luck ($r=-0.270$; $p\leq 0.05$) and positive expressiveness ($r=-0.282$; $p\leq 0.05$).

Independent self-construal positively correlated with the degree of self-control ($r=0.247$; $p\leq 0.05$), reflecting the connection between autonomy and the belief in the ability to manage oneself.

Social factors

Analysis of social factors showed that self-concept clarity is inversely related to the presence of addicted close ones ($r=-0.486$; $p\leq 0.01$). Collective self-construal positively correlated with recognition of addiction ($r=0.264$; $p\leq 0.05$) and the number of help-seeking attempts ($r=0.250$; $p\leq 0.05$). In contrast, independent self-construal was negatively associated with recognition of addiction ($r=-0.383$; $p\leq 0.01$) and with the number of treatment-seeking attempts ($r=-0.284$; $p\leq 0.05$).

DISCUSSION

The identified differences in the structure of self-concept among respondents with varying degrees of recognition of their addictive status allow considering drug addiction both as a form of maladaptive behaviour and as a manifestation of a deep crisis of self-awareness and personal identity. Thus, minimal indicators of self-concept clarity were recorded among respondents denying addiction in the presence of its objective signs, while maximal indicators were found among individuals denying addiction in the objective absence of its signs; the differences between groups are statistically significant. Simultaneously, it was found that those recognising addiction exhibit higher collective self-construal, while individuals without objective signs of addiction exhibit higher independent self-construal. Furthermore, self-concept clarity is positively associated with the value of one's own Self, self-control, and the meaningfulness of the world, and negatively associated with negative expressiveness. This indicates that addiction is associated with a disruption of self-representation integrity, a weakening of the personality's regulatory resources, and a deformation of its ways of relating oneself to the world and other people.

The identified features of self-concept in individuals in remission confirm the proposition that addictive behaviour is closely linked to a disruption of the integrity of the self-image and a decrease in its regulatory function. Low indicators of self-concept clarity among respondents denying the presence of addiction indicate the dominance of defense mechanisms, primarily denial and rationalisation. Such a strategy allows for the temporary preservation of a subjective sense of integrity but hinders the formation of a critical attitude towards one's own condition and reduces readiness for therapeutic interaction. This conclusion aligns with

the propositions of psychodynamic and cognitive models of addiction, which view denial as a central mechanism for maintaining addiction. The state of transitional identity observed in individuals recognising addiction can be considered a normative stage of the recovery process. Increased reflexivity and internal tension in this group reflect the destruction of previous addictive self-representations and a simultaneous search for new meaningful foundations. These data confirm the need for long-term psychotherapeutic support aimed both at behaviour control and at the reconstruction of self-concept.

The ambivalent role of independent self-construal deserves separate discussion. On one hand, orientation towards autonomy can serve as a resource for responsibility and self-control. On the other hand, in the context of addiction, it acquires a protective character and manifests in the form of hypercontrol and resistance to help. Collective self-construal, conversely, is associated with a readiness for inclusion in the therapeutic community and acceptance of social support, which increases the stability of remission.

The identified relationships between self-concept clarity, basic beliefs, and emotional intelligence confirm the systemic nature of self-awareness. Disruption of cognitive schemas and emotional regulation intensifies the fragmentation of the Self and increases the risk of returning to addictive forms of behaviour. In this context, self-concept can be considered a central target for psychotherapeutic intervention.

The obtained results are generally consistent with data from previous studies indicating the ambivalent nature of personal functioning in individuals with drug addiction [2; 5]. Thus, dependent patients simultaneously exhibit withdrawal and indecisiveness in communication on one hand, and a strong need for acceptance by the group on the other [17]. Similar contradictions are revealed at the level of self-concept: patients with opioid addiction may combine a high subjective value of their own Self with a deep internal conflict, in which denial and idealisation are used as psychological defenses [2; 10]. Another study notes that the dependent individuals themselves develop inflated demands on themselves and others, which, with low self-esteem, leads to irritation and verbal aggression [8]. A number of studies have described a discrepancy between the "real Self" and the "ideal Self" in individuals with heroin addiction, as well as a deformed style of responding to life situations [2; 6]. Some works have revealed less pronounced contradictions, which may be due to the specifics of the samples and methods – for example, a different phase of rehabilitation or specific psychometric tools. Furthermore, the cultural and social contexts of studies (e.g., differences in social attitudes or access to treatment) may influence the results obtained [9; 10]. Our study shows that drug addicts who recognise their addiction retain an awareness of the discrepancy between their actual and idealised Self. This can be interpreted as a marker of self-criticism and as potential for initiating therapeutic work to resolve internal conflict.

Study limitations

1. The small sample size ($n=64$) and its local nature, due to the inclusion of respondents from a single rehabilitation center, limit the possibility of generalising

the obtained results to other categories of individuals with drug addiction.

2. The methods used (questionnaires and surveys) are based on participants' subjective assessments, which may lead to systematic biases (e.g., socially desirable responding or inability to accurately recall information).

3. The diagnostic toolkit included a methodology (the Motivational Orientations Questionnaire by I.D. Ladanov and V.A. Urazaeva) whose psychometric validation on contemporary samples has not been published in peer-reviewed journals. Furthermore, the self-report methods used predominantly reflect the conscious aspects of self-concept, leaving its unconscious and deeper components outside the scope of the study.

CONCLUSIONS

1. It was established that in individuals with drug addiction in remission, self-concept clarity statistically significantly differs depending on the recognition of addictive status ($H=50.263$; $p\leq 0.01$). The lowest scores are characteristic of respondents denying addiction despite the presence of its objective signs; the highest scores are characteristic of individuals denying addiction in the absence of such signs.

2. Differences were revealed in the expression of identity types: collective self-construal predominates among respondents who recognise addiction, while independent self-construal predominates among individuals without objective signs of addiction ($H=11.257$; $p=0.004$; $H=44.503$; $p\leq 0.01$).

3. A positive correlation was found between self-concept clarity and the value of one's own Self ($r=0.887$), and a negative correlation with negative expressiveness ($r=-0.872$), indicating a connection between the structural definition of self-awareness and emotional regulation.

The obtained data substantiate the significance of self-concept as a target for psychotherapeutic work during remission and the need for a differentiated approach to rehabilitation depending on the degree of integration of patients' self-awareness.

Prospects for further research are associated with a longitudinal study of the dynamics of self-concept at various stages of remission and the evaluation of the effectiveness of psychotherapeutic interventions aimed at increasing its coherence.

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УДК 159.97; 159.99

doi: <https://doi.org/10.18323/3034-2996-2026-1-64-2>

Особенности Я-концепции личности в контексте наркотической зависимости

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Поступила в редакцию 09.02.2026

Пересмотрена 05.03.2026

Принята к публикации 18.03.2026

Аннотация: Проблема. Несмотря на исследования отдельных компонентов самосознания при наркотической зависимости, недостаточно данных о том, как в ремиссии варьируют ясность Я-концепции и соотношение независимой / коллективной идентичности при различной степени признания аддиктивного статуса. Это затрудняет выделение психологических предикторов включенности в лечение. Цель исследования – выявление особенностей Я-концепции у лиц с наркотической зависимостью и анализ ее роли в процессе ремиссии. Методы. Кросс-секционное корреляционно-сравнительное исследование выполнено на выборке 64 участников 21–43 лет, прошедших реабилитацию в наркологическом центре. Группы сформированы по сочетанию самоотчета о признании зависимости и результатов методики В.Д. Менделевича ($n=27/20/17$). Применены SCCS, Self Construal Scale, шкала базовых убеждений, тест эмоционального интеллекта Барчард и методика мотивационных ориентаций в общении; использованы критерий Колмогорова–Смирнова, H -критерий Крускала–Уоллиса и корреляции Спирмена. Результаты. Ясность Я-концепции различалась между группами ($H=50,263$; $p<0,01$): отрицание зависимости при наличии ее признаков – средний ранг 10,50; признание – 35,67; отрицание при отсутствии признаков – 53,35. Коллективная Я-концепция была выше у признающих зависимость (40,76; $H=11,257$; $p<0,01$), а независимая – у лиц без признаков зависимости (51,41; $H=44,503$; $p<0,01$). Ясность Я-концепции положительно связана с ценностью собственного Я ($r=0,887$) и отрицательно – с негативной экспрессивностью ($r=-0,872$) и наличием зависимых в ближайшем окружении ($r=-0,486$, $p<0,01$). Выводы. Отрицание зависимости при наличии ее психологических маркеров ассоциировано с минимальной ясностью Я-концепции и риском снижения вовлеченности в помощь. В ремиссии требуются дифференцированные вмешательства, ориентированные на повышение ясности самопредставлений, коррекцию базовых убеждений и тренинг эмоциональной регуляции и партнерского взаимодействия.

Ключевые слова: Я-концепция; наркотическая зависимость; аддиктивное поведение; идентичность; ремиссия; самосознание; психотерапия

Благодарности. Авторы выражают благодарность сотрудникам наркологического центра UNICA (г. Москва) за содействие в организации эмпирического исследования.

Для цитирования: Голубь О.В., Кiryushkin А.В., Тимофеева Т.С., Михалькова Е.И. Особенности Я-концепции личности в контексте наркотической зависимости // Доказательная педагогика, психология. 2026. № 1. С. 19–25. DOI: <https://doi.org/10.18323/3034-2996-2026-1-64-2>.