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Psychoprophylactic Correction of the Individual Psychological Factors of Narcotism

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Abstract: *The currently available psychoprophylactic programs for the rehabilitation and resocialization of drug addicts are largely based on pedagogical measures of persuasion or coercion. However, the individual psychological determinants of addiction, which should be taken into account when organizing psychotherapeutic corrective measures, are often ignored. The aim of the study is to analyze the psychological factors that determine the propensity of individuals to addictive behavior against the background of social and psychological maladaptation. The empirical basis of the study consisted of 144 people between the ages of 20 and 40, anamnesis of who included drug dependence and social maladaptation. The experimental study included the results of interviews, observations, and the collection of formalized data using four multifactorial psychodiagnostic methods. The empirical study proved that the psychoprophylactic program of the correction of addictive behavior should include specific influences aimed at the development of neuro-psychic stability (the reduction of tension, emotional instability, uncontrolled behavioral emotional reactions); at the harmonization of the system of attitudes towards oneself (the reduction of the tendency to unproductive self-blame, intrapersonal conflict, and escapism); at the formation of productive strategies for social interaction (the reduction of rigidity and prevention of delinquent behavior). The psychoprophylactic program should direct the purposeful influence of exercises and training sessions to the reduction of the basic characteristics of the individual-psychological qualities defined in the study. Under these circumstances, the targeted impact will reduce the negative attitudes of addictive and socially maladaptive behavior.*

Keywords: *addiction; social and psychological maladaptation; psychoprophylaxis; individual psychological qualities; narcotism.*

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1. Introduction

The main task of psychoprophylactic work aimed at the treatment of drug addiction is not only to neutralize physiological dependence but also to eliminate psychological dependence. This is due to the fact that the psychological attitudes developed under the influence of narcotism have a more profound destructive effect on drug addicts' behavior patterns that increases the risk of relapse. On the other hand, the deformation of psychic constructs under the influence of drug addiction causes social and psychological maladaptation of an addict. Such violations of socio-psychological adaptation make it difficult to restore the normal social functioning of an addict in society. In addition, they give rise to negative experiences that encourage returning to drug use. This creates a vicious circle when the disruption of social adaptation forms the preconditions for drug addiction, which results in an even greater increase in the social maladaptation of an addict.

At the same time, modern psychoprophylaxis programs do not sufficiently take into account individual psychological constructs of an individual, which determine the tendency to drug addiction against the background of social-psychological maladaptation. We interpret propensity not as rigid determinism but as the capacity of an individual to form the settings of preliminary readiness of the addictive behavior patterns. Such readiness is determined by a certain constellation of the psychological qualities of an individual, which are first associated with the disadvantages of socio-psychological adaptation, and are subsequently determined by the destructive changes of personal constructs under the influence of drug addiction. This triggers a closed circle of mutual escalation "maladaptation – addiction – deeper maladaptation – deeper addiction".

2. Literature Review

The problem of the influence of sociocultural factors on the occurrence of narcotism is the subject of scientific research of many scholars (Allen et al., 1998; Chicoș et al., 2019). Not only drug addiction is concerned because other additions are similarly conditioned by the sociocultural environment, as the other authors indicated (Allen et al., 1998; Ciubara et al., 2015; Demto, 1993; Ketabi, Maher & Borjali, 2008). Although analyzing the preconditions of drug addiction, one should not take into account only social factors, as individual psychological constructs of personality play an integral role as well (Sherlock, 1995).

The connection between emotional disorders and addiction is two-sided, because, on the one hand, psycho-emotional instability determines a person's submission to obsessive-compulsive manifestations that make one vulnerable to addiction formation. On the other hand, the influence of drug addiction causes further destabilization of the emotional sphere (Hosseinpour, 2019). As a result of drug addiction, such psycho-emotional disorders are often caused by the formation of certain mental abnormalities and anomalies due to the influence of the constituents of psychoactive substances on psychics (Bornovalova et al., 2008). These destructive tendencies arise from the close connection between the psycho-emotional sphere and neuro-psychic stability (Gross, & Feldman Barrett, 2011). That is why the indicator of the connection of psychophysiological processes with the emotional sphere was the basis for the development of the diagnostic method of Davis, Panksepp, and Normansell (2014).

The negative changes under the influence of psychoactive substances are conditioned by the deformation of the mental constructs of an individual (Demto, 1993). At the same time, the behavior of an addict becomes more unsystematic, which leads to the deepening of social maladaptation (Braggio et al., 1993). Subsequently, such psychic changes acquire features of marked deviations and lead to a wide range of psychic pathologies (Lesswing, & Dougherty, 1993).

Indeed, the deformations of the psycho-emotional sphere caused by mental anomalies also determine the violation of the mechanisms of regulating affective manifestations that Gratz and Roemer proved (2004) developing a multidimensional assessment of the structure of factors that cause violations of the regulatory apparatus. Such violations of the regulatory mechanisms of the emotional sphere result in a partial loss of a person's ability to control impulsive behavior to the full extent (Bridges, Denham, & Ganiban, 2004). Besides, the scientists (Allen et al., 1998) prove that impulsivity is revealed not only in affective reactions but also in obsessive and compulsive tendencies, which is a prerequisite for fixing the patterns of addictive behavior.

The further deformation of the psycho-emotional sphere with regulatory mechanisms disorders under the influence of drug addiction leads to mental deviations, resulting in the reactivity and delay in emotional recovery, as scientists prove (Gratz et al., 2010).

In turn, the regulatory mechanisms disorders of the emotional sphere have other issues. The affectivity following impulsiveness is directly related to aggressive behavior that Marsh, Parada, Yeung, and Healry (2001) emphasized analyzing age-related features of destructive behavior. The

affective aggression results in further social maladaptation, which, in turn, can lead to delinquent behavior and criminalization of an individual (Reckless, & Smith, 2019).

It should be noted that impulsive aggression not only takes the form of outwardly destructive behavior but against the background of psychic abnormalities caused by narcotism can also take the form of self-destructive suicidal behavior (Garrison, McKeown, & Vincent, 1993). This can be explained from three perspectives. First, under the influence of cognitive constructs changes in personality, resulting from drug addiction, disorders of the perception of the dangers of self-destructive behavior for one's life and health occur (Scafe & Conner, 1997). Second, the personal degradation of a drug addict violates the adequacy of self-esteem and causes intensification of internal contradictions and conflicts, which is a prerequisite for an unconscious desire for self-destruction as a way of avoiding painful experiences (Schroeder, 1993). Third, drug addiction causes mental abnormalities resulting in a violation of self-control functions, leading to a decrease in stress resistance, which triggers destructive behavior without psychological correction (Cohen, 1986; Robins et al., 2012).

This is why it becomes evident that one of the important tasks of psychoprophylaxis, on the one hand, should be the restoration of the complete functionality of the emotional sphere of a patient (Mennin, & Farach, 2007), and on the other hand, the reconstruction of the self-esteem system as a manifestation of a self-actualized personality (Budzinski, 1993).

Therefore, forming a comprehensive model of an addicts personality not only aims at diagnosing possible abnormalities (Ketabi, Maher & Borjali, 2008) but should be aimed at purposeful individualized drug prevention in order to restore an updated self-identity of a personality concerning healthy socially adaptive behavior (McIntosh, & McKeganey, 2000).

The current approaches to psychoprophylactic treatment of narcotism can be divided into the following areas: psychotherapeutic, medical-pharmacological, and social.

The purpose of psychotherapeutic work with addicts is the elimination of specific disorders of a patient's contact with one's feelings and the world; the activation of productive interaction in the sphere of "therapist-patient"; assisting the patient with realizing distorted experiences and cognitive perceptions; the restoration of adequate emotional reactions, reassessing life needs and beliefs (Holdevici, 1997).

In particular, the gestalt approach in therapeutic work helps a patient to realize the mechanism that provokes the repetition of habitual patterns of addictive behavior. On this basis, a patient must restore the internal resource

of control and develop the capacity to accept responsibility for one's thoughts, feelings, actions, and their consequences, based on personal, social and psychological, and other resources.

In turn, personally-oriented psychotherapy using the methods of the humanistic direction is aimed at the realization of internal conflict at the level of intellectual or emotional insight. On this basis, a patient reevaluates one's negative experience, which encourages one to improve the system of one's own life values and to develop new goals based on the reevaluation of life senses. This enables to overcome the hedonic setting by filling one's life with new content.

Cognitive-behavioral psychotherapy is based on the principles of learning theory, which assumes that the learning process can be used to change addictive behavior. This approach states that drug use is determined by beliefs about the expected euphoric effects of drugs that were obtained by a person in a particular socio-cultural context. An example would be the illusion of escaping from life's problems, the relief of subjective experiences of the challenges of social interaction, and compensation for other forms of social and psychological maladaptation. Therefore, the purpose of this therapy is to assist a patient in overcoming a destructive lifestyle and replacing it with healthier and more acceptable behaviors. This approach is implemented in the form of training of individual skills and techniques: self-control of negative emotions, overcoming morbid attraction, cognitive restructuring, the methods of key restraint, the methods of relapse prevention, and others.

We do not aim to analyze all psychotherapeutic approaches because it is beyond the sphere of this study and we will focus only on the main common problem in this area of psychoprophylaxis. Despite their diversity, all these approaches come from a general understanding of the nature of narcotism. In this case, the psychological characteristics of a patient are considered as a consequence of addiction, so they try to adjust them on the basis of the conceptual approach of a particular direction. And quite often the basic methods are reduced to persuasion, suggestion or "intimidation", which brings them closer to educational pedagogical measures.

The full range of psychoprophylactic measures based on the social interaction of a patient with professionals in the social field should be classified as social programs. They can also be divided into the programs aimed at the work with risk groups, in particular among adolescents (e.g., the project "STAR", the life skills training program, the Seattle Social Development Project, "The Divisional Youth Program", etc.); the programs of prevention through the closest social environment of an addict (for

example, the project "Family", Family Strengthening Program, "Family in Focus", etc.); the projects of the work in the environment of drug-addicted (for example, the project "Safer Use", the project "Drag Scouts", etc.); the projects of group rehabilitation and mutual support training programs, which should operate in accordance with addiction development models (e.g., Drug Addicts Anonymous, the program "12 steps", etc.) (Amini et al., 2017; Johnson, 1993). These programs have the benefits of actively engaging a client in social interaction. At the same time, they pay insufficient attention to psychoprophylactic measures aimed at the correction of destructive mental formations, which, on the one hand, determine propensity for drug addiction, and which, on the other hand, are formed under the influence of addiction.

Various therapeutic measures, including substitution therapy, etc. should be classified as the medical-pharmacological approach. On the basis of a comparison of the results of different medical-pharmacological programs, in the result of a three-year outpatient observation, the scientists (San et al., 1993) concluded that when comparing methadone maintenance programs, non-drug treatment programs and support programs with the help of drug antagonists (naltrexone). The best results were obtained when using antagonists. However, the efforts to achieve complete withdrawal from drugs through traditional methadone or other substitute forms of therapy failed. Therefore, medical-pharmacological programs should complement psychotherapy methods but not act as an independent way of psychoprophylaxis (Ramezani et al., 2019).

On this basis, all these approaches have both advantages and disadvantages, so it is most appropriate to apply them in combination. At the same time, the issues of consideration of individual psychological factors of drug addiction and social maladaptation in organizing more purposeful psychoprophylaxis remain ignored. Therefore, the **aim** of the study is to analyze the psychological factors that determine the propensity of individuals to addictive behavior against the background of social and psychological maladaptation.

3. Methodology

The choice of psychodiagnostic methods is conditioned by the necessity of the complex study of the psychological qualities of a person with addictive behavior and the formation of a psychological profile for the realization of the tasks of the empirical research on the psychological determinants of addiction as a factor of maladaptive behavior. Concerning

the diversity of addictive behaviors, appropriate psychodiagnostic methods were selected for the empirical study tools.

1). Multifactor questionnaire by R. Cattell (16-PF form C) for the diagnosis of personality factors of addictive behavior. This method includes 16 Primary factors: Warmth (A); Reasoning (B); Emotional Stability (C); Dominance (E); Liveliness (F); Rule-Consciousness (G); Social Boldness (H); Sensitivity (I); Vigilance (L); Abstractedness (M); Privateness (N); Apprehension (O); Openness to Change (Q1); Self-Reliance (Q2); Perfectionism (Q3); Tension (Q4) (Cattell, & Chevrier, 1994).

2). The method of diagnostics of the propensity for deviant behavior "PDB" by A. N. Orel. This method was used in order to determine the forms of the deviant behavior of an addict and included the following diagnostic scales of the propensity to 1) insincerity; 2) overcoming rules and regulations; 3) addictive behavior; 4) self-destructive behavior; 5) aggression and violence; 6) the loss of volitional control of emotional reactions; 7) delinquent behavior (Orel, 1999).

3). The method of diagnostics of social and psychological adaptation "SPA" by C. Rogers-R. Dymond. This method was used in order to define the factors of social and psychological maladaptation of an addict and included the following scales aimed at the diagnostics of 1) adaptability; 2) self-acceptance; 3) acceptance of others; 4) emotional comfort; 5) internality (internal locus of control); 6) dominance; 7) escapism (Rogers, & Dymond, 1954).

4). The method of the study of self-relationships "MSS" (the attitudes toward oneself) by S. R. Pantileev. This method was used to indicate the deformation of the ideas of an addict in relation to one's self-concept and involved the following scales aimed at the diagnostics of 1) sincerity; 2) self-confidence; 3) self-control (self-management); 4) demonstrated attitude to oneself; 5) self-worth; 6) self-acceptance; 7) self-affection; 8) intrapersonal conflict; 9) self-accusation (Pantileev, 1993).

In addition, to form sampling correctly and to interpret the results of psychodiagnostic research in a qualitative manner, an expert survey of the workers of penal institutions on the problems of the resocialization of drug addicts in the conditions of serving a sentence was conducted.

The empirical basis of the study consisted of 144 people between the ages of 20 and 40, anamnesis of who included drug dependence according to ICD-10 criteria and who serve a sentence in penal institutions (Bucha penal institution No. 85 and Irpin penal institution No. 131) of the Department of the State Penitentiary Service of Ukraine in Kyiv and Kyiv region. The formation of a sample of convicts is conditioned by the fact that they have

not only diagnosed drug addiction but also delinquent signs of deviant behavior, which demonstrate pronounced socio-psychological maladaptation. The studies were conducted in 2018-2019. The results were processed and interpreted at the Department of Social Work of the Faculty of Psychology of the Taras Shevchenko National University of Kyiv, and the Department of Legal Psychology of the National Academy of Internal Affairs (Kyiv, Ukraine).

On the basis of the objectives of the study, we conducted a statistical analysis of the main correlation relationships of the indicators of the propensity for addictive behavior (scale 3 of the method "PDB" by A. N. Orel) and adaptability (scale 1 of the method "SPA" by C. Rogers-R. Dymond) with other investigated indicators of the methods used. In the course of processing, the existing relationships were determined by calculating Spearman's rank correlation coefficient. This is due to the fact that the metrics obtained are not subject to the law of normal distribution. It should be noted that concerning the sample size (n=144), the statistical value of r_s is not less than 0.163 with $p \leq 0.05$, the high value of r_s is not less than 0.214 with $p \leq 0.01$, and the maximum value of r_s is 0.271 with $p \leq 0.001$.

The study was previously approved by a Research Ethics Committee of the Taras Shevchenko National University of Kyiv (protocol No. 2 dated 27.12.2017). The research was performed in accordance with the requirements and provisions of the University Community Code of Ethics, which was developed on the basis of Ukrainian and world experience of ethical rulemaking and expert recommendations. The informed consent was obtained from all the participants. Throughout the research, we were guided by the principle of academic honesty – advocating honesty, justice, respect, responsibility, ethical principles and statutory rules for affirming confidence in the results of creative achievements.

4. Results

Before analyzing the correlated issues, it should be noted that the identified associations of addiction and maladaptation with other personal factors have differences in signs. This can be explained by the fact that the increase in the indicator of addiction is determined by the increase in the point's value of the corresponding scale of the PDB method, and the indicator of social and psychological maladaptation is determined by the decrease of the point's value of the scale 1 by the SPA method.

Starting the analysis, it should be noted that the indicators of the propensity for addictive behavior (r_s = -0.359, $p \leq 0.001$) and social-

psychological adaptation showed the high correlation relationships, which proves their mutual determination. Thus, the initial hypothesis about the direct connection between addiction and social and psychological maladaptation is confirmed.

The next step in the study is to analyze the correlation between an increase in the propensity for addictive behavior and other individual psychological factors presented by the selected methods.

First of all, we can state the most pronounced correlation between the indicators of scale 7 ($r_s = 0.892$, $p \leq 0.001$) and scale 2 ($r_s = 0.741$, $p \leq 0.001$) of the PDB method, which indicates the intensification of the internal delinquent orientation, which is revealed in the tendency to overcome the rules and norms established in the society. This may be explained by the fact that as the addiction is formed; an individual begins to ignore the external social constraints and the judgment of such behavior by society. This trend may be driven by increasing anomie against the background of the transformation of life priorities toward satisfying the drug tendency, despite any external constraints.

As the internal dissonance of one's own addictive tendencies grows and the contradictions with the existing social norms are realized, the internal conflict of personality occurs that is indicated by a significant correlation with the scale 8 of the MSS method ($r_s = 0.356$, $p \leq 0.001$). Such internal conflict gives rise to the desire for an explosive discharge of aggressive tendencies, both in the form of auto aggression, as indicated by the correlation with the scale 4 ($r_s = 0.629$, $p \leq 0.001$) of the PDB method, and in the form of external rigid or aggressive behavior, which is confirmed by correlattions with factor I ($r_s = -0.166$, $p \leq 0.05$) of the R. Cattell's method and the indicator of scale 5 ($r_s = 0.591$, $p \leq 0.001$) of the PDB method.

Constant debilitating tension because of such internal conflict on the background of psychophysiological destructive processes due to narcotism gradually leads to neuropsychological asthenization, which is revealed in the form of a decrease in volitional control of one's own emotional reactions, as indicated by a correlation with scale 6 ($r_s = 0.499$, $p \leq 0.001$) of the PDB method. Such dynamics are also confirmed by correlations with factors G ($r_s = -0.196$, $p \leq 0.05$) and C ($r_s = -0.175$, $p \leq 0.05$) of the R. Cattell's method that demonstrate the propensity for ill-considered behavior because of the submission to feelings and emotional instability. It should be emphasized that such psychasthenic manifestations are signs of obsessive-compulsive syndrome, which naturally occurs as the addiction increases. As a result, the

volitional control of not only one's own emotional states but also other manifestations of destructive and self-destructive behavior are reduced.

The gradual sharpening of the awareness of one's own confrontation with social norms generates an increase in internal tension through the intensification of suspicion and anxiety, as indicated by the corresponding correlations with factors Q4 ($r_s = 0.163$, $p \leq 0.05$), L ($r_s = 0.168$, $p \leq 0.05$), and O ($r_s = 0.165$, $p \leq 0.05$) of the R. Cattell's method. This results in unproductive mechanisms of psychological protection that can be revealed in a variety of ways, ranging from mimicry and insincerity, as indicated by the correlation with the scale 1 ($r_s = 0.560$, $p \leq 0.001$) of the PDB method, to escapism in the form of a tendency to escape uncomfortable circumstances and experiences, which is confirmed by the correlation with the scale 7 ($r_s = 0.461$, $p \leq 0.001$) of the SPA method.

It should also be noted that such mechanisms of unproductive protective behavior acquire quite polar manifestations, as they can be revealed in demonstrative self-justification, regardless the judgments of others, and in self-accusation, as indicated by the correlation with the scales 6 ($r_s = 0.432$, $p \leq 0.001$) and 9 ($r_s = 0.301$, $p \leq 0.001$) of the MSS method. Unfortunately, both manifestations have formal features and do not encourage an addict to self-change, and therefore do not affect further socio-psychological adaptation, as indicated by the correlation with the indicators of the scale 1 ($r_s = -0.359$, $p \leq 0.001$) of the SPA method.

The next step of our study is the analysis of individual psychological factors that determine the decline in socio-psychological adaptability as a manifestation of increased maladaptation of an addict. Similar to the analysis of addictive factors, there is a tendency to decrease in emotional comfort, which is indicated by the correlation with the indicator of the scale 6 ($r_s = 0.856$, $p \leq 0.001$) of the SPA method. This increase in internal dissatisfaction also intensifies intrapersonal conflict, as evidenced by the connection with the indicator of the scale 8 ($r_s = -0.671$, $p \leq 0.001$) of the MSS method.

The internal conflict against the traumatic experience of discomfort gives rise to a debilitating feeling of psycho-emotional and nervous tension, as indicated by the interrelation with factor Q4 ($r_s = -0.165$, $p \leq 0.05$) of the R. Cattell's method. Such neuropsychiatric asthenization, in turn, causes a decrease in the level of internal control and self-management of behavior, which is indicated by the correlation with the indicators of the scale 5 ($r_s = 0.745$, $p \leq 0.001$) of the SPA method, scale 6 ($r_s = -0.515$, $p \leq 0.001$) of the PDB method, scale 3 ($r_s = 0.398$, $p \leq 0.001$) of the MSS method, and factor Q3 ($r_s = 0.382$, $p \leq 0.001$) of the R. Cattell's method. As a result of the

decrease in volitional self-control, emotional instability and submission to feelings are intensified, which is confirmed by the correlations with factors C (r_s = 0.512, p ≤ 0.001) and G (r_s = 0.343, p ≤ 0.001) of the R. Cattell's method. Thus, behavior becomes more unmanageable and impulsive, leading to a willingness to ignore social norms and rules, as indicated by the relationships with the indicators of the scale 2 (r_s = -0.327, p ≤ 0.001) of the PDB method. Such anomy is expressed in two types of socially maladaptive behavior: on the one hand, the propensity for delinquent behavior can be formed, and on the other hand, the addiction can be deepened. This is indicated by the correlations with the scales 7 (r_s = -0.428, p ≤ 0.001) and 3 (r_s = -0.359, p ≤ 0.001) of the PDB method. It is worth noting that addiction and social and psychological maladaptation are mutually conditioned and begin to intensify each other as they grow. And for example, if initial violations of social and psychological adaptation generate addiction, then in the future, the addiction intensifies maladaptation. In this case, more significant immersion in the addiction becomes an attempt to escape from uncomfortable experiences, as indicated by the correlation with the escapism indicator of the scale 7 (r_s = -0.489, p ≤ 0.001) of the SPA method.

Against the background of the decline in social and psychological adaptation because of addiction, both self-perception and the perception of others are deformed, as indicated by the correlations with the indicators of scale 4 (r_s = 0.500, p ≤ 0.001) of the MSS method and scale 3 (r_s = 0.555, p ≤ 0.001) of the SPA method.

Such violations of the perception of one's self-image give rise to the inner discomfort mentioned above, which results in a decrease in self-acceptance, a decrease in self-esteem, the intensification of the tendency to unproductive self-accusation. This is indicated by the correlations of social and psychological maladaptation with the indicators of scale 2 (r_s = 0.777, p ≤ 0.001) of the SPA method, as well as scales 2 (r_s = 0.636, p ≤ 0.001), 5 (r_s = 0.599, p ≤ 0.001), and 9 (r_s = -0.572, p ≤ 0.001) of the MSS method. At the same time, the violation of the attitude towards oneself gives rise to the deformation of the formation of interpersonal relations. The lack of self-confidence also leads to social fearfulness of relationships, as indicated by the correlation with factor H (r_s = 0.291, p ≤ 0.001) of the R. Cattell's method. This leads to the desire to avoid relationships because of asociality and demonstrable rigidity in relation to others, which is showed by the correlations with factors A (r_s = 0.252, p ≤ 0.01) and I (r_s = 0.265, p ≤ 0.01) of the R. Cattell's method.

In turn, the fears of close social relationships are determined by the growth of such protective behavioral strategies as conformism, conservatism, and pragmatism, as evidenced by correlations with factors Q2 ($r_s = 0.385$, $p \leq 0.001$), Q1 ($r_s = 0.332$, $p \leq 0.001$) and M ($r_s = 0.231$, $p \leq 0.01$) of the R. Cattell's method. Such a life position limits the ability to build productive relationships with others, which reduces the possibility of receiving assistance from them. In addition, such unproductive strategies reduce social relations to the circle of people needed to satisfy one's own addictive tendencies, which results in the intensification of social and psychological maladaptation.

5. Limits and Discussion

The analysis of the leading determinants of addiction and social maladaptation can state that both groups of correlations have repeated individual psychological characteristics (Table 1). On this basis, we can conclude that these qualities demonstrate significant correlations with the two factors studied and determine the propensity for addiction against the background of social maladaptation. The correlations found between addiction and maladaptive indicators and other personal factors have a discrepancy in signs. This is explained by the fact that the increase in the addiction indicator is determined by the increase in the point's value of the scale 3 of the PDB method, and the indicator of social and psychological maladaptation is determined by the reduction of the point's value of the scale 1 of the SPA method.

Table 1. The repeated correlations of the propensity for addiction and maladaptation indicators with leading individual psychological characteristics

Individual psychological characteristics	Scale 3 of PDB method (addiction)	Scale 1 of SPA method (maladaptation)
Factor C of R. Cattell's method "Emotional instability"	-0.175	0.512
Factor G of R. Cattell's method "Submission to feelings"	-0.196	0.343
Factor I of R. Cattell's method "Rigidity"	-0.166	0.265
Factor Q4 of R. Cattell's method "Tension"	0.163	-0.165
Scale 7 of PDB method "Delinquent behavior"	0.892	-0.428
Scale 2 of PDB method "Overcoming rules	0.741	-0.327

and regulations"		
Scale 6 of PDB method "Uncontrollability of behavioral emotional reactions"	0.499	-0.515
Scale 7 of SPA method "Propensity for escapism"	0.461	-0.489
Scale 8 of MSS method "Intrapersonal conflict"	0.356	-0.676
Scale 9 of MSS method "Unproductive self-accusation"	0.301	-0.572

The above list of repetitive individual psychological qualities of addicts shows that emotional instability generates inconsideration of behavior because of the submission to feelings, as well as an increase in the level of the uncontrollability of behavioral emotional reactions. The consequence of such changes is a cognitive dissonance between expected relationships and real conflicts with people that generates social maladaptation. The realization of this dissonance and one's own maladaptation generates tension, the reaction to which is internal conflict. Such conflict can have two vectors of unproductive compensation – rigidity, which is revealed in the tendency to overcome rules and regulations, in particular, in the form of delinquent behavior, or the tendency to unproductive self-accusation and escapism at the internal level.

Psychological qualities derived from the analysis of correlations with addiction and social maladaptation can be divided into blocks, according to which psychoprophylactic corrective measures should be formed:

1. The block of neuro-psychic and psycho-emotional stability should include training classes for reducing tension, emotional instability, uncontrollable behavioral emotional reactions, and unconsiderable behavior because of the submission to feelings.

2. The block of attitudes towards oneself should include training sessions to reduce the tendency to unproductive self-accusation, intrapersonal conflict, and escapism.

3. The block of social interaction strategies should include training classes to reduce rigidity, the tendency to overcome rules and regulations, and the prevention of delinquent behavior.

6. Conclusions

The empirical study proved that a psychoprophylaxis program for correcting addictive behavior should include specific activities aimed at developing neuro-psychic stability, the harmonization of the system of

attitudes towards oneself and the formation of the productive strategies for social interaction. Such a psychoprophylaxis program should direct the purposeful influence of exercises and training sessions on the reduction of the basic characteristics and individual psychological qualities defined in the study. Under these circumstances, the targeted impact will reduce the negative attitudes of addictive and socially maladaptive behavior. In the future, this will be the basis for the restoration of internal and external human resources needed to break the vicious cycle "addiction-maladaptation-addiction".

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