

Social Exclusion and Drug Rehabilitation Relapse: Mediating Role of Negative Coping Styles

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Abstract: Objective: To investigate the relationship between social exclusion and relapse tendency of drug addicts, and the mediating role of negative coping style between them. Methods: 130 SG drug addicts were investigated with Social Exclusion Experience Scale, Simple Coping Style Scale (SCSQ) and Relapse Tendency Scale (RTQ). Results: (1) Social exclusion and negative coping styles had significant positive correlation with relapse tendency; (2) Social exclusion and negative coping styles had direct positive correlation with relapse tendency; (3) Social exclusion could not only directly predict relapse tendency, but also indirectly predict relapse tendency through the mediating effect of negative coping styles. Conclusion: Negative coping styles mediate the relationship between social exclusion and relapse.

Keywords: Social exclusion, Relapse tendency, Negative coping style, Mediating effect.

1. Introduction

Relapse of drug addicts has always been a hot topic of social concern. Relapse refers to the behavior of people who have been rehabilitated from drug rehabilitation and return to society, and then take the drugs or other drugs they were dependent on before detoxification for various reasons [1]. According to the data, the abstinence rate of them in the compulsory isolation centers is nearly 100%, but when they return to society, they are prone to take drugs again and become relapse users due to the influence of various factors such as social exclusion, the surrounding environment and the former drug friends. According to a survey, 62.1 percent of people say they have suffered social discrimination that prevents them from truly returning to society. Among them, 25.8% choose to relapse because they cannot find a job or integrate into the normal "circle of friends" indirectly because of social rejection [2].

There are many factors affecting drug rehabilitation personnel's relapse, among which social factors are the important factors. In the process of returning to society, drug rehabilitation personnel will suffer different degrees of social rejection, and the frustration brought by the rejection will make them gradually depressed and embark on the road of relapse. On the one hand, drug addicts are faced with social exclusion from concepts, social environment and institutions, and on the other hand, they are actively separated from society [3]. It is precisely this process that makes drug rehabilitation personnel frustrated repeatedly in the process of integrating into society and unable to get social support, which means that their belongingness and relationship needs cannot be met, and the dangerous situation of social exclusion is prone to negative emotions and unconscious self-damaging behaviors, such as unhealthy behaviors, etc. [4]. At the same time, the negative emotions of drug addicts can lead to their relapse behavior [5]. When facing the negative emotions, they are often more inclined to take drugs to relieve these emotions, and use this as an excuse to "rationalize" drug use. All of these indicate that drug rehabilitation personnel are prone to relapse when dealing with the frustration and negative emotional experience brought by social exclusion. It can be seen that

whether drug addicts relapse or not has a significant relationship with whether they are socially excluded.

Coping style is the process of cognitive and behavioral efforts made by individuals to reduce their negative effects [6]. The coping styles of drug rehabilitators are influenced in many ways. When individuals face negative events in life, they usually adopt negative coping ways to deal with such events [7]. Male compulsory isolation drug addicts with poor mental health tend to adopt immature coping methods [8]. As a typical negative event, the frustration and negative emotions caused by social exclusion not only affect the mental health status of drug rehabilitation personnel, but also affect their coping style. At the same time, coping style is also an important factor affecting relapse. Addicts who are used to dealing with social stress events in a negative coping way are more likely to relapse [9]. The above evidence suggests that people suffering from social exclusion tend to choose negative coping styles, which in turn have an important impact on relapse behavior.

To sum up, whether drug rehabilitation personnel relapse is affected by the degree of social exclusion. Those who suffer from social exclusion tend to choose negative coping styles, while those who choose negative coping styles have a higher tendency to relapse. Therefore, it is necessary to investigate the relationship among social exclusion, relapse tendency and negative coping style, so as to provide theoretical basis and practical inspiration for intervention to better reduce relapse rate of drug addicts.

2. Methodology

2.1. Subjects

A total of 150 questionnaires were sent out, 132 questionnaires were collected, and 130 valid questionnaires were obtained after eliminating invalid questionnaires. The recovery rate was 88% and the effective rate was 98.5%. All subjects in this study were male, ranging in age from 21 to 59(37.74±7.74). Among them, 78 reported harmonious and happy family relationships; The average number is 47; Five people are full of contradictions.

2.2. Methods

2.2.1. Social Exclusion Scale

The Chinese version of Carter-Sowell's Social Exclusion Experience Scale was adopted. The eight-item scale describes experiences of social exclusion in both rejection and neglect on a seven-point scale, with 1 representing "never" and 7 representing "always". The higher the score, the greater the feeling of rejection. In this study, the total Klonbach coefficient of the scale was 0.938, and the Klonbach coefficient of rejection and neglect were 0.862 and 0.916, respectively.

2.2.2. Summary Coping Style Scale (SCSQ)

The scale contains 20 items and consists of two dimensions: positive coping and negative coping. This study adopts the negative coping dimension. In this study, the Klonbach coefficient of negative coping style in this scale was 0.904.

2.2.3. Relapse Tendency Questionnaire (RTQ)

The Psychological Survey of Relapse Tendency of forced Drug abusers compiled by Professor Geng Wenxiu of East China Normal University was adopted. The scale includes 18 questions and adopts a six-level scoring method. The higher the score, the higher the relapse tendency. In this study, the total Klonbach coefficient of the scale was 0.922.

2.3. Data Analysis

SPSS26.0 software was used for descriptive statistical analysis, and Process program was used for regression analysis and mediation effect test.

3. Results and Discussion

3.1. Common method deviation

To control for common method bias, an unrotated exploratory factor analysis was performed for all variables using Harman single factor test. The results showed that there were 6 factors with characteristic roots greater than 1, and the variance explained by the first factor was 34.648%, which was less than the critical value of 40%. Therefore, there is no common methodology bias in this study.

3.2. Correlation between social exclusion, relapse tendency and negative coping style

Table 1 shows that there is a significant positive correlation between social exclusion and relapse tendency, between negative coping style and relapse tendency, and between social exclusion and negative coping tendency. On this basis, the two dimensions of social exclusion, negative coping style and relapse tendency were tested respectively. The results showed that social exclusion (i.e., social rejection, the same below) was significantly positively correlated with negative coping, and social rejection was significantly positively correlated with relapse tendency. The negative coping style of social exclusion (i.e., social neglect, the same below) was significantly positively correlated with the tendency to relapse.

Table 1. Descriptive statistics and correlation analysis

	M ± SD	1	2	3	4	5
1 Social exclusion	1.96 ± 1.41	1				
2 Social rejection	1.97 ± 1.40	0.969**	1			
3 Social neglect	1.95 ± 1.56	0.961**	0.863**	1		
4 Negative coping styles	2.50 ± 0.88	0.246**	0.267**	0.204*	1	
5 Relapse tendency	2.14 ± 0.85	0.474**	0.433**	0.484**	0.302**	1

Note : * $P < 0.05$, ** $P < 0.01$, *** $P < 0.001$.

This study found that social exclusion can positively predict relapse tendency, indicating that the higher the degree of social exclusion, the higher the possibility of relapse among drug rehabilitation personnel. This is consistent with previous research results. For example, reducing the social exclusion of drug abusers is conducive to preventing relapse and improving the withdrawal rate of drug abusers [10]. Contemporary youth choose to take drugs to relieve the heavy pressure of social life after suffering social exclusion [11]. For drug rehabilitation personnel, social exclusion is undoubtedly a dangerous situation, which destroys individual needs of belonging and relationship. When an individual's sense of belonging is threatened, it will lead to a variety of adverse consequences, such as negative emotions, failure of self-control and so on. These adverse consequences are easy to cause drug rehabilitation personnel to take drugs to relieve. In addition, finding the former "drug friends" again will satisfy their sense of belonging to some extent. Because of the recognition and affirmation of the organization, drug rehabilitation personnel will become more loyal to and dependent on the organization, and it will be more difficult for them to return to society. If there are drug addicts in the organization, they are likely to take drugs again due to conformity.

Correlation analysis results show that negative coping style is significantly positively correlated with relapse, which is

consistent with previous studies [9]. When drug rehabilitation personnel encounter social exclusion or are difficult to integrate into social life, they choose inappropriate coping ways, which makes them unable to cope with the negative emotions and belongingness needs brought about by social exclusion. They are prone to relieve pressure and negative emotions by smoking drugs, and embark on the road of relapse. The cognitive-behavioral model of relapse believes that the relapse behavior occurs due to the lack of effective coping styles when dealing with stress stimuli and situations [12], which again verifies the conclusions drawn in this study. There is a significant positive correlation between negative coping style and relapse, that is, negative coping style will enhance the possibility of drug use among drug rehabilitation personnel. In previous studies on the relationship between social exclusion and negative coping styles, most of them took college students as subjects, and few took drug rehabilitation personnel as subjects, which is the difference between this study and previous studies. But it also shows that social exclusion is related to the choice of positive or negative coping styles.

3.3. Mediating effect of negative coping style between social exclusion and relapse tendency

The Process plug-in was used to examine the mediating role of negative coping styles between social exclusion and relapse tendency. Model4 was selected and percentile Bootstrap test with deviation correction was adopted. Samples were sampled 1000 times and 95% confidence intervals were calculated. The results were shown in Table 2 and Table 3.

The results showed that when social rejection, negative

coping style and relapse tendency entered the regression equation at the same time, social exclusion had a positive prediction effect on relapse tendency ($\beta=0.26$, $P<0.001$), suggesting that social exclusion could not only directly predict relapse tendency of drug rehabilitation, but also indirectly predict relapse tendency through the mediating effect of negative coping style. This indirect effect accounts for 10% of the total effect. Moreover, when both social exclusion and negative coping styles were included in the regression equation, social exclusion was still significant on relapse tendency, indicating that the mediating effect of negative coping styles was partially mediating.

Table 2. Regression analysis of variables in the model

Predictive variable	Relapse tendency			Relapse tendency			Negative coping style		
	t	SE	Beta	t	SE	Beta	t	SE	Beta
Social exclusion	5.4036	0.0474	0.2560	6.0856	0.0469	0.2851	2.8690	0.0530	0.1521
Negative coping style	2.5042	0.0766	0.1917						
R ²	0.2609			0.2244			0.0604		
F	22.4152***			37.0344***			8.2313**		

Table 3. The mediating effect of negative coping style on the mediating model between social exclusion and relapse tendency

	Indirect effect value	Boot Standard Error	95% confidence interval	Relative intermediary effect (%)
Indirect effect	0.0292	0.0155	[0.0034,0.0634]	10
Direct effect	0.2560	0.0474	[0.1622,0.3497]	90
Total effect	0.2851	0.0469	[0.1924,0.3778]	100

Through the mediation test, it is found that the mediating model of negative coping styles of social exclusion and relapse tendency is valid. When the negative coping style was included in the regression equation, the prediction effect of social exclusion on relapse tendency was reduced, indicating the mediating effect of negative coping style. The negative

emotions and sense of belonging brought about by social exclusion affect the physical and mental health of individuals, especially for drug rehabilitation personnel. In the face of such high pressure situation, if they cannot effectively deal with the negative emotions and reduce the frustration caused by social exclusion, it is easy to take drugs to relieve them.

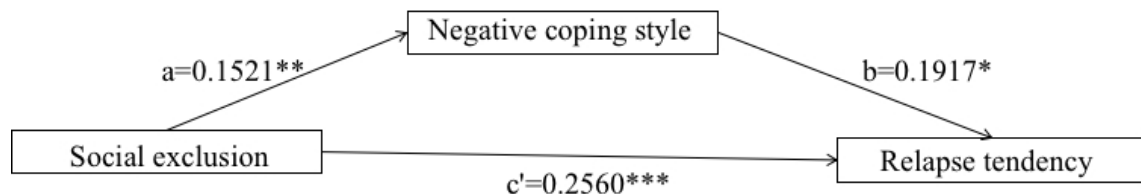


Figure 1. Mediating effect of negative coping style

3.4. Shortcomings and prospects

The study compares the influence of different types of rejection on individuals, and finds that the rejected will have stronger preventive motivation, avoid social interaction, and pay attention to avoid behaviors that may bring about rejection. However, the neglected have stronger motivation to actively participate in social interaction, and consider what measures can be taken to avoid being excluded [13]. In addition, coping styles that can be adopted to solve problems can help alleviate the adverse effects of life events and reduce physical and mental symptoms and diseases [14]. When individuals suffer from neglectful social exclusion, they can take active measures to prevent themselves from being rejected, which is different from the measures taken by subjects who suffer from reject-based social exclusion. Therefore, it is necessary to further study the different mechanism of the relationship between neglect-based social exclusion and reject-based social exclusion and relapse

tendency.

4. Revelation and Suggestion

4.1. Attach importance to the improvement of positive coping ability

Effective coping strategies can mitigate the negative effects of social exclusion. Therefore, drug treatment centers can offer courses and seminars on positive coping styles, such as seeking help from loved ones when experiencing rejection. When you encounter discrimination, you can communicate with the person who made the discrimination and so on. A series of positive coping courses should be formed to provide them with positive coping methods intuitively, encourage them to think on their own, and organize them to discuss and share communication at intervals. They should also develop proper attributions, and avoid attributing all the causes of such situations to themselves. Carry out related group activities,

cultivate their ability to help each other, cultivate their sense of community, let them feel the power of the organization. It is also necessary to combine theory and practice to create exclusion and discrimination that may be encountered in the future. For example, what can be done when people are far away from him in the dining hall? For example, in the course of work, people talk about him behind his back, what should you do? Through the corresponding simulation training, the frequency and frequency of the positive coping style used by drug rehabilitation personnel were strengthened. In order to minimize the negative effects of social exclusion and thus reduce the likelihood of relapse into drug use.

4.2. Enhance re-employability and better integrate into society

According to the conditions of drug abusers, we should carry out targeted vocational training and skill training to help them make career planning. Upon their return to society, drug rehabilitation personnel shall promptly inquire about their employment situation, assist in solving the problem of employment difficulties, and prevent unemployed persons from staying at home. Drug rehabilitation centers may make statistics on the types of jobs that drug rehabilitation personnel will take after entering society, so as to provide employment directions for drug rehabilitation personnel. Good employability can guarantee the living expenses in the future, and also get social recognition. For them, this is the social acceptance of themselves, which is exactly what drug rehabilitation personnel lack. At the same time, social acceptance and affirmation can satisfy the belongingness and relationship needs of drug rehabilitation personnel, which is a positive circular process and helps to avoid two-way rejection.

4.3. Establish support systems to reduce social exclusion

Social exclusion is widespread. In addition to improving the quality of drug rehabilitation personnel themselves, they should also establish a solid support system together with family, friends and social organizations, so that they can feel the warmth of family and care of society. In terms of family, the drug rehabilitation center can hold social gatherings from time to time, such as inviting family members to the drug rehabilitation center to complete production tasks with them, or encouraging them to cook for their families, do handmade and other gratitude to their families. The process of drug withdrawal is not a completely closed process. By connecting them with their family members and contacting them regularly, on the one hand, they can get encouragement and support from their family members, and on the other hand, it can enhance their confidence in drug withdrawal. In terms of society, they organize social practices from time to time and let them participate in serving society. For example, on Labor Day, they can be organized to work with community organizations. On Arbor Day, organize them to plant trees with public welfare organizations. At the end of the labor, social personnel may be asked to give a positive evaluation of their work. In addition, drug rehabilitation centers can cooperate with schools. For example, they can help schools build student performance stages, repair or overhaul school public facilities, reduce students' safety risks in school, connect with students, and better shape their positive image, win the favor of students' parents, and make them feel their own value. Finally, nowadays, social information is transmitted so fast that we can use credible media platforms

such as Douyin short video platform and official media to report such information in many ways and promote their positive image. It can improve their public image subtly and pave the way for them to better enter the society in the future. At the same time, it can record the activity process into video materials and play them continuously in the normal drug treatment process, input the information that the society welcomes them and narrow the distance between them and the society. It is also possible to organize drug rehabilitators who have successfully returned to society on a regular basis to describe what they have seen and heard in society for drug addicts, so as to set a positive example for drug addicts. In the process of two-way interaction with the society, it can effectively prevent the two-way exclusion of drug rehabilitation personnel after entering the society, that is, the vicious cycle of social exclusion and their own away from the society.

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