Relation between Personality Traits and Perceived Social Support among Patients with Substance Use Disorders

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ABSTRACT

Background: In individuals with substance use disorders, there is a complex relationship between personality traits and perceived social support. While neuroticism may hinder social support, higher levels of agreeableness and openness can enhence it. Perceived social support plays a curical roles in reducing stress and promoting adaptive coping mechanisms. **Aim:** The study aims to investigate how personality traits and perceived social support relate to substance use disorder patients. **Subjects and Methods:** A total 138 of patients diagnosed with substance abusers from Port Said Psychiatric Health Hospital participated in the study. They were chosen based on their age, gender, level of education, and informational skills; individuals with intellectual disabilities or other psychiatric disorders were excluded. In addition to personal and clinical data sheets, three instruments were utilized to collect data: the Big Five Inventory and the Multidimensional Scale of Perceived Social Support. **Results:** The study found that conscientiousness, agreeableness, and openness were the least common personality traits, while neuroticism and extraversion were the most common. Social support significantly correlated with these traits. **Conclusion:** Positive associations were observed between perceived social support and personality diaminsions of openness, neuroticism, and conscientiousness. **Recommendations:** Implementing psycho-educational programs to help patients with substance use disorders utilize their free time constractively rather than ongoing in substance use. Additionally integreating social skills training into treatment programs for SUD patients to enhance interpersonal skills and maintaince of positive relationships.

***Keywords*:** Perceived Social Support; Personality Traits; Substance Use Disorders.

INTRODUCTION

Substance use disorder (SUD) is a serious condition that affects individuals of all ages, usually begins as a pattern of drug abuse, including the use of psychotropic substances without a prescription or in ways that are not prescribed, such as using substances more frequently or for longer periods of time than prescribed by prescribing guidelines (Afuseh, Pike, & Oruche, 2020).

Substance use disorder is a globel puplic health issue that has become increasingly prevalent in Egypt since the 1970s, as noted by Atia & Ahmed (2020). In 2024, 66,147 people sought addiction treatment and coun Control and Treatment of Addiction. Heroin was identified as the most frequently misused substance, followed by hashish, tramadol, and synthetic drugs (Egyptian Streets, 2024).

The General Secretariat of Mental Health and Addiction Treatment (GSMHAT) Ministry of Health has conducted a national titeled "The National Research of Addiction, Egypt" to enhance awareness of substance use disorders in the contry. Young adults were found to be the most prevalent age group among substance users, and rates of substance use are sharply increasing over time due to the typical issues of late ad olescence and early adulthood, peer pressure and influence, family disruption, and a famil y history of substance use (Rabie et al., 2020).

Substance use disorders take over people's lives because they produce physical, psychological, and social problems. Suicidal thoughts and attempts, depression, violent acts, and cognitive functioning problems are examples of psychological problems. According to Atia and Ahmed (2020), social concerns include patients who have cheated, deceived, and are unreliable, patients who have left their straight friends and become involved with the wrong crowds,and patients' families who are upset and worried about their loved ones.

Chronic drug or alcohol use disorders frequently result in social problems, humiliation, stigma, denial, self-deception, and physical and psychological injury. A

number of bio-psycho-social factors, such as personality traits, physiological problems, and body image concerns, influence these diseases (Scarth et al., 2022). Personality pathology, such as neuroticism, impulsivity, narcissism, antisocial, histrionic, and borderline features, is frequently seen in patients with substance use disorders. Alcohol, smoking, and drug use are among the addictive behaviors associated with these features (Garcia-Argibay, 2019; Sindermann, Yang, Liu, Elhai & Montag, 2021).

Substance use disorders are public health problems due to social isolation and loneliness. Social assistance prevents the development of SUD and reduces morbidity and mortality. Relapse frequency and pretreatment days are reduced when social support is higher (Rapier, McKernan, & Stauffer, 2019).

Social support is vital for preserving mental well-being throughout stress, enhancing hope, self-efficacy, self-esteem, and lowering loneliness. Perceived social support, or the conviction that there are helpful resources available, is crucial (Chang et al., 2022). Low social support leads to worse mental health (Ioannou, Kassianos, & Symeou, 2019).

Significance of the study:

1.4 million Egyptians suffer from substance use disorders, including to heroin and tramadol, according to the Ministry of Health's report in substance use disorders (Abdelaziz, & Hafez, 2022).
About 200 million people between the ages of 15 and 64, or 5% of the global population, r eport using at least one illegal substance each year.
At 3.8%, marijuana is the most often used substance, while amphetamines and opiates hav e a prevalence of 0.6%, cocaine and heroin have a prevalence of 0.3%, and ecstasy has a p revalence of 0.2% (Kabbash, Zidan, & Saied, 2022).

Chronic or acute substance misuse can alter neurotransmitter pathways, cause disinhibition, impair judgment, and reduce impulse control. Abuse, domestic violence, criminal activity, and academic failure are some of the major personal and social issues that abusers face (McHugh, & Kendra, 2022).

In patients with substance use disorders, personality features and social support are closel y linked, but the precise nature of this association is still unknown; this study will look int o it.

THE AIM OF THE STUDY

was to investigate the relationship between patients with substance use disorders' perceiv ed social support and personality traits.

Objectives:

The following objectives were met by the study:

1. Assess various dimensions of personality traits in patients suffering from substance use disorders.
2. Determine levels to which patients with substance use disorders perceive social support.
3. Evaluate the relationship between patients with substance use disorders' perceived social support and their personality traits.

SUBJECTS AND METHOD

Study Design

The study was carried out using a descriptive correlational research design.

Study Setting

This study was conducted at Port Said Psychiatric Health Hospital a 140 bed facility serving four governorates, was the study's primary focus for substance use therapy. The hospital contains a men's substance misuse department and five inpatient psychiatric departments. Patients can receive support from a hotline clinic for abusers on Sundays and Wednesdays from 12 to 5 p.m.

Study Subjects:

The study included a purposive sample of 138 patients diagnosed with

substance abusers who sought addiction treatment at Port Said Psychiatric Health Hospita l's outpatient clinic. Age, gender, educational levels. Individuals with psychiatric disorders or intellectual disabilities were excluded from the study.

Sample Size:

The sample size was calculated by using the following equation (Lachin, 1981).

Sample size (n) = [(Zα/2)2 *p (100-p)]/ d2

P: Prevalence of drug abuse =8.9% (Kabbash, Zidan, & Saied, 2022).
D: The margin of error = 5%
Zα/2: A percentile of standard normal distribution determined by 95% confidence level = 1.96
Sample size (n) = $[(1.96)^2 *8.9 (100-8.9)]/ 25 =125$
The calculated sample size was **125** patients. To account for an expected 10% non-participation rate, the final sample size was adjusted to **138** patients with substance use disorders.

Tools for Data Collection

The study data were collected by using of the following tools:

Tool I: Big Five Inventory (BFI):

John and Srivastava (1999) created the Big Five Inventory (BFI) in English, and Elfaoumy (2011) translated it into Arabic. The 44 items scale assesss the big five dimensions of personality traits: neuroticism (8 items), extraversion (8 items), conscientiousness (9 items), agreeableness (9 items), and openness (10 things).

Scoring System:

The following was the distribution of the BFI scale items: conscientiousness (3, 8R, 13, 18R, 23R, 28, 33, 38, 43R), agreeableness (2R, 7, 12R, 17, 22, 27R, 32, 37R, 42), extraversion (1, 6R, 11, 16, 21R, 26, 31R, 36), neuroticism (4, 9R, 14, 19, 24R, 29, 34R,

39), and openness (5, 10, 15, 20, 25, 30, 35R, 40, 41R, 44). For reverse-scored goods, the letter "R" is used. The participants' responses will be scored on a five-point Likert scale, where "5" indicates strong agreement and "1" indicates strong disagreement. The scoring was reversed for the negative items. Each personality traits is scored individually with higher scores among the five dimensions. Elfaoumy (2011) evaluates the reliability and validity of the tool. The internal consistency reliability of the scale was evaluated using the Cronbach's Alpha test. With an alpha coefficient of >0.90, the Arabic version of the BFI scale (tool I) demonstrated strong scale reliability.

Tool II: Multidimensional Scale of Perceived Social Support (MSPSS):

A Multidimensional Scale of Perceived Social Support (MSPSS) was developed by Zimet, Dahlem, Zimet, and Farley (1988), in English and latter translated into Arabic by Abou Hashem (2010). It is a 12-item instrument designed to identify perceptions of social support from three specific sources including family, friends and significant others. The scale assesss social support from three sources: Family members (items 3, 4, 8 and 11), social support from friends (items 6, 7, 9 and 12) and significant others (items 1, 2, 5 and 10).

Scoring System:

The scale was rated on a 5 likert scale with a range from strongly disagree= 1, to strongly agree= 5. Total scores were calculated by summing the individual items scores. Higher score indicates greater perceived level of social support, while lower score reflect reduced support the scores are categorized into three levels as follow, high perceived support (61 to 84), moderate perceived support (36 to 60), low perceived support (12 to 35). The Arabic version of MSPSS revealed validity and notable internal consistency with Cronbach's alpha, the internal consistencies of the three specific sources including family, friends and significant others were (0.82, 0.86, and 0.85 respectively). The validity of the Arabic version of MSPSS was assessed by a panel of experts who conifirmed its appropriateness (Abou Hashem, 2010).

Using the data collected from patients, the researcher also produced a clinical and personal data sheet in Arabic. Personal details such as age, sex, marital status, income, occupation, and level of education are requested on the form. The questions also asked about clinical information, including complaints of mental and physical disorders, family history of drug misuse, age at which substance abuse started, substance kind and mode of use, cause for first dose, and problems resulting from substance use disorder.

Pilot Study:

Prior to the main investigation, a pilot study was carried out from October 1, 2024, to October 15, 2024, on 14 patients who were chosen from the entire sample of hospitalized mentally ill patients based on inclusion criteria. They were not included in the full research work sample. The pilot study aimed to assess the feasibility, application, and clarity of the study instruments, estimate the time needed to complete the questionnaire, and identify potential challenges during data collection.

Field Work:

- The 138 patients were selected based on the previously mentioned criteria from the previous context.
- Each patient gave written legal agreement to participate in the study after being informed of its goal and after a rapport and trustworthy relationship had been established with the patient.
- In order to preserve their privacy, patients were then given an explanation of the study's tools, told that all of their information would be kept confidential and used only for the study, and offered the chance to take part in a one-on-one interview.
- Using the interview method, the researcher completed the instruments on an individual basis.
- Depending on the patient's degree of cooperation, attentiveness, and openness to speaking, each interview lasted anywhere from thirty to sixty minutes.

- Every day, five to ten patients were questioned.
- Before being input into the devices, clinical data from patients' medical records was validated. Data was collected over a three-month period, from November 1st to the end of January 2024.
- Two days a week, Sunday and Wednesday, from 12 to 5 p.m.
- The data was subsequently categorized, examined, and updated by the researcher.

Administrative Design:

Prior to the research being conducted, the Dean of the Faculty of Nursing formally wrote to the Director of the selected study setting to describe the purpose of the investigation and to ask for his cooperation and consent.

Ethical Considerations:

The Port Said University Faculty of Nursing's Research Ethical Committee gave its approval to the study protocol. The study protocol was approved by the Ministry of Health's General Secretariat of Mental Health and Addiction Treatment (GSMHAT) Ethical Committee, and the code numbers are NUR(7/5/2023)(25). Following an explanation of the study's purpose, the patients were asked for their informed consent. It has been verified that the information gathered will be kept private and utilized exclusively for scientific study, and anonymity is assured. Given that they will be made aware of their freedom to withdraw from the study at any moment, the participants' voluntary participation was verified.

Statistical Analysis:

SPSS 21.0 software was used to gather, arrange, tabulate, and statistically analyze the data. Descriptive statistics, such as means and standard deviations for quantitative variables and frequencies and percentages for qualitative variables, were used to present the data. The chi-square test was used to compare variables in the qualitative category. The Fisher exact test was applied when the anticipated values in one or more of the cells

in 2x2 tables were less than 5. No test could be used in cross-tables greater than 2x2 if the expected value in 10% or more of the cells was less than 5. The correlations between the quantitative variables were evaluated using person correlation analysis. A P-value below 0.05 was considered statistically significant.

RESULTS

The results in **Table 1** reveal 89.1% of the patients in the study were male, according to the results, which also disclose their personal characteristics. Among the patients, less than one-third (32.6%) were under 30 years old. The patients' mean ±S.D. is 33.1377 ±9.58039, and their ages range from 17 to 63. In terms of marital status, 47.1% of the study's substance use disorder participants were unmarried. According to educational data 49.3% of the participants with substance use disorder had completed only secondary school, according to data on their educational levels. Furthermore, the information shows that 68.8% of the patients with substance use disorders in the research were working, and 70.5% of them worked as craft workers.

It also shows that 69.6% of the patients with substance use problems in the survey were from three to five family members, and less than half of them (47.8%) said their monthly income was insufficient. Less than half (42.8%) of the substance-use disorder study participants lived with their parents.

Table 2: Presents distribution of patients with substance use disorders according to clinical characteristics, the results revealed that, minority of patients (10.9%) complain from physical disease mainly the hypertension with percentage of 46.7%. Looking at complaints of mental illness 42.1% of the studied patients had schizophrenia. The table also clarifies that, 65.9% of the studied patients had substance abuse family history.

Of the study's participants with drug use disorders, less than two thirds (60.1%) started taking drugs before turning 20. Furthermore, 10.1% of them utilized shapo and 76.1% used hashish as drug forms. Regarding substance use, just 4.3% of the study's patients employed the injectable route, compared to 64.5% who used the oral strategy. When asked why they took their first dose, more than three-quarters of the patients

(75.4%) cited their unfavorable peers, whereas 2.9% claimed that their money was the reason they took their first medication. More over half of the patients in the study (58.7%) said that their quick temptation to use drugs was caused by their grief. Additionally, the majority of the study's drug use disorder patients (82.6%) experienced substance abuse-related problems, and 73.9% had familial problems.

Extraversion was the most common personality feature (91.3%) among individuals with substance use disorders, followed by neuroticism (62.3%), according to **Table 3**. On the other hand, conscientiousness, openness, and agreeableness had the lowest percentages (37.7%, 34.1%, and 31.9%, respectively).

Table 4 illustrates that the highest percentage of patients social supports was reported from family and with significant others (64.0% and 56.8% respectively). Furthermore, total scores of social support constituted 54.0% of the scores.

Table 5: Show how the total score of social support and the total score of personality traits decreased among the patients with substance use disorders under study. Patients with openness as a personality attribute and social support showed a statistically significant favorable link (r==0.240**). There were positive connections between the agreeableness component and social support (r==0.397**). Furthermore, there was a positive connection (r=0.201*) between neuroticism and social support. with reference to the conscientiousness dimension.

Table 1: Distribution of the studied patients according to their personal characteristics (n = 138).

Personal characteristics	Patients with substance use disorders	
	No.	**%**
Gender:		
Male	123	89.1
Female	15	10.9
Age/ years:		
<20	10	7.2
20 - <30	45	32.6
30 - < 40	45	32.6
40 - < 50	31	22.5
≥50	7	6.0
Range	17-63	
Mean ± SD	33.1377 ±9.58039	
Marital status:		
Single	65	47.1
Married	59	42.8
Divorced	14	10.1
Educational levels:		
Illiterate	26	18.8
Read and write	14	10.1
Elementary schooling	16	11.6
Secondary schooling	68	49.3
Higher education	14	10.1
Working status:		
Working	95	68.8
Not working	43	31.2
Occupation for working patients: N= 95		
Professional worker (e.g. Employee)	28	45.3
Worker (e.g. Craft)	67	70.5
Monthly income: "from patients' point of view"		
Enough	8	5.8
Not enough	6	47.8
Enough and overflowing	64	46.4
Number of family members		
3<	26	18.8
3-5	96	69.6
<5	16	11.6
Living with		
Alone	88	5.8
Partner	40	29.0
Children	7	5.1
Parents	59	42.8
Brothers	16	11.6
Others (e.g).	8	5.8

Table 2: Distribution of the studied patients with substance use disorders according to their clinical characteristics (n = 138).

Clinical characteristics	Patients with substance use disorders	
	No.	%
Complaint of any physical diseases		
Yes	15	10.9
No	123	89.1
If yes. Type of physical disease N=15		
Hypertension	7	**46.7**
Renal disease	1	6.7
Respiratory disorders	4	26.6
Peptic ulcer	2	13.3
Colon disease	1	6.7
Complaint of any mental illness		
Yes	57	41.3
No	81	58.7
If yes. Type of mental illness N=57		
Anxiety	12	21.1
Depression	24	42.1
Schizophrenia	10	17.5
Mania	10	17.5
Obsessive compulsive disorder	1	1.8
Family history of substance abuse		
Yes	47	34.1
No	91	65.9

Table 3: Distribution of the studied patients according to their big five dimensions scores of personality traits (n = 138).

Personality traits	Highest		Lowest		Mean ±S.D.
	N	%	N	%	
Openness	47	34.1	91	65.9	29.84 ±5.52664
Extraversion	126	91.3	12	8.7	23.14 ±3.28578
Agreeableness	52	37.7	86	62.3	31.35±5.22438
Neuroticism	86	62.3	52	37.7	24.66±4.16537
Conscientiousness	44	31.9	94	68.1	27.78±4.51557

Table 4: Distribution of the studied patients with substance use disorders according to perceived social support sources levels (n = 138).

Social Support Sources	Levels of social support				Mean ±S.D.
	Higher		Lower		
	N	%	N	%	
Social support from family	89	64.0	49	35.2	13.6449± 4.29700
Social support from friends	43	30.9	95	68.3	11.0507±3.85186
Social support from significant others	79	56.8	59	42.4	13.2391±3.72710
Total Social Support	75	54.0	63	45.3	37.8768±9.43085

Table 5: Correlation between total score of personality traits dimension of the studied patients with substance use disorders, and total score of fear of missing out.

Personality traits of the studied patients with substance use disorders	Personality traits of the studied patients with substance use disorders					Social support
	Openness	Extraversion	Agreeableness	Neuroticism	Conscientiousness	
Openness	1	R=.200*	R=.191*	R=.227**	R=.208*	**R=.240
		P= .019	P= .025	P= .007	P= .014	P=.005
Extraversion	R= .200*	1	R= .086	R= .125	R= .246**	R= .146
	P= .019		P= .316	P= .145	P= .004	P= .088
Agreeableness	R=.191*	R=.086	1	R=.003	R=.489**	**R=.397
	P=.025	P=.316		P=.968	P=.000	P=.000
Neuroticism	R=.227**	R=.125	R=.003	1	R=-.056	*R=.201
	P=.007	P=.145	P=.968		P=.511	P=.018
Conscientiousness	R=.208*	R=.246**	R=.489**	R=-.056	1	R=.173*
	P=.014	P=.004	P=.000	P=.511		P=.043
	**R=.240	R=.146	**R=.397	*R=.201	*R=.173	1
	P=.005	P=.088	P=.000	P=.018	P=.043	
*r is spearman rank correlation				P: value is significant <.05		

DISCUSSION

Substance use disorders are associated with significant psychological and social challenges (Kuss & Griffiths, 2020). A person's sense of belonging can be undermined and mental distress exacerbated by feelings of social isolation (Lanza & Collins, 2021). These factors should be considered in the development of preventative and intervention strategies. Therefore, the study aimed to explore the relationship between personality traits, and social support in patients with substance use disorders.

To create focused interventions to enhance mental health outcomes in this susceptible population, it is essential to comprehend these correlations. The findings of the neuroticism dimension of the big five personality traits in individual with substance use disorders offer important new information about the emotional control and stability of this demographic. The findings indicated that almost two-thirds of the patients had high levels of neuroticism.. As a substance use may serve coping mechanism, substance use might worsen in those who display neuroticism, which is characterized by emotional instability, anxiety, and moodiness.

The results are in line with those of Li, Zheng, and Chen (2023), who discovered that high levels of neuroticism are commonly present in individuals with SUDs. These neurotic symptoms can manifest as anxiety, mood swings, and increased emotional reactivity. These findings allign with those, this is consistent with the findings of Jonason, Foster, and Welling (2021), who reported that individuals with higher levels of neuroticism frequently tolerate self-deprecation and self-defense . This finding is further supported by a meta-analysis by Jorm, Smith, Brown, and Taylor (2020), which discovered that mood disorders are often strongly linked to high neuroticism in individuals with SUDs.

According to the results of the current study, the majority of individuals with substance use problems showed low agreeableness scores. The findings of Hofmann, Luhmann, Fisher, and Vohs (2020), who looked at maladaptive personality traits and how they relate to substance abuse and mental health issues, are consistent with this. They discovered a connection between maladaptive personality traits and the risk of

substance abuse and mental health issues. Conversely, a low degree of agreeableness can raise the risk of suicidal ideation by encouraging conflict amongst people, reducing social support, and heightening feelings of loneliness.

The results of the openness and extraversion components of the big five personality traits in people with drug use disorders show various personality qualities that can influence recovery and treatment outcomes. Problems with sociability, emotional stability, and openness to new experiences are often present in people with substance use problems. Addressing these variations in personality traits can assist direct more customized treatment plans in therapeutic settings and highlight how important it is to understand the patient's psychological profile for effective recovery planning.

The distribution of the big five personality traits among patients with substance use disorders (SUDs) shows some noteworthy trends, including the relative dominance of neuroticism and extraversion over conscientiousness, agreeableness, and openness. The fact that extraversion is the highest-dimensional characteristic among SUD patients is intriguing because it suggests that these individuals may be more likely to be outgoing, assertive, and vivacious. This result was in line with Samek et al. (2018), who showed that drug and alcohol use in social situations is common among individuals with SUDs.

Additionally, extraversion may be associated with impulsivity and risky behaviors when it comes to substance use, even though it may initially appear to be positively correlated with social connections (Vallance, Smith, & Thompson, 2020).

Neuroticism, a symptom of anxiety and emotional instability, was present in less than two-thirds of the study's subjects. The body of evidence linking high neuroticism to SUDs is supported by this finding. Highly neurotic individuals may be more prone to substance use disorders as a maladaptive coping mechanism to regulate their emotions (Bresin, Mekawi, & Jones, 2022). This suggests that neuroticism and extraversion can coexist and have an impact on substance use behaviors. In addition to experiencing emotional dysregulation, people may utilize medicines to improve their social connections.

However, the findings indicating that these patients' lowest levels of conscientiousness, openness, and agreeableness highlight problematic aspects of their personalities that may hinder their capacity to recover. Low agreeableness can manifest as egoism, hostility, or a lack of empathy, which can lead to interpersonal problems that exacerbate substance use disorders (O'Neill et al., 2021). This result supported studies that suggest those who are less likable may be less likely to seek help or maintain supportive relationships during their rehabilitation.

The poor openness ratings indicate a resistance to new experiences and ideas in therapeutic contexts that need adaptability and learning. This is particularly crucial because individuals in recovery often have to learn new coping skills and accept change (John & Srivastava, 2021). According to Roberts et al. (2020), low conscientiousness ratings also indicate issues with self-control, organization, and dependability qualities necessary for effective rehabilitation. Howard and Hoffman (2021) have frequently shown that low conscientiousness is a predictor of substance use and addiction; Legault and Inzlicht (2021) have connected this to the need for targeted therapies designed to foster these traits in therapeutic settings.

The relationships between personality traits and social support in individuals with substance use disorders (SUDs) provide valuable information about the complex interplay between these variables in this population. Social support and the openness dimension of personality traits are positively correlated, suggesting that those with higher openness scores are more receptive to new interactions and experiences. When individuals observe others enjoying more fulfilling experiences, they could be more inclined to ask for and accept social support.

Conscientiousness and social support have been found to positively correlate, which points to a complex relationship. Because they are more organized and have a tendency to plan for the future, conscientious people may have stronger social support networks, but they may also experience more stress and anxiety (Bouchard, Bernard & Dube, 2022). This dual effect raises the notion that, although conscientiousness may promote relationships of support, it may also result in stress and cognitive overload with regard to planning and social expectations.

According to one theory, social support is crucial, but the intricate emotional states and mental processes associated with SUDs such as guilt, shame, and hopelessness may outweigh its protective benefits, particularly if the support is thought to be insufficient.

The findings show that social support and personality traits in people with substance use problems are intricately linked. Personality qualities have a substantial impact on how patients engage with their social settings and how they feel emotional discomfort, according to the significant correlations discovered, particularly with regard to openness, agreeableness, neuroticism, and conscientiousness with social support.

CONCLUSION

Based on the results of this study, it can be concluded that the most common personality traits was extraversion, which was followed by neuroticism. On the other hand, conscientiousness, openness, and agreeableness were the lowest traits. On the other hand, highest percentage of patients social supports were linked with family and with significant others. There were positive associations between the openness, agreeableness, neuroticism, conscientiousness dimensions and social support.

RECOMMENDATIONS

In light of the results of this study, the following recommendations were suggested:

1. Develop Psycho-educational programs to help patients with substance use disorders utilize their free time instead of engoing in substance use.
2. Implement training programs to teach patients with substance use disorders adaptive coping mechanism for managment.
3. Patients with substance use problems require stress-reduction strategies including meditation, exercise, or reestablishing regular sleep patterns.
4. Incorporate social skills training into treatment programs for SUD patients to improve interpersonal communication and supportive network development.
5. Foster a supportive environments within treatment facilities, through group therapy and peer mentoring imitatives.

Further Research

Future research should investigate the causal relationship between personality traits and perceived social support in substance use disorder patients over time, providing insights into personality changes and vice versa.

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العلاقة بين سمات الشخصية والدعم الاجتماعي المتصور لدى مرضى اضطرابات تعاطي المخدرات

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الخلاصة

العلاقة بين سمات الشخصية والدعم الاجتماعي المتصور لدى مرضى اضطراب تعاطي المخدرات معقدة. يمكن للانفتاح واللطف العاليين أن يعززا الدعم الاجتماعي، بينما يمكن للعصابية أن تعيقه. يخفف الدعم الاجتماعي المتصور من التوتر ويعزز استراتيجيات التكيف. يمكن أن يساعد فهم هذه الديناميكيات في التدخلات العلاجية للتعافي. **الهدف:** استكشاف العلاقة بين سمات الشخصية والدعم الاجتماعي المتصور لدى مرضى اضطرابات تعاطي المخدرات. **طرق وأدوات البحث:** شملت الدراسة 138 مدمنًا على المخدرات في مستشفى بورسعيد للصحة النفسية، تم اختيارهم بناءً على العمر والجنس والتعليم والقدرة على المعلومات، مع استبعاد المصابين بالتخلف العقلي أو الاضطرابات النفسية. تم استخدام ثلاث أدوات لجمع البيانات: قائمة العوامل الخمسة الكبرى، ومقياس متعدد الأبعاد للدعم الاجتماعي المتصور بالإضافة إلى أستمارة البيانات الشخصية والسريرية. **النتائج:** أظهرت النتائج أن الانبساط والعصابية كانتا أكثر سمات الشخصية انتشارًا، بينما كانت اللطف والانفتاح والضمير هي الأقل. ارتبط الدعم الاجتماعي ارتباطًا كبيرًا بهذه السمات. **الاستنتاج:** وُجدت ارتباطات إيجابية بين أبعاد الانفتاح، والعصابية، والوعي، والدعم الاجتماعي. **التوصيات:** يُطبّق برنامج تعليمي نفسي لتعليم المرضى الذين يعانون من اضطرابات تعاطي المخدرات و كيفية إدارة أوقات فراغهم بدلًا من تعاطي المخدرات. كما يُدمج تدريب المهارات الاجتماعية في برامج علاج مرضى اضطرابات تعاطي المواد لتعزيز مهاراتهم الشخصية والحفاظ على علاقات.

الكلمات المرشدة: الدعم الاجتماعي المتصور؛ سمات الشخصية؛ اضطرابات تعاطي المواد.