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GENDER DIFFERENCES IN SELF-EFFICACY OF PEOPLE WITH ADDICTIVE BEHAVIOR[1]

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Abstract: *The study of self-efficacy in the field of addictions represents a valuable component due to its role in the management of relapses and in giving up addictive behavior. The aim of this paper was to identify gender differences in self-efficacy of individuals with behavioral and substance addiction. The study was conducted on a sample of 134 participants, women and men between 18 and 40 years old. Self-efficacy was measured with Schwarzer's self-efficacy questionnaire. The included addictions were alcohol, tobacco, cannabis, gambling, pornography and other previously diagnosed addictions. The results are in line with current literature findings showing differences in self-efficacy between genders.*

Key words: *self-efficacy, addiction, behavior, substance.*

1. Introduction

Biologically, there are several differences between women and men in how they respond to substance use or engage in other addictive behaviors (Becker et al., 2012). Men and women exhibit different attitudes and abilities, the way of experiencing emotions as a self-regulating response to the environment is different, and differences can also be observed in susceptibility to stress, physical illness and psychological conditions (MacLaren & Best, 2010).

Men score higher than women on compulsive behaviors such as pathological gambling or activities involving sex or pornography, and women score higher on overeating or compulsive shopping (Fattoare et al., 2014). As for substance use, for example, it has been associated with men more than it was associated with women for a long time, also because the studies carried out had a majority male respondent sample (Tuchman, 2010). In terms of pathological gambling, men are 2.3 times more likely than women to be exposed to pathological gambling risk and 3.6 times more likely to experience gambling-related problems. Looking at gender differences, at-risk male gamblers experienced low

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socioeconomic status and were relationally lonely, and women who experienced pathological gambling problems had difficulties in terms of social insertion and low income. Given these significant differences, more studies assessing gender differences in addictive behavior are needed to understand the psychosocial constructs that are involved (Carneiro, et al., 2020). As for alcohol consumption, it is predominant among men, but an increase can also be seen among women. At the level of differences, it can be seen that men who are more extroverted and prone to sensation-seeking begin to use alcohol consumption in the first part of life out of the desire to increase joy, and women who have an anxious profile begin to use alcohol as an adaptation mechanism. Depending on age, the reasons change, including men using alcohol for psycho-emotional adaptation (Ferreira, 2019). In addition to cultural background aspects, both genders can use alcohol as an adaptive mechanism for stress management or to follow the social model (Zaleski et al., 1998). Regarding the rate of relapse after alcohol consumption, for example, both among men and women, self-efficacy plays a key role, determining the person's perception of their abilities to cope with consumption. It has been observed in people involved in a dealcoholization program that increased levels of self-efficacy made a difference in the rate of decrease in recidivism among both men and women (Greenfield et al., 2000). As for gender differences in self-efficacy, these usually vary according to age, (Huang, 2013).

The role of self-efficacy is studied among addictions to support the intervention process in case of relapses, but also to try to predict the use of substances to cope with different situations. A low severity of drug and alcohol use has been observed among people with increased confidence in their abilities when exposed to a range of situations perceived as high risk (Maisto et al., 2000). What a person experiences emotionally in a certain situation, the things he or she wants to do, and how motivated that person is in certain aspects are based predominantly on self-beliefs. Individuals contribute to their psychosocial functioning through various personal influence mechanisms, one of which is self-efficacy beliefs. Self-efficacy as a concept has become one of the most studied in psychological research due to its role in initiating actions. Thus, almost every significant area of human behavior has also been approached through the lens of Albert Bandura's theory of self-efficacy (Ford & Gross, 2018).

Self-efficacy refers to a person's beliefs that he/she is able to effectively meet his/her requirements in order to achieve the proposed goal. Thus, this concept refers to an individual's confidence in their ability to take certain actions to cope with and overcome challenges or stressful situations (Bandura, 2015). Self-efficacy should not be confused with a person's ability; rather, it refers to an individual's beliefs about what they can do with their abilities. Another confusion that can arise is related to considering self-efficacy a trait, but there are no certain personality patterns associated with high self-efficacy. Rather, people have self-efficacy beliefs about specific areas of life and goals that can be similar regardless of personality structure (Stajkovic & Luthans, 1998).

The concept of self-efficacy was first introduced by Albert Bandura in his work ''Self-Efficacy: Toward a Unifying Theory of Behavioral Change'' published in 1977 and based on his work on social learning (Bandura, 1977). This is a main construct within several theories, the literature recognizing it as the most powerful predictor of behavior/action

and motivation\intention (Stajkovic & Luthans, 1998).

According to Bandura, self-efficacy is an individual's judgment of his or her ability to perform an action that allows him or her to adopt healthy behaviors and overcome harmful behaviors (Bandura, 1981). The theory of self-efficacy is part of Bandura's social cognitive theory and is based on "beliefs and perceptions about causality and control". Self-efficacy is based on processes that are directly related to goal setting, commitment, motivation and perseverance in the face of challenges. Thus, the theory of self-efficacy does not focus directly on beliefs of an individual about the ability to achieve or not achieve a certain result, it rather focuses on the expectation of people to be competent or not in performing certain tasks (Gecas, 1989). Certain definitions also mention that self-efficacy reflects the perceived influence of events that impact an individual's life. This perspective is based on the concept of "expectations", which are an important element in Bandura's theory along with goal setting. Starting from this point, a more specific definition of self-efficacy would be: "belief in one's competences to perform a behavior that one intentionally owns, regardless of the barriers that may arise in carrying out that behavior" (Gecas, 1989). More recent research has introduced the idea of specific self-efficacy for setting a goal to modify a behavior. Thus, when addressing self-efficacy, specific self-efficacy can be taken into account for initiating a behavior, setting a goal, resuming a behavior, and also for maintaining a behavior (Gecas, 1989).

Self-efficacy beliefs can be influenced by imagining ourselves or others behaving in a certain way, effectively or ineffectively, in hypothetical situations. These perceptions can originate in real situations or be derived from the real or indirect experience of a person with situations similar to those they are trying to anticipate. But it is very important to note that it is not enough for a person to just imagine that he is doing something well, a real experience has a much stronger influence on self-efficacy (Williams, 1995). According to Bandura (1997), self-efficacy is influenced by 5 major factors:

1. Performance experience: When a person notices that they are successful when performing a task, they gain a valuable perception of themselves and believe that they will continue to be successful in similar tasks or behaviors they are performing. If a person does not complete a task, they will consider that in the future they will fail in a similar task or similar behavior, with the experience of the past recorded as failure (Bandura, 2015);

2. Indirect performance: If an individual observes another person with whom they identify or with whom is similar in terms of success, then he/she may also consider that will be successful. (Snyder & Lopez, 2018)

3. Verbal persuasion: This component refers to others and the influence they can have on an individual on what they think the individual in question is or is not capable of doing. People who are seen as more competent in a certain field or are perceived as more reliable or attractive have a greater influence on the self-efficacy of another person who does not consider as possessing these qualities (Nevid, 2012);

4. Imaginary performance: This is an effective technique for increasing self-efficacy. An example is when a person imagines that they are doing well in an interview for a new position, which can even lead to better and effective interviews (Knudstrup, Segrest, & Hurley, 2003);

5. Affective state and physical sensations: This component refers to the way in which a

person associates negative feelings and negative physical sensations with failure and also the way in which a person associates positive physical sensations with good and success (Bandura, 1977).

Activating and expressing emotions play a determining role in stimulating well-being and successful adaptation, along with a person's management of negative emotions and self-efficacy beliefs. Thus, positive emotions can represent important determinants of well-being, the presence of positive emotions being crucial for a person's self-efficacy. In a study conducted by Clark (1993), there was direct evidence of the increased self-efficacy of women in emotional support tasks, with women providing emotional support messages with an increased degree of person-orientation (Clark, 1993). However, some studies show lower levels of self-efficacy among women compared to men in the case of substance users (Bernadette & Jones, 2005). Women who use substances or have behavioral addictions tend to exhibit lower levels of self-efficacy compared to men, this being influenced by traditional gender roles and norms (Rohsenow, 2015). The importance of self-efficacy in addiction management is crucial and exploring gender differences in self-efficacy in addiction behaviors is a direction for adapting intervention programs (Kulis et al., 2008).

Given the importance of self-efficacy in the area of addictions and the need to study gender differences to adapt intervention methods, the aim of this study is to analyze the differences in self-efficacy between women and men among a sample of persons with substance or behavioral addiction.

2. Methods

2.1. Measurements

Self-efficacy was measured using the Self-efficacy questionnaire by Schwarzer & Jerusalem (1995). The Perceived Self-Efficacy Questionnaire reflects an optimistic self-confidence. Consisting of a number of 10 items, the scores vary between 10 points and 40 points. Participants are asked to respond on a 4-point scale, where 1 means “not true at all” and 4 means “completely true”. The scores between 26 and 40 describe people with a high sense of effectiveness who are confident in their abilities to master different types of environmental requirements. Scores between 10 and 25 describe people who are characterized by generally low perceived effectiveness. Thus, we can classify respondents into two categories: people with a high sense of self-efficacy (those with high scores) and people who are characterized by low self-efficacy. Internal reliability for GSE = Cronbach's alphas between .76 and .90 (Schwarzer & Jerusalem, 1995). For this sample, Cronbach’s alpha is .81.

2.2. Participants

The sample consists of 134 participants. They were selected from several profile centers or individual psychology offices that work with people with various types of addictions. Most of the participants were previously diagnosed by trained specialists (clinical

psychologists or psychiatrists), as the case may be. Of the 134 participants, 57 are women, representing a percentage of 42.5%, and 77 are men, representing a percentage of 57.5%. The participants' age varies between 18 and 41 years old. The addictions encountered among the sample are singular, we included people with a single addiction, this addiction being one of the following alcohol, tobacco, cannabis, inhaled substances, other substances, gambling, pornography, video games, shopping, or multiple addictive behaviors, people who have several addictions comprising: alcohol, tobacco, cannabis, inhaled substances, other substances, gambling, pornography, video games, compulsive shopping. The data were analyzed using the statistical analysis program SPSS 21. The descriptive data were analyzed in the first phase, and then t-test for independent samples was computed.

3. Results

Table 1 presents the descriptive data of the sample and the t-test for independent samples.

T-test for independent samples Table 1

Variable	Male		Female		t(132)	p	Cohen's d
	M	SD	M	SD			
Self-efficacy	1.491	0.504	1.701	. 0.461	-2.506	.013	0.434

Table number 1 shows the results regarding the differences between women and men in terms of self-efficacy (t(132) = -2.506, p = .013). Thus, it can be seen that there is a statistically significant difference between men and women regarding the level of self-efficacy. Men have a higher level of self-efficacy compared to women, who have a lower level. Similar results are found in the literature.

In Table 2, the mean and standard deviation for both genders are presented, depending on the substance they declared they use.

Mean differences in self-efficacy according to substances used Table 1

Substances used	Male		Female		t(132)	p	Cohen's d
	M	SD	M	SD			
Alcohol	0.75	0.434	0.03	0.160	13.542	0.001	2.201
Tobacco	0.81	0.398	0.58	0.496	2.787	0.006	0.511
Cannabis	0.04	0.186	0.00	0.000	1.661	0.099	0.303
Other substances	0.00	0.000	0.03	0.160	-1.224	0.223	0.264

Table 2 shows the results regarding the differences between women and men in terms of alcohol consumption (t(132) = 13.542, p = 0.001), men declare a higher alcohol consumption. It is also true regarding the use of tobacco (t(132) = 2.787, p = 0.006), but regarding the use of cannabis or other substances, there was no difference between male and female respondents were found.

4. Discussions and Conclusions

Analyzing the literature, similar results can be observed. Thus, in the case of dependent women, a lower level of self-efficacy is observed compared to men who have an addiction. According to Greenfield et al. (2007) and Pelissier & Jones (2005), women who are dependent on substances report lower levels of self-efficacy compared to men. In a study conducted by McKellar et al. (2008), which consisted of a sample of alcohol addicts, it was observed that at the beginning of treatment, women showed a lower level of self-efficacy compared to men. During treatment, improvements and an increase in self-efficacy could be observed among women. At the end of treatment, with no reported relapses, both women and men reported an increase in the level of self-efficacy to the point where no statistically significant differences were recorded. Self-efficacy is a key link in addiction intervention. Whether it is substance addiction or behavioral addiction, there is a need for intervention methods adapted to the psychological variables involved in the dynamics of addictive behavior.

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