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## **Self-Concept Clarity, Learned Helplessness and Fatigue Severity as Predictors of Psychoactive Drug Use and Abuse among Undergraduates**

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### **Abstract**

This research investigated self-concept clarity, learned helplessness and fatigue severity on psychoactive drug use and abuse among undergraduates of Benue State University, Makurdi. A cross-sectional survey design was used for the study. A total number of 400 participants consisted of 240 (60.0%) males and 160 (40.0%) females were used. A battery of standardized tests such as learned helplessness scale self-concept scale, fatigue severity scale and substance scale were used for data collection. Findings from the first hypothesis indicated that that self-concept clarity did not significantly predict psychoactive drug use and abuse among undergraduates of Benue State University, Makurdi. On the other hand, there was a significant relationship between learned helplessness and psychoactive drug use and abuse among undergraduates of Benue State University, Makurdi. In the same vein, there was a significant relationship between fatigue severity and psychoactive drug use and abuse among undergraduates of Benue State University, Makurdi. The result also indicated that there was significant joint relationship among self-concept clarity, learned helplessness, fatigue severity and psychoactive drug use and abuse among undergraduates of Benue State University, Makurdi.

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It was concluded that self-concept clarity, learned helplessness and fatigue severity have significant relationship with psychoactive drug use and abuse. It was recommended that students should not be pushed into situation that could lead them to learn to be helpless and as the same time too much stress should be avoided among students in order not to make them engage into drug use as a result of fatigue.

**Keywords:** Self-Concept Clarity; Learned Helplessness; Fatigue Severity; Psychoactive Drug Use and Abuse.

## **1. Introduction**

The university stage is the period during which young adults begin their higher studies in order to achieve professional degrees that will allow them to enter the work market. This period represents a change in students' lifestyle and social relations, as many are forced to leave the family home, or begin working or living self-sufficiently. Likewise, this stage is the step from adolescence to adulthood at the social level, as some emancipation occurs when leaving the family nucleus and coming of age [1]. Nevertheless, some personality changes that are inappropriate for adulthood may manifest, as the process of strengthening the personal identity that began in adolescence has not yet concluded [2]. Young adults can present unstable behaviors because they are highly influenced by their peer group, besides not yet having the necessary mechanisms to deal with stressful situations produced by the academic and working world. The use of legal drugs is very common and popular among university students. Consumption of psychoactive drugs like alcohol and tobacco, understood as the periodic ingestion of these substances that produces patterns of use and dependence, in addition to possible intoxications and diseases, increases significantly in this sector of the population, especially due to the absence of parental control, peer influence, and cognitive and contextual changes occurring at this stage. Consumption of psychoactive drugs can act as a means of socialization because its intake affects emotions and thinking and judgment processes, creating a phase of euphoria and excitement that makes it easier to establish social relations. Psychoactive drugs use and abuse have high levels of addiction are generated, produced by substances like nicotine, which is a psychoactive drug that alters the emotional sphere and creates dependence [3]. The use of these substances has been related to severely harmful effects for health. The harmful consumption of psychoactive drugs, besides producing more than three million deaths worldwide each year [4] can be a causal factor of diseases and disorders such as anemia, various types of cancer, cirrhosis, and cardiovascular diseases or the loss of cerebral faculties [5]. The consumption of tobacco is related to a significant increase in the likelihood of developing lung cancer, chronic obstructive pulmonary disease, or heart disease, generating over six million deaths worldwide each year [6]. In this sense, it is essential not only to treat the consumption of these substances in youth, but to promote its prevention from different social levels particularly in the presence of psychological variables like self-concept which entails knowing oneself and ones direction as well as some individuals who have learned to be fixated in particular situation; a term psychologist call learned helplessness which could be a link particularly when they are fatigued academically and otherwise [7]. Various works have studied the self-concept at different stages with regard to several problems. In a study using structural equations, [8] developed a model to explain physical-healthy habits in adolescents as a function of self-concept, finding no statistical associations. Other authors have analyzed the relation between physical self-concept and the consumption of psychoactive drugs in other parts of the world like on Spanish youth, pointing out that nonsmokers obtained higher scores in all the factors, especially in body image [9]. In a similar line, the self-

concept has been shown to act as predictor of behaviors related to alcohol abuse in adolescents, observing a moderate relation between the two variables [10]. This indicates the importance developing a healthy self-concept in young populations in order to prevent this problem. Lastly, various investigations have revealed that the use of different types of technologies is highly related to low levels of self-esteem and self-concept, emphasizing the importance of studying the relations between various cognitive factors and unhealthy habits such as substance consumption or the problematic use of videogames [11, [12]. Another concept which seems to link with psychoactive drug use and abuse is that of learned helplessness. According to [13], the actual term “learned helplessness” comes from a series of animal studies. Rats were also put into a cage without any way of exiting. When an exit opens up and the rats are then able to escape the cage, the rats do not take the opportunity to leave, just like Seligman’s dogs. The rats and dogs adopted a sense of powerlessness or learned helplessness that researchers believe can help explain one component of psychoactive drug use and abuse leading to addiction. Reference [14] further reveal that this term was first coined during experiments with lab animals that over a prolonged period of exposure to acute stress (electric shocks applied to their cage) stopped reacting to the stimuli by trying to run away or escape. Instead, over time, these animals became indifferent to the electric shocks— so much so that even when they were offered an escape route, they refused to use it. They had adopted— (as an unconscious survival mechanism mediated by their primitive brain)— a state of learned helplessness or powerlessness. A similar phenomenon occurs with psychoactive drug use and abuse and is in fact a common feature of addiction: people who become habituated to using drugs in essence “learn” to become helpless as they keep returning to the same addictive behaviors that make them feel powerless. This state of learned helplessness is often characterized by indifference, inaction, apathy, and the perception that there is nothing that can be done to change one’s current situation. In essence, a person experiencing learned helplessness feels doomed and condemned to keep on relapsing, without any hope of escape or recovery. When it occurs in cases of psychoactive drug use and abuse which probably leads to addiction, learned helplessness is associated with other characteristics that often describe people who use psychoactive drugs. People with addictions disproportionately suffer from “early maladaptive schemas”— a fancy clinical term which really refers to the broad storylines or pervasive themes that we all use to describe our lives (to some degree or another). In cases of addiction, these life narratives going all the way back to childhood have often been disrupted (in many cases by trauma) [15]. Relatedly, when an individual is fatigued particularly students in relation to academic and their daily live activities, there is evidence that psychoactive drug use and abuse may come as most of the students will look at it as the only remedy from their unwavering [16]. Fatigue severity has consistently been found to be related to psychoactive drug use and abuse but unfortunately, this variable has fallen under one of the variables that have never been researched as it is related to psychoactive drug use and abuse. Fatigue and psychoactive drugs use and abuse leading to addiction have been studied in several populations especially in stroke survivors. Fatigue is a continuous and lasting problem among students who have diverse tasks to perform in school setting. Consequently, studies have that clinically, there may other issues that could correlate psychoactive drug use and abuse mentioning recurrent illnesses which include issues like stroke and symptoms of depression. Obviously, then, self-concept clarity, learned helplessness as well as fatigue severity are very real obstacle to recovery from psychoactive drug use and abuse. In fact, research has revealed that people in psychoactive drug use and abuse treatment who display high levels of learned helplessness achieve poorer recovery outcomes likewise those who lack a clear cut self-concept not forgetting those who have issues with fatigue severity. Considering the

cognitive and social factors involved in young adulthood, together with the negative consequences derived from addictive-pathological behaviors in variables such as family functionality, academic achievement, life satisfaction, or aggressive behaviors, it is essential to study some of the cognitive processes that operate at this stage. Self-concept, learned helplessness and fatigue severity are some of these cognitive processes that could lead one to abuse of psychoactive drugs. While self-concept is understood by modern psychology as a mental image of what an individual thinks about him or herself, made up of different factors, evidence shows that addicts experience a powerlessness over the use of drugs and alcohol, and over various behaviors. Eventually, a person can feel that control of life is no longer in his or her hands particularly when he/she is extremely fatigued. At some point, instead of trying to stop using or drinking, the addict succumbs to the mindset that this is the life that was meant for me stressing that when destiny seems determined, there is no point of wasting energy to fight the inevitable [17]. As important as these concepts are to the study of psychoactive use and abuse, research on these concepts (self-concept clarity, learned helplessness and fatigue severity) as they link to substance use and abuse have been somewhat limited particularly in this part of the state as little or none is known on how these concepts correlates with psychoactive drug use and abuse. It is against this background this research was conceived to investigate self-concept, learned helplessness and fatigue severity as correlates of psychoactive drug use and abuse among undergraduates of Benue State University, Makurdi.

**Review of Related Literature** Several studies have been conducted that are related to the study under consideration that have linked self-concept clarity, learned helplessness and fatigue severity as they relate to psychoactive drugs use and abuse. For instance, a study [18] looked at the association of self-concept with substance abuse and problematic use of video games in university students using structural equation model. Their main aim was to define and contrast an explanatory model of consumption of alcohol, tobacco consumption, and problematic use of video games based on self-concept and its dimensions in a sample of university students. Findings showed a positive relationship between social and physical self-concept and consumption of alcohol was obtained, as well as a negative relationship between social self-concept and problematic use of videogames. Academic dimension was negatively related to alcohol and video game use. Furthermore, alcohol consumption was positively related to tobacco consumption and use of video games. It was concluded that levels of self-concept may represent a risk factor in substance abuse and digital leisure, and their study and consideration are appropriate. In the same vein, researchers [19] conducted a study on the influence of physical self-concept in drug use in adolescent students athletes. For them, drug use in Spain is one of the most serious problems faced by society today, and is particularly relevant in adolescence. Practicing physical sport activity is considered one of the most representative habits of a healthy lifestyle, and can act as a preventive factor in drug use. The physical self-concept of the people who practice sport plays a key role in drug adherence. The results suggest significant influences on the competition perceived in different drug uses. Some practical implications can be deduced for coaches and instructors to bear in mind for their athletes, who aim to acquire a more adaptive and self-determined behavior away from drug use. Studies on learned helplessness and psychoactive drug abuse has been done in other parts of the world. For example, some researchers [20] conducted a review of implicit and explicit substance self-concept as a predictor of alcohol and tobacco use and misuse particularly in relation to learned helplessness. For them, self-concept has a long history in psychological theory and research; however, substance self-concept (e.g., viewing one's self as a drinker or smoker) is an understudied area of research with the potential to expand existing conceptualizations of substance use, addiction, and prevention and treatment efforts,

and should receive greater research attention. Objectively, first was to review and provide a theoretical framework of substance self-concept that draws from dual process models and distinguishes between implicit and explicit self-concept. Also, to summarize key findings related to substance use in the extant literature, focusing on alcohol and tobacco (smoking). Results shows that across both substances, there is converging evidence that substance self-concept is associated with substance use outcomes, including quantity and frequency of use and problems associated with use, and that change in substance self-concept is associated with recovery from substance misuse. Recommendations for the substance self-concept research agenda include routine assessment of substance self-concept, expanded use of implicit measures, investigation of moderators of substance self-concept, and targeting substance self-concept directly in prevention and intervention efforts. Conclusively, suggestions were made that substance self-concept is a promising, but understudied, construct. Greater research attention to substance self-concept could clarify its potential as an important risk factor for hazardous use and addiction as well as its utility as a prevention and treatment target. On learned helplessness, [21] it was reported that high-risk drug users represent a sub-population of the more hidden, regular and problematic drug users that are not usually sampled in household surveys. For the purpose of this survey high-risk drug users were defined as those who had used opioids, crack/cocaine or amphetamines in the past 12 months, and had used those drugs on at least 5 occasions in the past thirty days. In Nigeria, an estimated 376,000 (0.4 per cent of the population aged 15-64) were estimated as high-risk drug users. Nearly 90 per cent of the high-risk drug users had been regularly using opioids – mainly pharmaceutical opioids such as tramadol, codeine, or morphine - while the remaining had either used cocaine or amphetamines. Over 20 per cent of the high-risk drug users were injecting drugs. A typical high-risk drug user is a male, aged 29 years and single (who has never married). He had lived in a house, either with family or friends, in the past six months. He had either done casual work or was unemployed in the past six months (prior to the interview). In the same period a typical high-risk drug user had financially supported himself through wages or casual work, and was partly supported by his family and friends as well as through begging, selling drugs or through petty crimes. For the majority of high-risk drug users, cannabis was the first drug they had used in their lifetime at the age of 18 before moving on to opioid use and injecting. The highrisk drug user had used opioids for an average of 4 years before he was arrested for a drug-related offence and had entered treatment for his drug use disorders for the first time around a year later. The progression from initiation of any drug use to entering treatment for the first time took 6 years [21]. Relatedly, fatigue and substance use among nurses was conducted [22] with the aim of detecting if there were difference in fatigue among nurses based on substance use and demographic variables of gender, marital status, type of health institution and income. For them, fatigue is considered an outcome of poorly handled stressful situations in which nurses may respond with self-harming behaviours like substance use. Evidence in this area is critically lacking. Their study used a descriptive design to survey differences in fatigue of 282 nurses. The participants completed a demographic survey and indicated whether they consume any of the following substances on a frequent basis: cigarettes, sleeping pills, power drinks, anti-depressant drugs, anti-anxiety drugs, coffee, analgesics, amphetamines and alcohol. Finding indicated that there were significant differences in fatigue scores in favour of nurses who used cigarettes, sleeping pills, power drinks, anti-depressants and anti-anxiety drugs. While no significant differences in fatigue were found between nurses who used coffee, analgesics, amphetamines and alcohol, significant differences in nurses' fatigue was found in relation to type of institution, gender and marital status. But nurses' income did not bring differences to fatigue

scores. Nurses who might be lacking resilience cope negatively with fatigue using maladaptive negative behaviours such as substance use. Implications for nursing management: Nursing management should be aware of the substance use drive among nurses and build organizational solutions to overcome compassion fatigue and potential substance use problems. Research revealed that [23] in trying to indicate the influence of fatigue on drug use and abuse found that there were significant differences in fatigue scores in favour of participants who used cigarettes, sleeping pills, power drinks, anti-depressants and anti-anxiety drugs. While no significant differences in fatigue were found between nurses who used coffee, analgesics, amphetamines and alcohol, significant differences in nurses' fatigue was found in relation to type of institution, gender and marital status. But nurses' income did not bring differences to fatigue scores. Nurses who might be lacking resilience cope negatively with fatigue using maladaptive negative behaviours such as substance use. Implications for nursing management: Nursing management should be aware of the substance use drive among nurses and build organizational solutions to overcome compassion fatigue and potential substance use problems.

From the foregoing, it can be postulated that;

- i. Self-concept clarity will significantly predict psychoactive drug use and abuse among undergraduates of Benue State University, Makurdi.
  - ii. Learned helplessness will significantly predict psychoactive drug use and abuse among undergraduates of Benue State University, Makurdi.
  - iii. Fatigue severity will significantly predict psychoactive drug use and abuse among undergraduates of Benue State University, Makurdi.
  - iv. Self-concept clarity, learned helplessness and fatigue severity will significantly and jointly predict psychoactive drug use and abuse among undergraduates of Benue State University, Makurdi.
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## **2. Method**

### **2.1. Design**

The research design that was used for this study is a non-experimental design precisely the cross-sectional survey design. The researcher adopted the use of questionnaire to carry out the study. This is because the study is cut across different ages, ethnic groups, different individual with several demographic characteristics. The researcher used this design because the researcher did not manipulate the variables involved.

### **2.2. Setting**

The study setting is Benue State University, Makurdi which is located in Makurdi metropolis. The university is located in Makurdi metropolis which is the capital of Benue State which is one of the 36 states of the federation.

It which is located in the North-Central geo-political zone otherwise called the middle belt Nigeria. It has a population of about 4,253,641 in 2006 census. The university has two main campuses; Western campus otherwise called first campus and the Eastern campus otherwise called the second campus. The university has several faculties including Faculty of Sciences, Faculty of Environmental Sciences, Faculty of Social sciences, faculty of arts, faculty of management sciences and college of health sciences. These faculties have various departments where the researcher will sample girls who are the population for this study. The choice of Benue State University, Makurdi by the researcher was for logistics reasons as well as the location of the researcher and the fact that the university has much female undergraduates and their opinion can be sampled for the topic under consideration.

### 2.3. Participants

According to the Office of the Registrar, there are 26,383 number of students in the university comprising of 4060 from the faculty of Arts, 4006 from Education, 645 from the Faculty of Environmental Sciences, 655 from Health Science, 854 from Law, 2628 from Management Sciences, 3632 from Science and 9903 from Social sciences. A total of 400 participants were sampled for the study where 240 (60.0%) were male while 160 (40.0%) were female. Among the sampled participants, 160 (40.0%) were below 20 years, 160 (40.0%) were between 20 – 30 years while 80 (20.0%) were between 31 years and above. Furthermore, the researcher sampled 240 (60.0%) of the respondents who were single, 120 (30.0%) who were married, 40 (10.0%) who were divorced. On the religious affiliations, 280 (70.0%) of the sampled participants were Christians, 80 (20.0%) were Islam while 40 (10.0%) were from other religious affiliations. On the ethnicity of the respondents, 120 (30.0%) were Tiv, 240 (60.0%) were Idoma while 40 (10.0%) of the respondents were from other ethnic groups. The researcher also sampled 40 (10.0%) of those who were 100 level, 200 (50.0%) of those who were in 200 level, 40 (10.0%) were in 300 level while 120 (30.0%) were in 400 level.

### 2.4. Sampling

For the purpose of this study, convenient and accidental sampling technique was used for the study. The sample size for this study was determined using the formula by Yamane, (1967).

$$n = \frac{N}{1 + N [(e)]^2}$$

Where,

n = required sample size

N= estimated population of employees of commercial bank in Makurdi.

e = level of error at 5%

$$n = \frac{26383}{1 + 26383 [(0.05)]^2}$$

n= 26383/(1+65.96)

n= 26383/66.96

n=394.01

n=394

Therefore, in order to increase the precision of this study a total of 400 participants were recruited for this study.

### **2.5. Instruments**

The instrument that was used for the study was a questionnaire which comprised of four standardized scales which are learned helplessness scale, self-concept clarity scale, fatigue clarity scale and substance use and abuse scale divided into five sections; A, B, C, D and E. Section A, for the biodata/demographic information of the participants. Section B of the questionnaire is for learned helplessness among participants with a scale developed by [24]. The learned helplessness scale (LHS) is a 20-item, scored on a 4-point Likert scale and is strongly indicative of learned helplessness. The scale validity was obtained by correlating it with Rosenberg's Self-Esteem Scale and an outcome of  $r = -0.622$  was obtained which showed that the items measures what it was designed to measure, and alpha reliability = 0.85 which showed that the scale has a good reliability. For the purpose of this research, reliability analysis was conducted and the scale reported internal consistency of .948 Cronbach's Alpha. Section C assessed self-concept among participants with a scale developed by [25]. The scale was designed for adults and takes about 15 minutes to administer. The scale was a 12-item scale and the scoring was on a 5-point Likert format ranging from strongly agree (5) to strongly disagree (1). The interpretation suggests that high scores indicated a strong self-concept clarity. Campbell, Trapnell, Heine, Katz, Lavalley and Lehman (1996) reported an internal consistency reliability of the scale as measured by Cronbach's alpha coefficient to range from 0.70 to 0.79 in several studies. For the present study, a reliability coefficient of 0.94 was obtained using Cronbach's alpha. Section D assessed the fatigue severity among participants with a scale developed by [26]. The scale is designed for adults only and is administered on a paper and pencil pattern for about 5 to 7 minutes. The scale was a 9-item scale scored on a 4-point Likert format ranging from strongly agree (4) to strongly disagree (1). The interpretation suggests that higher scores indicated more fatigue severity. Krupp, LaRocca, Muir-Nash and Steinberg (2003) reported good internal consistency as measured by Cronbach's alpha to be 0.88. For the present study, a reliability coefficient of 0.96 was obtained using Cronbach's alpha. Section E of the questionnaire is for substance scale developed by [27]. The scale is a 22-item scale with the validity results demonstrate that the CDIS has high reliability and a satisfactory level of validity. These instruments were combined in a single questionnaire which was used for data collection.

### **2.6. Procedure**

The researcher obtained an introductory letter from the department to carry out a research in the study area. The researcher then proceeded to the field and administered the questionnaire to the participants in various locations



as mentioned above and the sample was accidentally and conveniently selected in order to meet up with the requirements of the research. Since accidental sampling was used as a sampling method which does not give room for randomly selecting participants, every adolescent found were given a copy of the questionnaire to respond to and the responses of the adolescents which was based on their willingness constituted the data for this study.

**2.7. Data Analysis**

The researcher employed the use of descriptive and inferential statistics for data analyses. The researcher used descriptive statistics such as frequencies for the bio-data and inferential statistics such as Linear and Multiple Regression analysis for testing the four hypotheses. These tools were used because they are considered most appropriate for the study and the researcher employed the use of computer analysis with statistics software called Statistical Package for Social Sciences (SPSS) version 20 to analyze the data.

**3. Results**

**Table 1:** Multiple regression analysis summary table showing the independent and joint influence of self-concept clarity, leaned helplessness, and fatigue severity on psychoactive drug use and abuse

Variables	$\beta$	p	t	R <sup>2</sup>	Adj R <sup>2</sup>	F	p
Self-concept clarity	-.43	< .05	-6.70				
Learned helplessness	.34	< .05	5.04	.99	.99	18967.08	< .05
Fatigue severity	.23	< .05	4.56				

Table 1 shows that self-concept clarity ( $\beta = -.43$ ,  $t = -6.70$ ;  $p < .05$ ) learned helplessness ( $\beta = .34$ ,  $t = 5.04$ ;  $p < .05$ ), and fatigue severity ( $\beta = .23$ ,  $t = 4.56$ ;  $p < .05$ ) had independent significant influence on psychoactive drug use and abuse among undergraduates of Benue State University, Makurdi . Thus hypotheses one, two, and three are accepted. Furthermore, Table 1 showed that self-concept clarity, leaned helplessness, and fatigue severity had significant joint influence on psychoactive drug use and abuse [ Adjusted R2 = .99,  $F(3, 390) = 18967.08$ ;  $p < .05$ . Thus, hypothesis four which stated that self-concept clarity, leaned helplessness, and fatigue severity had significant joint influence on psychoactive drug use and abuse is accepted.

**4. Discussion**

Hypothesis one which stated that self-concept clarity will significantly independently predict psychoactive drug use and abuse among undergraduates of Benue State University, Makurdi was confirmed. The results agreed with the findings of previous research [13] who looked at the association of self-concept with substance abuse and problematic use of video games in university students using structural equation model. They found out positive relationship between social and physical self-concept and consumption of alcohol was obtained, as well as a negative relationship between social self-concept and problematic use of videogames. Again, this study is in line with findings of some researchers [19] who conducted a study on the influence of physical self-concept in drug use in adolescent students athletes. For them, drug use in Spain is one of the most serious problems faced

by society today, and is particularly relevant in adolescence. The results suggest significant influences on the competition perceived in different drug uses. Some practical implications can be deduced for coaches and instructors to bear in mind for their athletes, who aim to acquire a more adaptive and self-determined behavior away from drug use. The second hypothesis which stated that learned helplessness will significantly independently predict psychoactive drug use and abuse among undergraduates of Benue State University, Makurdi was also confirmed.. This finding is not consistent with some previous related works [20] who found that across both substances, there is converging evidence that substance self-concept is associated with substance use outcomes, including quantity and frequency of use and problems associated with use, and that change in substance self-concept is associated with recovery from substance misuse. Reference [21] further reported that high-risk drug users represent a sub-population of the more hidden, regular and problematic drug users that are not usually sampled in household surveys. The third hypothesis which stated that fatigue severity will significantly independently predict psychoactive drug use and abuse among undergraduates of Benue State University, Makurdi was also confirmed. This finding is consistent with some related studies [22] who found that there were significant differences in fatigue scores in favour of nurses who used cigarettes, sleeping pills, power drinks, anti-depressants and anti-anxiety drugs. While no significant differences in fatigue were found between nurses who used coffee, analgesics, amphetamines and alcohol, significant differences in nurses' fatigue was found in relation to type of institution, gender and marital status. But nurses' income did not bring differences to fatigue scores. Nurses who might be lacking resilience cope negatively with fatigue using maladaptive negative behaviours such as substance use. Implications for nursing management: Nursing management should be aware of the substance use drive among nurses and build organizational solutions to overcome compassion fatigue and potential substance use problems. The fourth hypothesis which stated that self-concept clarity, learned helplessness and fatigue severity will significantly and jointly predict psychoactive drug use and abuse among undergraduates of Benue State University, Makurdi was also accepted. Results on the concepts that predicts psychoactive drugs use and abuse have indicated over time that not only global drug use percentages have varied in recent years by significantly increasing in adolescents, but variations in the ages when drug uses start have changed. Several studies have indicated a relatively high percentage of school pupils who have come into contact with different drugs, particularly alcohol, tobacco, and cannabis, which can serve as a form of access, or bridge, to using other substances, and some types lead to others [28, 29, 30, 31]; Other recent works insist that this problem is complex because very different types of variables interact [32]. Again, research [21] reported that proportionally, more men than women have used drugs in Nigeria in the past year - one in four drug users in Nigeria is a woman. While men are 7 times more likely than women to use cannabis, the gender difference in the non-medical use of pharmaceutical opioids - such as tramadol, codeine, and morphine, tranquilizers and cough syrups containing codeine or dextromethorphan is less pronounced. This could be in the presence of factors which include fatigue severity, learned helplessness and self-concept clarity which could be predictors of psychoactive drug use and abuse.

## **5. Conclusion**

Based on the findings of this study, the following recommendations were made;

- i. In trying to curtail the use of psychoactive drug use and abuse, issues relating to learned helplessness

and fatigue severity should be seriously taken into consideration but on a singular note, self-concept should not be considered as a factor for drug use and abuse.

- ii. This is to say that students should not be pushed into situation that could lead them to learn to be helpless and as the same time too much stress should be avoided among students in order not to make them engage into drug use as a result of fatigue.
- iii. The university management should make efforts to ensure that student utilize the services of guidance and counselors available in the school. This will help them deal with issues bothering them rather than retorting to drug use and abuse.
- iv. Psychology department should create awareness on the harmful effect of drug particularly among students. This can be done through seminars, workshops and other related medium to curtail drug use and abuse.

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