

Research Article

A Comparison of Smokers, Non-Smokers, and Those Undergoing Treatment in Terms of Attitudes on Coping with Stress and Psychological Resilience*

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Abstract

This study compares the attitudes on resilience and coping with stress of smokers, non-smokers, and those undergoing smoking-cessation treatment. This study involves three study groups: 116 people who applied to the Institute on Drug Abuse, Toxicology, and Pharmaceutical Science's Smoking Cessation Polyclinic in Ege University to stop smoking, 110 smokers, and 121 non-smokers. The individual information form has been prepared in order to measure the variables of gender, age, and education level. In addition to the individual information form, the Fagerström Test for Nicotine Dependence, the Brief Coping Styles Inventory (Brief COPE), and the Resilience Scale for Adults have been used. The Kruskal-Wallis and Mann-Whitney U tests have been utilized in addition to descriptive statistics in analyzing the obtained data. Based on multiple comparisons among the three groups, significant differences among the groups have been obtained in certain sub-dimensions for the variables in coping strategies and resilience, as well as significant differences between smokers and the other groups in terms of their levels of resilience.

Keywords

Cigarette • Substance • Addiction • Stress • Resilience

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Tobacco use is one of the most common and preventable causes of death. Every year it causes the deaths of 5 million people worldwide and a hundred thousand people in Turkey. The most common use of tobacco is cigarettes (Yeşilay, 2014).

Various factors exist regarding reasons for first-time cigarette use. Studies have represented stress as one of these reasons (Koca, 2011; Köse, Pazarlı, & Şimşek, 2011; Niaura, Shadel, Britt, & Abrams, 2002). When an individual encounters stress, the evaluation processes for coping sources and the use of effective coping strategies emerge, and psychological resilience has an important impact over these processes (Aydoğdu, 2013). Resilience is described as the balance between coping and stress (Rutter, 1993). Studies have indicated resilience to be a protective factor in preventing risky behaviors and a relationship to exist between risky behaviors and resilience (Çataloğlu, 2011; Veselska et al., 2009).

This study aims to observe the attitudinal differences for resilience and coping with stress of smokers, non-smokers, and those undergoing smoking cessation treatment.

Method

Type of Study

This has been designed as a descriptive and cross-sectional study.

Sampling

The study involves three study groups: 116 people who have applied to the Institute on Drug Abuse, Toxicology, and Pharmaceutical Science's Smoking Cessation Polyclinic in Ege University to stop smoking, 110 smokers, and 121 non-smokers. The group of 116 people are first-time, voluntarily applicants to the Polyclinic. The groups of smokers who did not apply for treatment and of non-smokers are relatives and friends of the researchers and the volunteers that the researchers could access.

Participants who had smoked at least a couple of weeks in the last twelve months, even though having stated stopping smoking, have been excluded from the study as they may meet the diagnostic criteria for tobacco use disorder and tobacco deprivation (The Diagnostic and Statistical Manual of Mental Disorders [DSM-V-TR], 2013).

Data Collection Tools

Individual information form. This has been prepared in order to measure the variables of gender, age, and education level.

The Fagerström Test for Nicotine Dependence. This measure, developed for evaluating nicotine dependence, has a 6-item questionnaire with scores ranging from 0 to 10 (Heatherton et al., 1991).

Brief Coping Styles Inventory (Brief COPE). This scale, developed by Carver (1997), consists of 14 sub-dimensions and 28 items. Bacanlı, Sürücü, and İlhan (2013) studied the reliability and validity of the scale. The Brief COPE consists of the following sub-dimensions: using instrumental social support, humor, focus on and venting of emotions, substance use, acceptance, suppression of competing activities, turning to religion, denial, behavioral disengagement, mental disengagement, restraint coping, positive reinterpretation, using emotional social support, and planning.

The Resilience Scale for Adults. This scale consists of six sub-dimensions and 33 items (Friborg, Hjemdal, Rosenvinge, & Martinussen, 2003). Basım and Çetin (2011) investigated the reliability and validity of the scale. The scale consists of the six sub-dimensions of resilience: personal perception of self, personal perception of future, structured style, social competence, family cohesion, and social resources.

Data Analysis

IBM's SPSS-17 program has been used for statistical evaluations. Normality of the data has been examined using the Kolmogorov Smirnov and Shapiro-Wilk tests, with no normal distribution being seen between most sub-dimensions. Therefore, the Kruskal Wallis test has been used in this study. When significant differences are found among groups, the groups are compared using the Mann-Whitney U test. The Bonferroni approach has been adopted in order to avoid type-1 errors, with the Ho hypothesis being rejected when the level of significance is $p < .02$.

Findings

150 women and 197 men have participated in the study. The number of female participants who smoke is 50, who are undergoing smoking cessation treatment is 39, and who are non-smokers is 61. Sixty of the males participating in the study are smokers, 77 are undergoing smoking cessation treatment, and 60 are non-smokers. The group who reported their age ($n = 339$) have a mean age of 33.84 ± 11.93 . Participants' nicotine dependence levels have been observed as follows: 12 have very low, 66 have low levels, 24 have moderate, 80 have high, and 33 have very high levels of dependence.

When comparing smokers, non-smokers, and those undergoing smoking cessation treatment, the findings regarding the Brief COPE are as follows:

Significant differences are obtained in the sub-dimensions of using instrumental social support ($\chi^2_{(2)} = 9.47, p < .05$) and planning ($\chi^2_{(2)} = 25.604, p < .05$). As a result

of multiple comparisons, the mean scores for smokers are significantly lower than the mean scores for those undergoing smoking cessation treatment for these sub-dimensions. The mean scores for those undergoing smoking cessation treatment are significantly higher than the mean scores for non-smokers.

Significant differences are observed in the sub-dimension of substance use ($\chi^2_{(2)} = 18.334, p < .05$). As a result of multiple comparisons, the mean score for smokers is significantly higher than the mean score for non-smokers. The mean score for those undergoing smoking cessation treatment is significantly higher than the mean score for non-smokers.

Significant differences are observed for the sub-dimension of suppression of competing activities ($\chi^2_{(2)} = 13.4, p < .05$). As a result of multiple comparisons, the mean score for those undergoing smoking cessation treatment is significantly higher than the mean score for smokers. The mean score for those undergoing smoking cessation treatment is significantly higher than the mean score for non-smokers.

Significant differences are observed in the sub-dimension of positive reinterpretation ($\chi^2_{(2)} = 8.400, p < .05$). As a result of multiple comparisons, the mean score for those undergoing smoking cessation treatment is significantly higher than the mean score for smokers.

Significant differences are observed in the sub-dimension of mental disengagement ($\chi^2_{(2)} = 6.086, p < .05$). As a result of multiple comparisons, no significant difference has been found due to the Bonferroni correction ($p > .02$).

No significant difference has been found for the following sub-dimensions: Humor ($\chi^2_{(2)} = 4.08, p > .05$), focus on and venting of emotions ($\chi^2_{(2)} = 0.49, p > .05$), acceptance ($\chi^2_{(2)} = 4.005, p > .05$), turning to religion ($\chi^2_{(2)} = 2.530, p > .05$), denial ($\chi^2_{(2)} = 1.37, p > .05$), behavioral disengagement ($\chi^2_{(2)} = 0.814, p > .05$), restraint coping ($\chi^2_{(2)} = 4.65, p > .05$), and using emotional social support ($\chi^2_{(2)} = 0.550, p > .05$).

When comparing smokers, non-smokers, and those undergoing smoking cessation treatment, the findings regarding the Resilience Scale for Adults are as follows:

Significant differences are observed for the sub-dimensions of family cohesion ($\chi^2_{(2)} = 10.7, p < .05$), personal perception of future ($\chi^2_{(2)} = 9.141, p < .05$), and social resources ($\chi^2_{(2)} = 12.908, p < .05$). As a result of multiple comparisons, the mean scores for smokers is significantly lower than the mean scores for non-smokers and those undergoing smoking cessation treatment.

Significant differences are observed for the sub-dimension of personal perception of self ($\chi^2_{(2)} = 8.055, p < .05$). As a result of multiple comparisons, the mean score

for smokers is significantly lower than the mean score for those undergoing smoking cessation treatment.

No significant difference has been found for the sub-dimension of social competence ($\chi^2_{(2)} = 4.11, p > .05$).

Significant differences are observed for the sub-dimension of structured style ($\chi^2_{(2)} = 9.936, p < .05$). As a result of multiple comparisons, the mean score for those undergoing smoking cessation treatment is significantly higher than the mean score for smokers.

Significant differences are observed for overall resilience scores ($\chi^2_{(2)} = 9.16, p < .05$). As a result of multiple comparisons, the mean score for those undergoing smoking cessation treatment is significantly higher than the mean score for smokers. The mean score for non-smokers is also significantly higher than the mean score for smokers.

Discussion and Conclusion

Differences have been observed among smokers, non-smokers, and those undergoing smoking cessation treatment in terms of resilience and coping with stress. Analyzing these differences over various samples and empowering smokers and at-risk individuals is important in terms of the related strategies.

This study has obtained the finding that smokers and those undergoing smoking cessation treatment tend to use substances more than non-smokers. Şahiner (2012) performed research comparing drug addicts with a control group and concluded drug-addicts to have greater tendencies toward using alcohol, medications, and sedatives than the control groups. These findings present the need to investigate the relation of cigarette use with other drug use.

The finding have been obtained that those undergoing smoking cessation treatment tend to receive more support and are more positive, more problem-solving based, and better at being well organized under stress compared to the other groups. Therefore, studies need to be done on how to strengthen the skills of smokers in terms of applying these parameters.

No differences have been observed among the groups regarding their humor skills under stress, tendency to be religious, denial of problems, focus on activities to avoid problems, or acceptance of problems. These findings are consistent with Şahiner's (2012) study.

Smokers take less advantage of having family members gather in difficult situations, have lower positive perceptions of the future, and have less support from their social circle compared to the other study groups. Considering these parameters in future studies might shed light on the factors affecting cigarette use.

Some studies obtained the result that teenagers with higher social competence might cause more risky behavior (Veselska et al., 2009). This study has concluded no significant differences to have been obtained among the groups regarding social competence as the study groups only include adults.

Those undergoing smoking cessation treatment can be said to have more motivation for solving problems and time planning compared to smokers. Those undergoing smoking cessation treatment may have applied for the treatment because they have these skills. Strengthening these skills in smokers is also important in order to encourage them to undergo treatment.

The overall resilience scores for smokers are observed to be lower than the other groups. Studying the relation between cigarette use and resilience is advised over different sample groups, as well as forming a method of resilience for smokers.

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Kaynakça/References

- Açık, Y., Polat, S. A. ve Deveci, E. (2001). Bir polis okulu öğrencilerinde sigara kullanım sıklığı araştırması. *Atatürk Üniversitesi Tıp Dergisi*, 33(1), 23–27.
- Akfert, S. K., Cakici, E. ve Cakici, M. (2009). Üniversite öğrencilerinde sigara- alkol kullanımı ve aile sorunları ilişkisi. *Anatolian Journal of Psychiatry*, 10(40), 40–47.
- Amerikan Psikiyatri Birliği. (2013). *Mental bozuklukların tanınması ve sayımsal el kitabı (DSM –V-TR)*. (E. Koroğlu, Çev., Ed.). Ankara: Hekimler Yayın Birliği.
- Atak, H. (2011). Yetişkinliğe geçiş yıllarında sigara içme davranışlarının psikososyal belirleyicileri ve sigara içmenin yaşam doyumu ve öznel iyi oluşla ilişkisi. *Klinik Psikiyatri*, 14, 29–43.
- Aydoğdu, T. (2013). *Bağlanma stilleri, başa çıkma stratejileri ile psikolojik dayanıklılık arasındaki ilişkinin incelenmesi* (Yüksek lisans tezi, Gazi Üniversitesi, Eğitim Bilimleri Enstitüsü, Ankara). <https://tez.yok.gov.tr/UlusalTezMerkezi/> adresinden edinilmiştir.
- Bacanlı, H., Sürücü, M. ve İlhan, T. (2013). Başa Çıkma Stilleri Ölçeği kısa formunun (BÇSÖ-KF) psikometrik özelliklerinin incelenmesi: Geçerlik ve güvenirlik çalışması. *Kuram ve Uygulamada Eğitim Bilimleri*, 13(1), 81–96.

- Baltaş, A. ve Baltas, Z. (1996). *Stres ve başa çıkma yolları*. İstanbul: Remzi Kitabevi.
- Bandura, A., & Walters, R. H. (1971). *Social learning theory*. New York, NY: General Learning Press.
- Bariş, S. A., Yıldız, F., Başıyigit, İ. ve Boyacı, H. (2011). Kocaeli’de sigara içme prevalansı. *Tüberküloz ve Toraks Dergisi*, 59(2), 140–145.
- Basım, H. N. ve Çetin, F. (2011). Yetişkinler İçin Psikolojik Dayanıklılık Ölçeği’nin güvenilirlik ve geçerlilik çalışması. *Türk Psikiyatri Dergisi*, 22(2), 104–114.
- Bilici, M. (2012). Tütün (nikotin) kullanımına bağlı ruhsal ve davranışsal bozukluklar. *Madde bağımlılığı tanı ve tedavi kılavuzu el kitabı* içinde (Sağlık Hizmetleri Genel Müdürlüğü, Haz., s. 187–196). Ankara: Pozitif Matbaa.
- Bullock, L., Mears, J., Woodcock, C., & Record, R. (2001). Retrospective study of the association of stress and smoking during pregnancy in rural women. *Addictive Behaviors*, 26(3), 405–413. [https://doi.org/10.1016/s0306-4603\(00\)00118-0](https://doi.org/10.1016/s0306-4603(00)00118-0)
- Carver, C. S. (1997). You want to measure coping but your protocol’too long: Consider the brief cope. *International Journal of Behavioral Medicine*, 4(1), 92–100. https://doi.org/10.1207/s15327558ijbm0401_6
- Çataloğlu, B. (2011). *Madde kullanan ve kullanmayan ergenlerin psikolojik sağlık ve aile işlevleri açısından karşılaştırılması* (Yüksek lisans tezi, Dokuz Eylül Üniversitesi, Eğitim Bilimleri Enstitüsü, İzmir). <https://tez.yok.gov.tr/UlusalTezMerkezi/> adresinden edinilmiştir.
- Çelikel, S., Erkorkmaz, Ü. ve Seyfikli, Z. (2009). Tokat Gaziosmanpaşa Üniversitesi öğrencilerinin sigara içme alışkanlıkları ve nikotin bağımlılığı algıları. *Solunum*, 11(3), 97–104.
- Crittenden, K. S., Manfredi, C., Cho, Y. I., & Dolecek, T. A. (2007). Smoking cessation processes in low-SES women: The impact of time-varying pregnancy status, health care messages, stress, and health concerns. *Addictive Behaviors*, 32(7), 1347–1366. <https://doi.org/10.1016/j.addbeh.2006.09.009>
- Demir, T. (2008, Mart). *Sigara bağımlılığı*. İ. Ü. Cerrahpaşa Tıp Fakültesi Sürekli Tıp Eğitimi Etkinlikleri’nde sunulan bildiri, İstanbul.
- Doğan, D. G. (2003). *Ergenlerin sigara içmesini etkileyen faktörler ve sigara karşıtı eğitim modellerinin etkinliğinin saptanması* (Uzmanlık tezi, Ankara Üniversitesi, Ankara).
- Dolcini, M. M., & Adler, N. E. (1994). Perceived competencies, peer group affiliation, and risk behavior among early adolescents. *Health Psychology*, 13(6), 496–506. <https://doi.org/10.1037//0278-6133.13.6.496>
- Durmuş, A. B., Pirinççi, E. (2009). Üniversite öğrencilerinin sigara içme durumu ve öfke ile ilişkisi. İnönü Üniversitesi Tıp Fakültesi Dergisi, 16(2), 83–88.
- Erbaycu, A. E., Aksel, N., Çakan, A. ve Özsöz, A. (2004). İzmir ilinde sağlık çalışanlarının sigara içme alışkanlıkları. *Türk Toraks Dergisi*, 5(1), 6–12.
- Erkuş, A. (1994). *Psikoloji terimleri sözlüğü*. Ankara: Doruk Yayınları.
- Feldner, M. T., Babson, K. A., Zvolensky, M. J., Vujanovic, A. A., Lewis, S. F., & Gibson, L. E. ... Bernstein, A. (2007). Posttraumatic stress symptoms and smoking to reduce negative affect: An investigation of trauma-exposed daily smokers. *Addictive Behaviors*, 32(2), 214–227. <https://doi.org/10.1016/j.addbeh.2006.03.032>
- Friborg O., Hjerdal O., Rosenvinge J. H., & Martinussen M. (2003). A new rating scale for adult resilience: What are the central protective resources behind healthy adjustment? *International Journal of Methods in Psychiatric Research*, 12(2), 65–76. <https://doi.org/10.1002/mpr.143>

- Garmez, N. (1993). Children in poverty: Resilience despite risk. *Psychiatry*, 56(1), 127–136. <https://doi.org/10.1080/00332747.1993.11024627>
- Gizir, C. A. (2007). Psikolojik sağlık, risk faktörleri ve koruyucu faktörler üzerine bir derleme çalışması. *Türk Psikolojik Danışma ve Rehberlik Dergisi*, 3(28), 13–128.
- Hançerlioğlu, O. (1988). *Ruhbilim sözlüğü*. İstanbul: Remzi Kitabevi.
- Heatherton, T. F., Kozlowski, L. T., Frecker, R. C., & Fagerström, K. (1991). The fagerstrom test for nicotine dependence: A revision of the fagerstrom tolerance questionnaire. *British Journal of Addiction*, 86(9), 1119–1127. <https://doi.org/10.1111/j.1360-0443.1991.tb01879.x>
- İlhan, F., Aksakal, F. N., İlhan, M. N. ve Aygün, R. (2005). Gazi Üniversitesi Tıp Fakültesi öğrencilerinin sigara içme durumu. *TSK Koruyucu Hekimlik Bülteni*, 4(4), 188–198.
- Kahraman, S. (2011). Çocukların algıladıkları ebeveyn tutumlarının sigara algıları üzerine etkisinin incelenmesi (Yüksek lisans tezi, Dokuz Eylül Üniversitesi, Sağlık Bilimleri Enstitüsü, İzmir). <https://tez.yok.gov.tr/UlusalTezMerkezi/> adresinden edinilmiştir.
- Karadağ, M., Karadağ, S., Ediz, B. ve Işık, E. S. (2011). Nikotin bağımlılığının sigara bırakmadaki etkisi. *Yeni Tıp Dergisi*, 29(1), 27–31.
- Kim, O., Kim, J. H., & Jung, J. H. (2006). Stress and cigarette smoking in Korean men with diabetes. *Addictive Behaviors*, 31(5), 901–906. <https://doi.org/10.1016/j.addbeh.2005.06.006>
- Koca, B. (2011). İnönü üniversitesi sağlık yüksekokulu öğrencilerinin sigara, alkol, madde kullanımı, madde kullanımına etki eden etmenler ve aileden aldıkları sosyal desteğin etkisi (Yüksek lisans tezi, Fırat Üniversitesi, Sağlık Bilimleri Enstitüsü, Elazığ). <https://tez.yok.gov.tr/UlusalTezMerkezi/> adresinden edinilmiştir.
- Köse, E., Pazarlı, P. ve Şimşek, Z. (2011). Şanlıurfa'nın kırsal kesiminde yaşayan kadınlar arasında sigara içme davranışı. *Solunum*, 13(1), 26–31.
- Larm, P., Hodgins, S., Tengström, A., & Larsson, A. (2010). Trajectories of resilience over 25 years of individuals who as adolescents consulted for substance misuse and a matched comparison group: Trajectories of resilience. *Addiction*, 105(7), 1216–1225. <https://doi.org/10.1111/j.1360-0443.2010.02914.x>
- Lazarus, R. S. (1993). From psychological stress to the emotions: A history of changing outlooks. *Annual Review of Psychology*, 44(1), 1–21. <https://doi.org/10.1146/annurev.psych.44.1.1>
- Niaura, R., Shadel, W. G., Britt, D. M., & Abrams, D. B. (2002). Response to social stress, urge to smoke, and smoking cessation. *Addictive behaviors*, 27(2), 241–250. [https://doi.org/10.1016/s0306-4603\(00\)00180-5](https://doi.org/10.1016/s0306-4603(00)00180-5)
- O'Loughlin, J. L., Barry, A. D., & O'Loughlin, E. K., & Tremblay, M. (2014). Home smoking bans may increase the risk of smoking onset in children when both parents smoke. *Nicotine & Tobacco Research*, 16(7), 1009–1013. <https://doi.org/10.1093/ntr/ntu035>
- Ögel, K., Tamar, D., Özmen, E., Aker, T., Sağıduyu, A., Boratav, C. ve Liman, O. (2003). İstanbul örnekleminde sigara kullanım yaygınlığı. *Bağımlılık Dergisi*, 4(3), 105–118.
- Onat, A., Aksu, H., Uslu, N., Keleş, İ., Çetinkaya, A., Yıldırım, B. ... Sansoy, V. (1999). Türk erişkinlerinde sigara içimi: Kadınlarımızda tiryakilik artma yolunda. *Türk Kardiyoloji Derneği*, 27, 697–700.
- Öz, F. ve Yılmaz, E. B. (2009). Ruh sağlığının korunmasında önemli bir kavram: Psikolojik sağlık. *Sağlık Bilimleri Fakültesi Hemşirelik Dergisi*, 16(3), 82–89.
- Rutter, M. (1985). Resilience in the face of adversity protective factors and resistance to psychiatric disorder, *The British Journal of Psychiatry*, 147(6), 598–611. <https://doi.org/10.1192/bjp.147.6.598>

- Rutter, M. (1993). Resilience: Some conceptual considerations. *Journal of Adolescent Health, 14*(8), 626–631. [https://doi.org/10.1016/1054-139x\(93\)90196-v](https://doi.org/10.1016/1054-139x(93)90196-v)
- Rutter, M. (2006). Implications of resilience concepts for scientific understanding. *Annals of the New York Academy of Sciences, 1094*(1), 1–12. <https://doi.org/10.1196/annals.1376.002>
- Şahin, N. H., Güler, M. ve Basım, H. N. (2009). A tipi kişilik örüntüsünde bilişsel ve duygusal zekânın stresle başa çıkma ve stres belirtileri ile ilişkisi. *Türk Psikiyatri Dergisi, 20*(3), 243–254.
- Şahiner, Ş. Y. (2012). *Alkol ve madde bağımlılarının sosyodemografik özellikler çocukluk çağı travmaları başa çıkma yöntemleri ve kişilik özellikleri açısından karşılaştırılması* (Uzmanlık tezi, Gazi Üniversitesi, Ankara).
- Selye, H. (1950). Stress and general adaptation syndrome. *British Medical Journal, 1*(4667), 1381–1392. <https://doi.org/10.1136/bmj.1.4667.1383>
- Stewart, M., Reid, G., & Mangham, C. (1997). Fostering children's resilience. *Journal of Pediatric Nursing, 12*(1), 21–31. [https://doi.org/10.1016/S0882-5963\(97\)80018-8](https://doi.org/10.1016/S0882-5963(97)80018-8)
- Telli, C. G., Solak, Z. A., Özol, D. ve Sayiner, A. (2004). Üniversiteye başlayan öğrencilerin sigara içme alışkanlıkları. *Solunum, 6*(3), 101–106.
- Temel, A. Dilbaz, N., Bayram, G., Okay, T. ve Şengül, C. (2004). Bir eğitim hastanesinin sağlık personeline sigara alışkanlığı, bırakma sıklığı ve bağımlı kişilik özelliklerinin ilişkisi. *Bağımlılık Dergisi, 5*(2), 16–22.
- Terzi, Ş. (2005). Öznel iyi olmaya ilişkin psikolojik dayanıklılık modeli (Doktora tezi, Gazi Üniversitesi, Sosyal Bilimler Enstitüsü, Ankara). <https://tez.yok.gov.tr/UlusalTezMerkezi/adresinden edinilmiştir>.
- Terzi, Ş. (2008). Üniversite öğrencilerinde kendini toplama gücünün içsel koruyucu faktörlerle ilişkisi. *Hacettepe Üniversitesi Eğitim Fakültesi Dergisi, 35*, 297–306.
- Türk Dil Kurumu. (2015). Stres. *Büyük Türkçe Sözlüğü*. <http://sozluk.gov.tr/> adresinden elde edilmiştir.
- Türkoğlu, M. (2007). *Adnan menderes üniversitesi öğrencilerinin sigara içme ve bırakma davranışlarının değerlendirilmesi* (Uzmanlık tezi, Adnan Menderes Üniversitesi, Aydın).
- Ünlü, M., Orman, A., Cirit, M. ve Demirel, R. (2002). Afyon'da lise öğretmenlerinin sigara içme alışkanlığı ve sigaraya karşı tutumları. *Solunum Hastalıkları, 13*(3), 203–207.
- Uysal, M. A., Kadakal F., Karşıdağ Ç., Bayram, N. G., Uysal Ö., & Yılmaz V. (2004). Fagerstrom test for nicotine dependence: Reliability in a turkish sample and factor analysis. *Tüberküloz ve Toraks Dergisi, 52*(2), 115–121.
- Veselska, Z., Geckova, A. M., Orosova, O., Gajdosova, B., van Dijk, J. P., & Reijneveld, S. A. (2009). Self-esteem and resilience: The connection with risky behavior among adolescents. *Addictive Behaviors, 34*(3), 287–291. <https://doi.org/10.1016/j.addbeh.2008.11.005>
- Yararbaş, G. (2012). Ödül sistemi bozuklukları, ilaç kötüye kullanımı ve tedavileri. İ. T. Uzbay (Ed.), *Stahl'ın temel psikofarmakolojisi nörobilimsel ve pratik uygulamalar içinde* (s. 943–1011). İstanbul: İstanbul Tıp Kitabevi.
- Yeşilay. (2014). Tütün ürünleri tüketimi ve yasalar hakkında neler biliyoruz? *Yeşilay Dergisi, 964*, 32–35.
- Yılmaz, H. ve Sipahioğlu, Ö. (2012). Farklı risk gruplarındaki ergenlerin psikolojik sağlamlıklarının incelenmesi. *İlköğretim Online, 11*(4), 927–944.

Ek 1*Başa Çıkma Stilleri Ölçeği Kısa Formu Alt Boyutlarının Normal Dağılım Sonuçları*

Alt Boyut	Grup Adı	Kolmogorov-Smirnov ^a			Shapiro-Wilk		
		İstatistik	Serbestlik Derecesi	Anlamlılık Düzeyi	İstatistik	Serbestlik Derecesi	Anlamlılık Düzeyi
Araçsal Sosyal Destek Kullanma	Sigara Kullanan Bireyler	,179	65	,000	,896	65	,000
	Tedavi Alan Bireyler	,155	64	,001	,901	64	,000
	Sigara Kullanmayan Bireyler	,161	87	,000	,931	87	,000
Mizah	Sigara Kullanan Bireyler	,406	65	,000	,626	65	,000
	Tedavi Alan Bireyler	,315	64	,000	,721	64	,000
	Sigara Kullanmayan Bireyler	,492	87	,000	,420	87	,000
Duygulara Odaklanma ve Ortaya Koyma	Sigara Kullanan Bireyler	,122	65	,017	,917	65	,000
	Tedavi Alan Bireyler	,184	64	,000	,938	64	,003
	Sigara Kullanmayan Bireyler	,122	87	,003	,922	87	,000
Kabullenme	Sigara Kullanan Bireyler	,145	65	,002	,936	65	,002
	Tedavi Alan Bireyler	,133	64	,007	,940	64	,004
	Sigara Kullanmayan Bireyler	,148	87	,000	,946	87	,001
Diğer Etkinlikleri Bırakma	Sigara Kullanan Bireyler	,205	65	,000	,916	65	,000
	Tedavi Alan Bireyler	,138	64	,004	,953	64	,016
	Sigara Kullanmayan Bireyler	,181	87	,000	,932	87	,000
Dine Yönelme	Sigara Kullanan Bireyler	,199	65	,000	,883	65	,000
	Tedavi Alan Bireyler	,201	64	,000	,863	64	,000
	Sigara Kullanmayan Bireyler	,162	87	,000	,881	87	,000
Yadsıma	Sigara Kullanan Bireyler	,167	65	,000	,911	65	,000
	Tedavi Alan Bireyler	,178	64	,000	,883	64	,000
	Sigara Kullanmayan Bireyler	,180	87	,000	,888	87	,000
Zihinsel Olarak İlgii Kesme	Sigara Kullanan Bireyler	,196	65	,000	,909	65	,000
	Tedavi Alan Bireyler	,146	64	,002	,944	64	,006
	Sigara Kullanmayan Bireyler	,146	87	,000	,943	87	,001
Kendini Sınırlandırma	Sigara Kullanan Bireyler	,202	65	,000	,910	65	,000
	Tedavi Alan Bireyler	,145	64	,002	,936	64	,002
	Sigara Kullanmayan Bireyler	,193	87	,000	,926	87	,000
Olumlu Yeniden Yorumlama	Sigara Kullanan Bireyler	,165	65	,000	,930	65	,001
	Tedavi Alan Bireyler	,181	64	,000	,926	64	,001
	Sigara Kullanmayan Bireyler	,156	87	,000	,908	87	,000
Duygusal Sosyal Destek Arama	Sigara Kullanan Bireyler	,173	65	,000	,935	65	,002
	Tedavi Alan Bireyler	,142	64	,003	,939	64	,004
	Sigara Kullanmayan Bireyler	,140	87	,000	,952	87	,003

	Sigara Kullanan Bi-reyler	,146	65	,001	,931	65	,001
Planlama	Tedavi Alan Bireyler	,203	64	,000	,857	64	,000
	Sigara Kullanmayan Bireyler	,156	87	,000	,910	87	,000

a. Lilliefors Anlamlılık Düzeltmesi

Ek 2

Yetişkinlikler İçin Psikolojik Dayanıklılık Ölçeği Alt Boyutlarının Normal Dağılım Sonuçları

Alt Boyut	Grup Adı	Kolmogorov-Smirnov ^a			Shapiro-Wilk		
		İstatistik	Serbestlik Derecesi	Anlamlılık Düzeyi	İstatistik	Serbestlik Derecesi	Anlamlılık Düzeyi
Yapısal Stil	Sigara Kullanan Bi-reyler	,160	71	,000	,946	71	,004
	Tedavi Alan Bireyler	,098	76	,071	,965	76	,034
	Sigara Kullanmayan Bireyler	,092	86	,070	,963	86	,014
Gelecek Algısı	Sigara Kullanan Bi-reyler	,092	71	,200*	,954	71	,011
	Tedavi Alan Bireyler	,109	76	,026	,949	76	,004
	Sigara Kullanmayan Bireyler	,113	86	,009	,924	86	,000
Aile Uyumu	Sigara Kullanan Bi-reyler	,126	71	,007	,962	71	,029
	Tedavi Alan Bireyler	,127	76	,004	,953	76	,007
	Sigara Kullanmayan Bireyler	,102	86	,027	,935	86	,000
Kendilik Algısı	Sigara Kullanan Bi-reyler	,074	71	,200*	,971	71	,103
	Tedavi Alan Bireyler	,075	76	,200*	,962	76	,021
	Sigara Kullanmayan Bireyler	,078	86	,200*	,942	86	,001
Sosyal Yeterlilik	Sigara Kullanan Bi-reyler	,107	71	,042	,966	71	,049
	Tedavi Alan Bireyler	,118	76	,011	,962	76	,024
	Sigara Kullanmayan Bireyler	,094	86	,060	,930	86	,000
Sosyal Kaynaklar	Sigara Kullanan Bi-reyler	,098	71	,091	,969	71	,072
	Tedavi Alan Bireyler	,109	76	,025	,966	76	,039
	Sigara Kullanmayan Bireyler	,124	86	,002	,864	86	,000

a. Lilliefors Anlamlılık Düzeltmesi

* Mevcut verilerin dağılımı ile normal olasılık dağılımı arasında fark yoktur.

Ek 3

Yetişkinlikler İçin Psikolojik Dayanıklılık Ölçeği Toplam Puanının Normal Dağılım Sonuçları

Toplam Puan	Grup Adı	Kolmogorov-Smirnov ^a			Shapiro-Wilk		
		İstatistik	Serbestlik Derecesi	Anlamlılık Düzeyi	İstatistik	Serbestlik Derecesi	Anlamlılık Düzeyi
Toplam Puan	Sigara Kullanan Bireyler	,127	71	,006	,960	71	,023
Psikolojik Dayanıklılık Puanı	Tedavi Alan Bireyler	,083	76	,200*	,984	76	,449
	Sigara Kullanmayan Bireyler	,121	86	,003	,882	86	,000

a. Lilliefors Anlamlılık Düzeltmesi

* Mevcut verilerin dağılımı ile normal olasılık dağılımı arasında fark yoktur.