



THE RELATIONSHIP BETWEEN SPIRITUAL HEALTH AND HAPPINESS AND RESILIENCE AMONG LIFE PARTNERS OF REHABILITATING DRUG ADDICTS

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ABSTRACT

The purpose of this study is to address the relationship between spiritual health and happiness and resilience among the life partners of rehabilitating drug addicts. The research method was non-experimental and correlational. Statistical population was all partners of rehabilitating drug addicts in the city of Shiraz. The number of people who referred to the centers within 2 months is 445 people and according to Morgan table the sample size in this study is 205 subjects and 196 subjects entered the study. A standard questionnaire was used to measure the variables; Palutzian and Ellison's spiritual health questionnaire (1982) is used to measure spiritual health, to measure the resiliency the Connor and Davidson Resilience Scale (2003) is used and to measure happiness the Oxford happiness inventory is applied. For the analysis of data the correlation and regression tests are used. The results showed that spiritual health has a significant relationship with the happiness ($R = 0.441$) and resilience ($R = 0.440$) of the partners of rehabilitating drug addicts. In general the results confirmed the hypotheses of the study. In other words, spiritual health coordinates various aspects of life and strengthens mental functions including resilience and happiness.

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Introduction

Drug abuse and addiction is one of the most important global problems in the present era, which has a global scope, sets foot beyond borders and has become a mental, social and family health problem. Studies show that the drug addicts' families differ significantly with ordinary families such that the relationship between the couples, the addict father's relationship with his children, families' social relationship and family functions such as sexual, economic, educational, etc. functions are impaired.

The prevalence of addiction in Iran, according to the Drug Control Headquarters is estimated as 2 million people but based on the study conducted by Narenji et al (2008) as a rapid assessment of drug abuse and addiction in a sample size of 779 people, the number of drug addicts in the country is estimated as one million and two hundred thousand people.

Clinical results suggest that about 70 percent of addicts are married and in such conditions the wife is faced with serious damages in the most secure social institution which is the family and while the home environment is a resort for security and peace, she lives in fear and insecurity. Damages caused by living with drug addicts are sometimes so deep that these women in addition to tolerate the husband's drug abuse are also prone to addiction, their identity is impaired and their self-esteem is converted into a feeling of inferiority and worthlessness. It is natural that such women will never be able to fulfill their nurturer and managing role and make the family environment warm and emotional.

Mohamadkhani (2010) by comparing the addicted and non-addicted men in terms of the incidence of psychiatric symptoms showed that the scores of women with addicted husbands in all psychiatric syndromes are significantly higher. A review of studies conducted on the women with addicted husbands in recent years show that these women have been identified with personal and social weakness and low performance.

It can be said that all anti-drug addicts programs, policies and operations in a community are to improve the quality of life and happiness of their families. In this regard, happiness, vitality and resiliency are the most important human psychological needs that have a major impact on someone's health; happiness and resilience are among the variables that have been taken into consideration in recent years in the field of positive psychology. So, happiness is the source of the person's optimistic confidence in his abilities and one of the conditions of promotion of his real relationship with the environment. Lyubomirsky and Alison Abe believe that the positivist psychologists are obliged to analyze the factors that allow the individuals, families and communities to grow and flourish and operate optimally.

Theoretical bases

Health is a multidimensional issue and these dimensions influence each other, and ultimately affect the health of individuals and society (1). Now most health models also include spiritual health. The concept of spirituality is associated with all aspects of health in all age groups and has been focused by researchers in the over the world (2). Spiritual health is an important aspect of human health that provides an integrated and coordinated relationship between internal forces. It is characterized by features such as stability in life, balance and coordination, close relationship with self, God, society and environment (3). In recent decades the importance of spirituality and the role of religion in mental health and living conditions of people have increasingly attracted the attention of psychologists and mental health professionals (4). New studies with statistical considerations in finding positive effects of spirituality and religion are growing; so religious and spiritual beliefs and new scientific advances can be used for diagnosis and treatment of disorders and diseases (5). According to the dominant view of modern psychiatry and psychology, diseases are the result of defects in compliance and balance of physical, psychological and social dimensions and stress can alter the biological, psychological and social resistance (6) but now in the studies that has been done in Iran we see that some scientists do not consider the physical, psychological and social definitions as a comprehensive definition for spirituality and thus they have accepted spirituality not merely as a human need but as part of human existence; perhaps that is why based on some reports in psychology and psychiatry, faith and spiritual and religious practices are added to the addicts' previous conventional therapies (7). Also studies have shown that the sense of comfort and power caused by religious beliefs could contribute to health and sense of well-being (8). In this regard the studies have shown that having religious attitudes and beliefs and spiritual practices is associated with the reduced psychological stress and preventing high risk behaviors such as smoking, alcohol consumption and drug abuse (9). Drug abuse habits depend on internal psychological variables including personality traits, lifestyle, attitudes, beliefs, and a person's intelligence level.

Spirituality is part of strategies to treat the addiction to alcohol and drug and the faith based planning has become common in the jails. A strong spiritual orientation can connect the criminals to social network that not only strengthens the emerging changes in their identity but also provides an alternative to the previous social contacts that often cause a significant damage to the lasting behavior changes. The spiritual orientation has the potential to be useful against the sense of anger and hostility and destructive confrontation and also strengthens the hope and reduces depression.

On the other hand in lasting happiness by Lyubomirsky factors determining the level of happiness or the causal factors affecting happiness are classified into three categories include situational factors or factors establishing ..., factors related to living conditions and the factors related to voluntary activities. Situational (genetic) and conditional factors explain 60 percent of variance in the lasting happiness but these factors cannot be changed on the one side (situational factors) and even if it is possible to change them, (conditional factors) this change is not that high to be programmed. But the remaining 40 percent of the variance of lasting happiness refers to the voluntary activities i.e. the factors that are controlled or changed by the individuals (10).

According to Seligman (2004) the main goal of positivism psychology is to increase happiness on earth that includes two processes. The first process is the valid and reliable measure of positive emotions and their positive effects that this branch of psychology has taken effective and significant steps in this regard. The second step in this process is the scientific classification and so far no scientific and helpful classification has been done in this regard.

According to Argyle and Martin (1995) three essential components of happiness are: positive emotions, life satisfaction and lack of negative emotions such as depression and anxiety. He and his colleagues found that the positive relationship with others, purposeful life, personal growth, love of others and nature are the components of happiness. Alberktsen (2003) believes that stress reduces the feelings of happiness, i.e. as the person feels more stress, his happiness will be reduced and his mental health is threatened. In fact, because pleasure and satisfaction as the key elements of emotional and cognitive happiness are

independent of the other factors and positive and negative emotions have distinct structured and systems, obviously, their relationship with each other can explain the psychological health and since happiness depends on cognitive assessment of satisfaction in various areas of life, such as family, work situations and experiences from contact with others, it could become the symbol of mental health.

Resiliency is a component that has a special place in positive psychology. In the case of consequences of resilience some studies have indicated the increased mental health and life satisfaction. The term resilience can be defined as the ability to come out of difficult situations or mitigating them. In fact, the resilience is the individuals' capacity to stay healthy, resistance and endurance in harsh conditions that the person not overcomes the difficult conditions, but also becomes more powerful. Thus resilience means the ability to be successful, live and grow under difficult circumstances (with the presence of risk factors).

According to experts' emphasis on the learnability of various resilience skills (11) and also given that the positive psychology interventions in addition to increasing happiness in life, they eventually lead to a reduction in depression.

Research Method

This study is descriptive with correlational designs. In this study to determine the relationship between spiritual health, happiness and resilience in life partners of rehabilitating drug addicts the cross-correlation method is used. In this type of studies the relationship between variables is analyzed based on the research purpose.

The population includes the life partners of rehabilitating drug addicts referring to counseling centers in Shiraz city who have been living together for at least two years.

The number of people who referred to the centers within 2 months is 445 people and given that the present study is correlational with an emphasis in regression, based on Morgan table the sample size in this study is 205 subjects. To ensure the number of returned questionnaires, 220 questionnaires are distributed and 196 questionnaires are returned.

The tools used in this research include: Palutzian and Ellison's 20-item spiritual health questionnaire (1982) is used 10 items of which are religious and the other 10 items measure the health. The spiritual health score is sum of these two subgroups which ranges between 20 and 120. The responses are based on 6 –point Likert scale (strongly disagree, disagree, relatively disagree, relatively agree, agree, strongly agree). The option strongly agree, has 6 points and the option strongly disagree has 1 point. The reversed scoring is applied in the negative questions. In the end spiritual health is classified into three levels of high, medium, and low. Content validity of spiritual health is confirmed in (3) also the reliability of the questionnaire is obtained as 0.82 by Cronbach's alpha. In the study conducted by Baljany, Ksheshabi, Amanpour and Azimi (2011) the content validity is confirmed and Cronbach's alpha reliability is obtained as 0.88.

Oxford happiness inventory is developed in (1989) by Argyle & Lu and scored as four-option from zero to three. The questionnaire has 29 questions Alipur and Nourbala (2008) have measured the reliability of the questionnaires using Cronbach's alpha and split-half as 0.92 and 0.79 respectively.

Data analysis

In order to investigate the relationship between happiness and resilience with spiritual health the multivariable regression test is applied.

Table 1: Results of multiple-correlation between variables

Model	Multiplication	Multiple squared R	The adjusted multiple squared R	The estimated standard error
1	.441	.195	.179	11.51748

As can be seen in Table 1 the amount of correlation coefficient is (R= 0.441) which indicates the correlation between spiritual health and the criterion variable (happiness). According to the number of independent variables and the sample size R² is

applied the amount of which is 0.179. Given that the value of Durbin- Watson statistics is within the standard range of 1.5 and 2.5, the residual independence is concluded. According to the mentioned indices the model has the necessary efficiency.

Table 2: Results of regression analysis between the approved sub-scales of spiritual health and happiness

Model		Non-standardized coefficients		Standardized coefficients	t	Sig.
		B	Standard error	Beta		
1	Constant	18.341	9.375		1.956	.053
	Physical health	1.000	.293	.595	3.415	.001
	Religious health	.359	.324	.193	1.109	.270

The relationship between the physical health and happiness is significant. But the relationship between religious health and happiness is not significant.

Based on the Beta coefficients of the table above, the linear regression equation to predict happiness according to spiritual health is as follows:

$$\text{Happiness} = 65.070 + (0.595) \text{ physical health}$$

Table 3: Results of multiple-correlation between variables

Model	Multiple	Multiple squared R	The adjusted multiple squared R	The estimated standard error
1	.440	.419	.324	3.1109

As can be seen in Table 3 the correlation coefficients ($R = 0.440$) indicates the correlation between spiritual health and the criterion variable (resilience) and the amount of coefficient of determination ($R^2 = 0.419$) represents the common variance. Given that the value of Durbin- Watson statistics is within the standard range of 1.5 and 2.5, the residual independence is concluded. According to the mentioned indices the model has the necessary efficiency.

Table 4: Results of regression analysis between the approved sub-scales of spiritual health and resilience

Model		Non-standardized coefficients		Standardized coefficients	t	Sig.
		B	Standard error	Beta		
1	Constant	65.070	65.070		5.949	.001
	Physical health	.432	.049	.335	8.787	.001
	Religious health	.794	.164	.425	4.715	.001

The relationship between physical health in spiritual health and resilience is significant. Also the relationship between religious health in spiritual health and resilience is significant.

Based on the beta coefficients of the above table, the linear regression equation to predict resilience according to spiritual health is as follows:

$$\text{Resilience} = 65.070 + (0.335) \text{ physical health} + (0.425) \text{ religious health}$$

Discussion and conclusion

The result of the present study made it clear that there is a significant relationship between spiritual health and happiness among life partners of rehabilitating drug addicts.

According to the research question of whether spiritual health is a good predictor for increased happiness among life partners of rehabilitating drug addicts; it became clear that spiritual health predicts happiness well.

The results are consistent with (12); Najaf et al showed that there is a direct relationship between the individual spirituality and feelings of happiness. In a study by Fering et al (1997) on the relationship between spiritual health, religion, and hopefulness they concluded that there is a direct relationship between inner religiosity, spiritual health, hopefulness and positive mood states.

(13) showed that there is a positive relationship between happiness and religiosity. Ghobari Bonab and Motevalipoor (2009) showed a negative relationship between anxiety, depression and spirituality in Tehran University students. Doolittle and Farrell (2004) stated that the level of depression is lower in people with high spirituality. About the relationship between spirituality and health, medical journals in America have suggested interpretations. More basic research found positive relations between the increase in spirituality and health outcomes. The results of the present study are consistent with the mentioned studies because having special knowledge of God, man and the universe strengthens the relationship with God and he feels satisfied and happy with this relationship.

Based on the results of this study it can be mentioned that religious psychology is a branch of psychology whose mission is to investigate the role of religion in human being and his mental health. The complexity of contemporary era has caused the human being to show incompatibility in the face of adversity and anxiety and stress is one of the most common conflicts against adversities and one of the effective ways to increase human capacity to deal with this adversity is the element of spirituality. Spirituality can cause meaning. Spirituality leads to hope and increases optimism. Spirituality gives people a sense of control and efficiency with divine origin and can compensate for the loss of personal control. Domestic and foreign researchers have shown that spiritual intelligence and spiritual health of people affect the resilience of hurt women and also there is a significant relationship between spiritual health and sign of happiness. The results of Haditabar (2011) showed that training components of spiritual intelligence affects physical functions, role limitations associated with physical health, role limitations associated with emotional problems, vitality, emotional well-being, functioning, pain and general health. The results of the present study are consistent with Jafari Shirazi (2012) and (12).

There is a significant relationship between spiritual health and resilience among life partners of rehabilitating drug addicts.

The results made it clear that spiritual health is related to the increased resilience and its subscales among life partners of rehabilitating drug addicts.

According to the research question based on whether the spiritual health is a good predictor for increased resilience among life partners of rehabilitating drug addicts indicated that spiritual health predicted resilience well.

In comparative study of the results of this study with the domestic and foreign researchers, it is consistent with parts of (14) and (2).

It is mentioned in the previous studies that resilience and adaptation of creating the meaning and purpose in life that is the result of spiritual health help to improve mental health because the spiritual health is inversely proportional to disappointment and inconsistency. This causes a positive feeling and attitude about the world and life and helps the person to increase his resilience. Similar results are obtained in this study and it became clear that the sense of meaning in life responses to the questions that are caused by problems and creates a psychological integrity and guidance for decision making that reduces the stressful situations as an addicted person's wife and increases the resilience and integrity with the situation. The coordinated results of these studies indicate the positive, constructive and protective role of resilience in successful dealing and adaptation against stressful and serious situations. In contrast the low and poor levels of resilience are associated with vulnerability and psychological disorders; also given that the life partners of rehabilitating drug addicts experiences problems and damage in

the process of the couple's rehabilitation, the presence of spiritual beliefs and health can improve aspects of resilience in resilience.

Resilience is among the interpersonal resources that could reduce the stress levels and inability in adverse conditions. The various levels of resilience are associated with health indicators and psychological vulnerability through influence on self-esteem, competence and personal integrity, tolerance of negative emotions, control and spirituality.

Spiritual health provides the individuals with independent philosophy and allows the person to understand the deep meaning of the universe. In fact, spiritual health includes behavioral and emotional flexibility and due to spiritual intelligence it enjoys a framework to find the meaning of negative experiences such as addiction, illness, emotional trauma and damage of adaptive functions.

For people who suffer severe events (such as life partners of rehabilitating drug addicts) spirituality facilitates positive emotion and the individual enjoys it to compensate the sense of aimlessness and despair and since they are equipped with spirituality, they are able to exert control in life and can liberate themselves from the confusion. It also seems that spirituality and resilience are successful in containing and controlling stress. Since the spiritual health is the capacity to utilize the capital and intellectual resources to solve the problems and live better, it is expected that spiritual health is generally associated with resilience and improve it.

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