

An Investigation of the Relationship between Religious Orientation and Quality of Life of Male Addicts Referring to Addiction Treatment Centers in Qom

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Abstract

Background and Objectives: Addicts are among the socially disadvantaged people whose quality of life has been changed and damaged due to drug abuse. This in turn has influenced their physical, psychological and social health. Addiction is a phenomenon that has long existed in different human societies; and now again, it is still expanding despite the scientific advances and indisputable increase in people's level of understanding and awareness. As such, this study aimed to examine the relationship between religious orientation and quality of life of the addicts.

Methods: This is a descriptive-correlational study in which Alport religious orientation questionnaire and SF-12 quality of life questionnaire were used for data collection and analysis. The population consisted of the addicted men who had referred to 8 drug treatment centers in the city of Qom in 2013-14, out of whom 190 subjects were selected. The data were analyzed using SPSS software and correlation coefficient test.

Results: The findings showed that there was a significant relationship between religious orientation and quality of life of addicts ($p < 0/05$).

Conclusion: The findings suggest that external religious orientation in people being treated from the drug addiction can be used as a defense and supporting mechanism to improve the quality of life in them. Therefore, the likelihood of successful treatment will be increased by strengthening the external religious orientation.

Keywords: Drug Addiction, Quality of Life, Religious Orientation

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Introduction

Addiction is a phenomenon that has long existed in different human societies; and now again, it is still expanding despite the scientific advances and indisputable increase in people's level of understanding and awareness. Each year, many people fall into the trap of drug addiction (1). Drug addiction, as a biological, psychological, and social problem which

influences various aspects of individual's life, destroys many components of quality of life and lowers the quality of life in patients (2). In the lives of addicted people, quality of life is an understanding people have about their status in life in terms of culture and value systems, which is connected to their goals, aspirations and standards (3). Quality of life is considered a

valid scale to assess the impacts of treatments and services methods that are provided for the affected people (4). Researchers have identified several factors that are predictors of quality of life. They include personal performance, personal faith and spirituality, comparison of past and current living conditions, and the social support perceived by the individual. In religious psychology, psychological factors of religion are discussed due to the importance of religion in all aspects of life. For example, Raiya, Pargament, Mahoney, Stein (2008) (5) showed that religion causes well-being, and suggest that religious beliefs improve the health and quality of life as well as increase self-esteem. Religious beliefs are among the factors that can have an effective role in preventing and reducing mental disorders and related problems such as suicide, drug addiction, depression and anxiety. The history of humankind has indicated that religious people have a long history; and as the anthropological and archaeological studies of the old times show, religion has been an integral part of human life. Will Durant believes that religion is so rich, complex, and comprehensive that its various aspects appear differently to different attitudes and views. But what is important is that no period in human history has been devoid of religious beliefs; and closeness to God and paying attention to spirituality lead to peace, satisfaction and mental health (6). Religion has been discussed by pioneers such as James, Freud, Jung and others. Thereafter, scholars such as Allport have studied religion. Religion can be good and useful for mental health as a unifying principle and an overpowering force (7). The fact that even a person without religious beliefs unconsciously thinks of God and the supernatural power and asks for His help in time of uncertainty and spiritual crisis is a well-known phenomenon. Furthermore, according to Viktor Frankl, the founder of logotherapy, in fact there is a deeply rooted religious feeling in the deep subconscious mind of every human being. (8). Religion causes pleasance and satisfaction in people. Apart from any ideas that people in the world have of their religious experience, someone with such an experience has a great treasure. This important issue has been also

observed frequently in the traditions and sayings of the holy book, Quran, and considered to be the key to the salvation of human being from the hardships and difficulties. Ignoring the remembrance of God makes life difficult and His remembrance makes it easier. (Waman arada a thikree fa-inna lahu maeshatan dankan wanahshuruhu yawma alqiyamati aman); and whoever turns away from my reminder, his shall be a straitened life (9).

Religion gives its followers physical and mental health and is linked to healing mental suffering. Religious people are healthier than others in today's society, because they adopt healthy behaviors. Moreover, the mental health is associated with individuals' intrinsic religiosity. In fact, religion is an asset for the human and no nation in the history has been seen to live without religion (10).

Allport has distinguished two types of religious orientation: intrinsic religious orientation and extrinsic religious orientation. Intrinsic religious orientation regards faith as a supreme value in its own right. People with this orientation are committed to their religious beliefs, practices and rituals. To this group, their non-religious needs, no matter how important they are, are of less ultimate importance. Therefore, they try to internalize their religious values as far as possible, follow the religion completely and live a religious life with such a motivation. In the extrinsic religious orientation, religious beliefs are regarded as means (7). Individuals approach God with such an orientation, without forgetting themselves. On the other hand, people with extrinsic orientation use religion as a means to contribute to the powerful group and obtain support, guidance, social status and a defense mechanism (11). However, from the religious perspective, extrinsic orientation results from intrinsic orientation that manifests itself on the outside. The only difference between these two orientations is the occurrence, i.e. since it is not visible in the intrinsic type, one cannot deceive themselves and others. But in the extrinsic orientation, one can pretend to believe in something which is contrary to their intrinsic beliefs. In fact, the strengthening of beliefs, whether intrinsic or extrinsic, is a preventive

measure to reduce mental disorders at all stages of life. Those who turn away from the religion suffer from an emotional gap and experience different conditions filling this gap. McCoy (2005) (12) regards the tendency toward the drug as an effort to fill the spiritual gap caused by living in a secular society. He believes that offering treatment methods based on the relationship with God and strengthening the faith will effectively help doctors in addiction treatment. Religion plays an important role in the treatment and reduction of mental and physical diseases (Robert, 1991) (13). Moreover, religion is an effective faith-related factor in the treatment and prevention of drug addiction (14).

Douglas (15) states that there is a relationship between religiosity and alcoholism and marijuana in the youth. Studies show that God, religion and spirituality are the key factors in the prevention and treatment of drug abuse (16). The reason is that religion plays a very strong role in self-control and can affect individual's health and proper social behavior (17). Other studies also show that spiritual needs have a relationship with the physical health, accelerating the healing process of patients (18). Those addicts who continue the treatment programs for longer periods show higher levels of spirituality (19). Beigi (20) conducted a study entitled "the impact of social, religious activities on the quality of life of the addicts". The results showed that these activities are good predictors of the quality of life of addicts. Therefore, therapies based on religious beliefs are an effective way to treat addiction. According to subsequent and continuous returns to drugs and the inability in being treated- which are observed in the vast majority of drug users- as well as the importance of the social dimension in the third level prevention of health measures and rehabilitation of these people aimed at returning them to the society on the one hand, and the lack of studies and research on this issue on the other hand, the necessity of this issue made the current researchers to examine the relationship between religious orientation and quality of life of the addicts referring to addiction treatment centers.

Methods

This is an analytical-descriptive, correlational study in which descriptive statistics including indicators such as mean, standard deviation and correlation were used to investigate the relationship between quality of life and religious orientation of addicts. The results were analyzed using inferential statistics, i.e. multiple regression analysis.

The population consisted of male addicts in addiction treatment centers in Qom. 190 volunteers from 8 drug treatment centers responded voluntarily to the questionnaires.

Inclusion criteria were absence of any psychiatric illness, having literacy, giving consent to cooperate in research, being between 18 and 45 years old, experiencing at least 2 years of addiction and, of course, it should be mentioned that only male addicts were included in the sample.

Quality of Life Questionnaire: SF-12 is the short version of the SF-36 questionnaire which is widely used in different studies. The SF-12 version of quality of life questionnaire was designed by Kosinski, & Keller in 1996. The questionnaire includes 8 subscales. Due to the few number of items, the total scores of individuals are mostly used. The present questionnaire measures the quality of life in terms of one's overall perception of health, physical functioning, physical health, emotional problems, bodily pain, social functioning, vitality (energy/fatigue), and mental health. According to this questionnaire, the minimum and maximum possible scores for each dimension of quality of life and total quality of life range from 0 to 100. The questionnaire was scored on a 1-5 Likert scale. The validity of this questionnaire was measured in terms of content validity and test-retest reliability was used to obtain the reliability of the instrument ($r = 0/90$).

Allport Religious Orientation Scale: This questionnaire contains 20 items measuring extrinsic religious orientation (11 items) and intrinsic religious orientation (9 items). Feagin developed a 21-item version in 1963 in which all the items of Allport questionnaire were used. He also added an additional item which had high correlation (0/61) with the extrinsic orientation. This questionnaire has been used ever since. In

Allport's study, the correlation of extrinsic and intrinsic orientation questions was obtained to be $-0/21$. Alpha coefficient was reported to be $0/74$ by Jon Bozorgi (1998), and it was reported to be $0/71$ by Mokhtari et al (2001) for this questionnaire. This questionnaire is scored based on the Likert scoring, and it has been translated and normalized in 1999.

To collect the data, the researcher referred to 8 drug treatment centers. After providing adequate explanations about the purpose of this study and obtaining their consent, each of the subjects voluntarily completed the questionnaires. The questionnaires were to be completed in 20 to 30 minutes. In general, the data were collected in two weeks. Data analysis was carried out using SPSS software.

Results

To investigate the relationship between two variables, i.e. quality of life & intrinsic and extrinsic religious orientation, their correlation coefficients were calculated. The data in table 1 show a positive correlation between two religious orientations and quality of life, and correlation coefficient of these two variables is 0.277.

The stepwise regression analysis was used for a more precise determination of the relationship as well as identification of each predictor variables in explaining the criterion variable. In this stage, religious orientation was considered the criterion variable, and quality of life the dependent variable in the regression equations.

The results in Table 3 show that the variables have the necessary power to enter into the regression equations and there is a significant correlation between the predictor variable and the criterion variable. The coefficient of the regression analysis shows that extrinsic religious orientation predicts 64% of the individual's quality of life.

Discussion

Quality of life is one of the most fundamental concepts in positive psychology. According to the World Health Organization in 2000, the significant goal of health promotion was to increase the life span and the most emphasis was on mortality and symptoms of the disease, whereas improving the quality of life and in

general sense of well-being was among the primary goals of World Health Organization in 2001.

Various studies have shown that addicts have the lowest general health, energy levels, physical functioning and social role performance when compared to other patients with chronic diseases. Religion is the one of the most important factors influencing mental health. It can change the face of the world for a person with a religious attitude and his attitude towards himself, the Creation and the surrounding events. Religion and spirituality offer the existential aspects and can provide the tools for healing, hope, power resources, and coping with problems as well as help people understand their experience of the disease (21, 22). This study also aimed to examine the relationship between religious orientation and quality of life of addicts.

The results indicate that there is a positive correlation between religious orientation and quality of life. The psychological approach has also paid attention to religion and religiosity, especially mental health and religious psychotherapy functions. William (1997) believes that religion makes a spiritual relationship with the invisible world as the soul of the universe. This relationship is created in loneliness and away from all the dependencies, leading to the perception of an invisible order among the phenomena of the universe and achieving an inner confidence and peace of mind which emerges as boundless goodness and charity. According to William, religious people achieve an inner peace and security which are among the basic needs of the subjects in this study. This confidence, hope and inner peace can help these individuals to have a better understanding of the opportunities in their lives, show a better performance as an improvement sign, and achieve the outward manifestation of religion i.e. boundless goodness and charity to their families and society. The results of the present study are consistent with those of the studies by McCoy (2005) and Robert (1991) who found that religion influences the treatment and reduction of mental and physical illnesses. In addition, the results of studies by Heinz et al. (2010), Douglas (2006), and Califano (2001)-

who believe that religion is an effective factor in the treatment and prevention of alcohol and drug addiction and introduce religion and spirituality as the key factors in the prevention and treatment of drug abuse which increase the quality of their lives- are in line with the findings of the present research. The findings by McCullough (2009), Mueller et al. (2001), Windsor & Shorkey (2010), and Beigi (2011) are consistent with the results of this study too, i.e. there is a significant relationship between religious orientation and improvement of quality of life.

Conclusion

Given that the subjects of this research were the addicts being treated, these people can have a better support, guidance, social status, and defense mechanism through the extrinsic religious orientation and also have a better quality of life. This means that a person with good social status, as well as support and guidance of the family and society can have a better understanding of life.

Considering that religious beliefs can be effective in the prevention and treatment of addiction, it is recommended that the researchers conduct experimental and longitudinal studies on the development of treatment programs based on spirituality and religiosity. It is also recommended that addiction therapists pay attention to strengthening the faith and religious beliefs of patients.

Conflict of interest

The authors declare no conflict of interest.

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