

Comparison of Spirituality Dimensions among Opioid-Dependent, Methamphetamine Dependent, and Normal People

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Abstract

Background and Objectives: Substance abuse and dependence is one of the major problems and concerns of today's world. Spiritual vacuums are a cause of tendency toward drugs abuse. The aim of this study is to compare spirituality components among opioid-dependent, methamphetamine dependent, and normal people in Shiraz.

Methods: The study population of this causal-comparative study consisted of 50 normal people, 50 methamphetamine dependent people, and 50 opioid-dependent people selected by convenience sampling. Data collection was conducted by Hall and Edwards Spiritual Assessment Inventory. The data were analyzed by multivariate analysis of variance and the least significant difference.

Results: There was significant difference in spirituality components among opioid-dependent, methamphetamine dependent, and normal people. The normal people's mean score for real acceptance was higher than the opioid-dependent and methamphetamine dependent people's. Regarding impression management, the normal people's score was higher than the methamphetamine dependent people's, and the opioid-dependent people's score was higher than the methamphetamine dependent people's.

Conclusion: Overall, it seems that the substance dependent people have lower levels of the spirituality components. These findings can have important implications for prevention and treatment of substance dependence.

Keywords: Methamphetamine, Opium, Spirituality.

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Introduction

Substance abuse and dependence is a main issue of today's world. Addiction to natural and synthetic substances has increased dramatically in the recent decades, which represents a serious issue in physical and social health (1).

With the spread of methamphetamine use in the recent years, the pattern of substance use has changed in Iran; however, opiates such as opium, crack, and heroin are still the most illegally used substances and a main cause of disease in this country (2).

It is occasionally argued that substance dependence is a disorder involving spiritual dimensions and associated with lack of meaning in life. Frankel argues that lack of meaning in life causes existential vacuum. Existential confusion and frustration represent emotional reactions to existential vacuum that can lead to substance dependence. Lack of meaning in life is associated with low level of

well-being, neuroticism, drug abuse, and suicidal thoughts (3). Indeed, addiction is a psychosocial and spiritual disease (4).

Spirituality and spiritual development has been attracting increasing attention in the arenas of psychology and mental health in the recent decades. It seems that the people of the world have tendency toward spirituality and spiritual issues more than ever, and psychologists and psychiatrists are also increasingly discovering that traditional and simple approaches are not enough to treat psychiatric disorders (5).

Accordingly, Brickman et al. integrated four different conceptual approaches into a single model for development and treatment of substance dependence, one of which is the model of spirituality or insight. According to this model, individual is recognized as responsible for his problematic behavior yet he emphasizes a higher power or spiritual beliefs to make a change (6).

Charzynska study on 112 people with alcohol addiction demonstrated that during psychotherapy, both men and women displayed positive changes in spiritual coping while the women had fewer spiritual coping strategies than the men before initiation of the psychotherapy (7). Ponichtera qualitative study on group therapy for women with methamphetamine dependence showed that spirituality played a role in the life of all the women especially in that group in which all the women, except one, reported spirituality to be a positive constituent of their daily lives (8). Flavio et al. argued that having religious attitudes and beliefs was associated with reduced psychological stress and preventing high-risk behaviors such as smoking, alcohol consumption, and drugs abuse (9). Pardini et al. study on 236 treated substance dependent people showed that faith, spirituality, and mental health were associated. Pardini et al. findings represented that the treated people had high levels of faith and religious dependence but tend to assess themselves as spiritual rather than religious people. That study also reported that, in addition to high levels of religious faith and spirituality, the treated people lived more optimistic lives, enjoyed higher levels of social support and flexibility to deal with stress, and had lower levels of anxiety in addition to high levels of religious faith and spirituality (10). Hoseinyalmadani et al. reported that non-substance dependent and treated people attained significantly higher scores for spirituality than substance dependent people (11). Beygi reported that active participation in Narcotics Anonymous (NA) and adherence to the 12 steps of this program caused revolution and flourishing of spiritual, social, and religious activities among the members that helped them promote their quality of life. More clearly, the revolution and flourishing of the spiritual, social, and religious activities, as the components of spirituality, significantly contributed to predicting the NA members' quality of life (3). Regarding previous studies, the aim of the current study is to compare spirituality dimensions among opioid-dependent, methamphetamine dependent, and normal people.

Methods

This causal-comparative study was conducted on 50 normal people, 50 methamphetamine dependent people and 50 opioid-dependent people referring to the private and public addiction treatment centers of Shiraz. These people were selected by convenience sampling. After making necessary adjustments to obtain the officials' permission, a list of eligible people was prepared according to inclusion and exclusion criteria. The inclusion criteria were being 25-55 years old and having diagnostic criteria of substance abuse according to the DSM-V criteria for substance abuse and dependence, and the exclusion criteria were being female, having polysubstance abuse, being illiterate, and being diagnosed with certain psychiatric disorders such as Alzheimer's disease, dementia, schizophrenia, and paranoid. Then, questionnaires were administered to the participants after necessary explanations about how to respond to the items were given to them so that they were already ready to fill out the questionnaire. It should be taken into account that the substance dependent samples were assigned to two groups matched by age, education level, marital status, and the duration of methamphetamine and opioid abuse.

Meanwhile, the normal samples were matched with the other two groups based on age, education level, and marital status. The study population consisted of all people that suffered from opioid and glass dependence according to the DSM-V criteria for substance abuse and dependence. Data collection was conducted by the Spiritual Assessment inventory (SAI) that is used to measure spiritual development, combines human's spiritual and psychological attitudes, and assesses two dimensions of spiritual development, namely awareness of the existence of Almighty God and the quality of relationship with God. This questionnaire consists of six components: Awareness of God (capacity of being aware of and having relationship with God's presence and relationship with God in life), instability (degrees of feelings of insecurity and fear of being rejected by God), grandiosity (preoccupation with personal welfare and

issues related to power and influence), realistic acceptance (capacity to control personal difficult experiences), disappointment (representing the quality of relationship with God), and impression management (IM, respect that one considers himself and others to deserve because of social activities conducted due to spirituality). The SAI has 47 items rated by 5-point scale.

Hasanzehi investigated the validity of this questionnaire using factorial analysis, and confirmed that it can measure all these five components. Hasanzehi reported percent variance in the awareness, disappointment, realistic acceptance, instability, and grandiosity to be 16.23, 9.1, 8.1, 7.10, and 6.99, respectively (12).

Regarding the reliability of the SAI's components, Amiri reported that the Cronbach's alpha coefficient of the awareness (19 items), realistic acceptance (seven items), disappointment (seven items), grandiosity (seven items), instability (nine items), and IM (five items) was derived 0.82, 0.87, 0.89, 0.71, 0.79, and 0.73, respectively (13).

Data analysis was conducted by multivariate analysis of variance (MANOVA) and the least significant difference (LSD) in the SPSS. The officials of the University of Shiraz and the Shiraz University of Medical Sciences provided necessary approvals to conduct this study. In addition, the participants provided informed consent to participate in this study before filling out the questionnaire.

Result

MANOVA was used to compare the spirituality components among the normal, opioid-dependent, and methamphetamine dependent participants.

Table 1. Results of analysis of variance on the role of spirituality in the three sample

| Components | Sum of square | F | p |
|-----------------------|---------------|-------|-------|
| Awareness | 406.653 | 1.194 | 0.306 |
| Disappointment | 178.093 | 2.173 | 0.117 |
| Realistic acceptance | 305.973 | 3.146 | 0.046 |
| Instability | 227.453 | 2.999 | 0.053 |
| Grandiosity | 179.213 | 3.006 | 0.053 |
| Impression management | 243.693 | 7.267 | 0.001 |

The results indicated that according to the significance levels of the multivariate test,

pillais trace was significantly different ($F=3.57, p=0.001$) in the spirituality components among the three groups. As Table 1 shows, the scores for the IM ($F=7.26, p=0.001$) and real acceptance ($F=3.14, p=0.046$) were significantly different among the three groups. LSD, a post hoc test, was used to determine that the components were significantly different between which groups (Table 2).

Table 2. LSD post hoc test (comparison test) on harvest management component in groups of three

| | Compare couple | DM | SE | P |
|-----------------------|------------------------------------|--------|------|--------|
| Impression management | Dependent opium / methamphetamine | 2.940 | 0.82 | 0.0001 |
| | Dependent methamphetamine / Normal | -2.380 | 0.82 | 0.004 |
| | Normal / dependent of opium | 0.560 | 0.82 | 0.495 |

As Table 2 shows, there was significant difference in the IM between the opioid-dependent and methamphetamine dependent people ($P=0.0001$) as well as between the methamphetamine dependent and normal people ($P=0.004$); more clearly, the opioid-dependent people attained higher scores for the IM compared to the methamphetamine dependent ones, and there was no significant difference in this component between the opioid-dependent and normal people. Indeed, the methamphetamine dependent people attained lower scores for the IM compared to the other two groups.

Table 3. LSD post hoc test (paired comparison), the component accepted in the three study groups

| | Compare couple | DM | SE | p |
|----------------------|------------------------------------|-------|------|------|
| Realistic acceptance | Dependent opium / methamphetamine | 0.280 | 1.39 | 0.84 |
| | Dependent methamphetamine / Normal | -2.88 | 1.39 | 0.04 |
| | Normal / dependent of opium | 3.160 | 1.39 | 0.02 |

Table 3 shows the comparison of the realistic acceptance among the groups. According to the results, there was significant difference in this component between the normal and methamphetamine dependent people ($P=0.04$) as well as between the normal and opioid-dependent people ($P=0.02$); more clearly, the methamphetamine dependent people attained

lower scores for the realistic acceptance than the normal and opioid-dependent people, and the normal people attained higher scores for this component than the opioid-dependent and methamphetamine dependent people.

Discussion

Religion is considered a belief-related factor for the treatment and prevention of drugs dependence (14); as a result, it is essential to explain relationship between religious and psychological concepts in Iran's system that is based on religion and comprehensive religious laws, and in which religion plays a main and undeniable role in the people's lives. Accordingly, the aim of the current study was to compare the spirituality components among methamphetamine dependent, opioid-dependent, and normal people in Shiraz. Our findings demonstrated that out of the spirituality components, the IM was markedly significantly different among the three groups. The LSD results demonstrated that there was significant difference in the IM between the methamphetamine dependent and opioid-dependent people as well as between the methamphetamine dependent and normal people, but no significant difference was seen in this component between the opioid-dependent and normal people. These results are consistent with some studies (3,7,8-14).

From conceptual perspective, the IM refers to respect that one considers himself and others to deserve because of social activities conducted due to spirituality. The IM has two main dimensions, individual's impression of one's own self and others' impressions of him that he is aware of. In fact, the IM is a process through which people seek to affect others' attitudes. If one is willing to develop a specific identity for himself or making attempt to maintain his current identity, he may use the IM. This purpose is realized by displaying intentional behaviors, either verbal or non-verbal (15). Overall, the IM is a conscious or unconscious attempt to control ideas reflected from real social interactions (16). One is constantly seeking to behave in a way that others make the best impression of him.

According to the results, the normal people's scores for the IM were higher and therefore the impressions of oneself and others were infused with more respect in this group. To explain lower levels of the IM in the methamphetamine dependent group compared to the other two groups, we can argue that because of having weak personality constructs such as self-esteem, methamphetamine abusers reach such a degree of absurdity that they do not value themselves and others. As the dose and duration of stimulants use increase, individual, occupational, academic, and social functions quickly diminish. Over time, the abusers become indifferent to the environment and people and indeed, their emotional investment becomes challenging in some way and ultimately heavy and long-term drugs abuse causes incidence of several psychological and behavioral symptoms such as dementia.

In addition, the LSD results showed that there was significant difference in the realistic acceptance between the substance (methamphetamine and opioid) dependent people and the normal people. The realistic acceptance refers to capacity to control difficult personal experiences. Normal people deal with life difficulties and challenges thoughtfully because of having an informed lifestyle. They are able to take decisions, understand, and select. In contrast, people who have tendency toward using drugs may experience certain challenges in dealing with routine problems, cannot deal with the conditions, have inappropriate coping skills, and adopt behaviors that deteriorate the conditions and further disrupt adjustment.

Such people sometimes evade the problems and adopt the behavioral patterns that satisfy none of their physiological and psychosocial needs in the real world but may become their repetitive and relatively fixed behaviors. Dependence on these inefficient behavioral patterns causes deviation and departure from the original purpose and positive and constructive direction of life. Drugs dependence is basically a step-by-step process that leads to excessive substance use and ultimately drugs abuse and dependence (17).

Conclusion

This study demonstrated significant differences in certain spirituality components such as realistic acceptance and IM among the methamphetamine dependent, opioid-dependent, and normal people. Regarding this evidence and the rising rate of glass abuse and associated psychosocial consequences, substance dependence acquisition and subsequently death, and 90% deterioration, we recommend to strengthen spiritual protective factors and address religious issues alongside approaches to psychotherapy.

In addition, because the serious issues due to drugs dependence are related to personality characteristics, which play significant and main role in the initiation, development, and continuation of substance abuse and emergence of substance dependence, it is recommended to conduct personality assessments in addition to administering questionnaires so that the mental and belief-related needs of different age populations of pupils, students, and especially people at risk can be determined in different spiritual, cognitive, attitude, and skill dimensions, because the methods of meeting these needs can influence response to treatment and quality of life. It is also recommended to detect underdeveloped personality and spiritual characteristics of these populations via incorporating relevant courses into their curricula, holding life skills workshops, and conducting personality assessments for the students of different education levels, and then work on these characteristics to offer healthy lifestyle to them and therefore promote their mental health via development of educational and treatment programs. Further studies should be conducted to investigate the spirituality components in the abusers of other substances.

Conflict of interest

The authors declare no conflict of interest.

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