Journal of Fundamentals of Mental Health

Mashhad University of Medical Sciences

Psychiatry and Behavioral Sciences Research Center

Original Article

The mediating role of psychological hardiness in the relationship between spiritual well-being and religious commitment with the vitality in people with substance abuse disorder

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Abstract

Introduction: Psychological hardiness plays a significant role in coping with problems and disasters. The purpose of this study was to investigate the mediating role of psychological hardiness in the relationship between spiritual well-being and religious commitment with vitality feeling in people with substance abuse disorder.

Materials and Methods: This is a descriptive-correlational study. The statistical population of this study consisted of all people with substance abuse disorder who were referred to addiction clinics in Mashhad during May-July 2016. According to Morgan table, 225 people with substance abuse disorders were selected by convenient sampling method. They responded to the questionnaires of Desi and Ryan vitality, Janbozorgi religious commitment, Paloutzian and Ellison's spiritual well-being, and Kubasa's psychological hardiness. The data were analyzed by correlation and path analysis methods using Amos and SPSS software.

Results: The findings showed that psychological hardiness plays a significant mediating role in the relationship between spiritual well-being and religious commitment with feeling of vitality in people with substance abuse disorder. Also, there is a significant positive relationship between spiritual well-being and religious commitment with feeling of vitality in these people.

Conclusion: According to the results, it seems that psychological hardiness has a mediating role in the relationship between spiritual well-being and religious commitment with the feeling of vitality in people with substance abuse disorder.

Keywords: Psychological hardiness, Religious commitment, Spiritual well-being, Substance abuse disorder, Vitality.

Please cite this paper as:
Amlakian P, Amiri M, Taheri E. The mediating role of psychological hardiness in the relationship between spiritual well-being and religious commitment with the vitality in people with substance abuse disorder. Journal of Fundamentals of Mental Health 2020 Jan-Feb; 22(1): 17-25.

Introduction

Substance abuse and addiction are of the most important social problems that are prevalent not only in our country but also around the world and have always occupied the minds of socio-cultural policy makers (1). This phenomenon is even more prevalent in our country as one of the developing countries that is taking the steps of socio-economic transformation (2). Substance use disorders may prevent a person from performing basic duties related to occupational, educational, or family roles, and may continue to abuse despite social and interpersonal problems due to substance and

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Received: May. 26, 2019
Accepted: Sep. 29, 2019

abandoing or reducing important social, educational and pleasant activities which may lead to depression and other mental disorders (3). So that depression, loneliness, inadequacy, and inactivity may be higher in addict individuals than healthy people (4).

Therefore, considering the role of factors such as depression and lack of vitality in people's tendency towards addiction, it is necessary to pay attention to the concept of vitality in this research. Vitality means to be alive, neither stimulated nor compelled to do it; lesser conflicts means to free from liberated repression mechanism and the greater sense of vitality, creativity, self-sacrifice and energy (5,6). According to Seligman's theory of pleasure, vitality is like a kind of mental happiness, and a life full of vitality is the maximization of pleasure and the minimization of pain (7).

In other words, vitality can be defined as cognitive and emotional assessments of one's life, which on the one hand is related to emotional reactions to events and on the other hand to cognitive judgments about satisfaction and performance (8). It should be noted that religious beliefs are one of the factors affecting the vitality of people with substance abuse disorders, as Naghibi, Ash'ari, Rostami and Hosseini (9) point out that religious beliefs about the impact of life pressures can reduce consumption tendency and enhancing the spiritual dimension can promote mental health, reduce mental disorders, reduce the tendency to substance abuse and prolong the course of addiction treatment (9).

Finally, reinforcing these beliefs by creating hope and encouraging positive attitudes lead to inner relaxation and consequently the feeling of being vitality in people.

In this regard, Haratian (10), in his research, has shown that there is a significant relationship between commitment to religious concepts and the components of life satisfaction, mental health, hardiness and vitality. Religious commitment is the cognitive, emotional, and behavioral acceptance to religion (11).

Janbozorgi believes that religious commitment has three dimensions (12); (a) Religious commitment: The person undoubtedly regulates his or her behavior based on religious criteria and tries to design all his or her behavior based on religion b) Religious instability: The individual has no obligation to regulate behavior based on religious principles or guidelines. c) Religious ambivalence, that is, one is always in a state of religious suspicion.

In addition to the constructive role of religious commitment in promoting happiness and vitality, the component of spiritual well-being also appears to be related to the feeling of vitality, as spiritual well-being, which is a religious element, signifies a relationship with a higher power, God. When spiritual well-being is compromised, one may experience mental disorders such as feeling lonely, depressed, and loss of meaning in life, which can make it difficult to adapt to life, especially one's eternal life (13). So having spiritual well-being can mean having vitality.

In the same line, Stavrova, Fetchenhauer, and Schlosser found that spiritual well-being enhances mental health and that those who observe religious issues enjoy greater happiness and vitality (14).

Surbhi (15) defines spiritual well-being as one's degree of understanding of the spirituality and sense of well-being that derivated from spiritual attitudes and determination.

Considering the above sentences and the relationship between the two components of religious commitment and spiritual well-being with vitality in people with substance abuse disorder, the researchers seek to mediate the relationships between these factors. Hardiness acts as a source of resistance in the face of stressful life events, and in religious texts, patience and resistance in front of problems have been emphasized, and it is used as a mediator among the components mentioned in the present study.

Hardiness modulates how stressors are handled in individuals and helps them to analyze stressful situations successfully (16). Hard people have the power to control life events and evaluate their problems as opportunities for progress rather than distress (17). Hardiness has three components, including commitment, control, and challenge. Highly committed people believe in the importance, value, and meaning of who they are and what they do, and are able to find meaning and curiosity about what they do. People in high control find life events predictable and manageable and believe that they are able to influence whatever is happening around them.

People with high levels of struggle believe that change is the natural aspect of life. These people see positive or negative situations that require adaptation as an opportunity for

learning and growth rather than as a threat to their safety and comfort (18). Considering the aforementioned findings and the role of psychological hardiness in the face of problems and disasters, the researchers seek to answer the question of whether psychological hardiness has a mediating role in the relationship between spiritual well-being and religious commitment to vitality in people with substance abuse disorder.

Materials and Methods

The present study was descriptive-correlative study whch conducted through path analysis method. The statistical population is all people with substance abuse disorder who referred to addiction treatment clinics in Mashhad during May- July of 2018. The sample size according to the researches, were calculated as 550 cases and 225 individuals were selected using Morgan table. Out of them, 3 persons did not answer the questions completely so the sample was reduced to 223 cases. It should be noted that the sampling method of the present study was convenient. Inclusion criteria: 1) Net diagnosis of substance abuse disorder according to DSM 5,2) Not taking psychotropic drugs, 3) Having at least a mediating level of education**.** Exclusion criteria: 1) Severe mental illness (such as severe mood or anxiety disorders) 2) Using drugs that may severely affect mood, 3) Lack of sufficient literacy to understand the questions.

Research instrument

A) Desi and Ryan Questionnaire of Vitality: This questionnaire consists of eight 7-items questions which each question is scored 1 to 7. The maximum score in this questionnaire is 56. Ryan and Friedrich calculated the reliability of this test to be 0.96 (19), indicating that it is suitable. In Siadatian, Atayi, and Ghamarani research, 40 subjects were tested as pilot study using Cronbach's alpha method and the reliability coefficient of 0.79 was obtained. According to Arfa, Ghamarani and Yarmohammadian (20), its validity was confirmed by 5 faculty members of psychology department of Isfahan University. Reliability of vitality questionnaire in this study was calculated as 0.67 by Cronbach's alpha method.

B) Questionnaire of Religious Commitment: This questionnaire was designed to measure the religious behavior and the degree of religious commitment of individuals in Islamic societies, based on Islamic statements, and on the basis of Quran and Nahj al-Balaghah statements on the characteristics of religious individuals. The 100-question form was conducted on 268 college students and Cronbach's alpha was 0.77. After separating 40 questions of Cattell's anxiety test, a 60-item instrument was developed to measure religious commitment (12). Janbozorgi considers this questionnaire to have three subscales: A) religious commitment; B) religious instability; and c) religious ambivalence**.** Janbozorgi (12) observed using factor analysis method that the construct validity of this test was 0.82. Reliability of each subscale of religious commitment, ambivalence and religious instability were 0.87, 0.68 and 0.72, respectively, and the mean reliability of all subscales was 0.76. In this study, reliability of each of the subscales of the religious commitment questionnaire including religious ambivalence, religious instability, and religious commitment was calculated by Cronbach's alpha method as 0.72, 0.75 and 0.69 respectively**.**

C) Spiritual Well-being Questionnaire: Paloutzian and Ellison made it in 1982 with 20 items. Its ten items relate to religious well-being (a religious element and a sign of a relationship with a higher power, namely God) and ten existential well-being measures (a psychosocial element and a sign of a person's sense of who he is, what he does and where he belongs and where he belongs).

The range of questions is categorized as 6-point Likert scale. The range of religious and existential well-being scores is 10-60. The spiritual well-being score is the sum of these two subgroups with a range of 20-120. Paloutzian and Ellison reported the test-retest reliability coefficients for the subscales of religious well-being (21), existential well-being, and the whole scale as 0.63, 0.86, and 0.93, respectively, and Cronbach's alpha coefficients were 0.91, 0.93 and 0.91 respectively. In early studies by Paloutzian and Ellison the validity of this questionnaire was reported as 0.78 to 0.94 (21).

Reliability of this scale by Dehshiri, Sohrabi, Jafari, and Najafi on male and female students through Cronbach's alpha for total scale and religious and existential well-being subscales reported as 0.90, 0.82, and 0.87, respectively (22). In Asgari, Roshani and Mehri Adriani research (23), in order to determine the validity and reliability of the spiritual well-being scale,

the scale was administered simultaneously with the SCL-25. The obtained results indicate acceptable validity and validity of this scale. In the present study, reliability coefficients of Cronbach's method for the subscales of religious well-being, existential well-being and the total scale were calculated as 0.71, 0.56 and 0.77, respectively.

D) Kubasa Psychological Hardiness Questionnaire: This scale was made by Kubasa to measure psychological hardiness based on personal viewpoint (24). This scale is a 50-item questionnaire consisting of challenge, commitment, and control subscales based on a Likert scale (4 choices) and with a range of zero (not correct at all) to 3 (completely correct). It is noticeable that questions 6 to 21 and 28 to 50 have reverse scoring.

The scores 0 to 66 indicate a low level of psychological hardiness while the scores 66-132, indicate moderate psychological hardiness and the scores higher than 132 indicate high psychological hardiness.

Ghorbani translated this test in 1992 and calculated its validity and made the necessary corrections. Kubasa's studies show that the components of psychological hardiness (24), control, commitment, and challenge, and total test have reliability coefficients as 0.70, 0.52 0.52 and 0.75 respectively. In Besharat, Salehi, Shah Mohammadi, Nadali, and Zirdast (25), the alpha coefficients ranged from 0.88 to 0.93 for the commitment subscale, 0.85 to 0.94 for the control subscale, 0.89 to 0.95 for the challenge subscale, and 0.87 to 0.94 for total hardiness scale. Yarali validated the hardiness scale using different scales and reported reliability coefficients of 0.60(26), 0.73, 0.51, and 0.27 for the total scale, commitment, control, and chalenge subscales, respectively. In this study, Cronbach's reliability coefficients for commitment, challenge, control and total scale were calculated as 0.55, 0.62, 0.72 and 0.69, respectively.

In this study, descriptive and inferential statistics were used to data analysis. Descriptive statistical indices used are frequency tables, percentages, mean and standard deviation. Pearson correlation and structural equations, SPSS 21 and Amos 22 softwares were used.

Results

In this section, the sample is described in terms of demographic characteristics (prevalence, age, education, and duration of abuse) using the table.

Table 1. Demographic characteristics of participants

Variable		Prevalence	Percentage	Cumulative percentage	Valid percentage
Age	20-30 year	26	11.7	11.7	11.7
	31-40 year	95	42.6	42.6	54.3
	41-50 year	74	33.2	33.2	87.4
	51-60 year	28	12.6	12.6	100
	Total	223	100	100	
Educational level	Diploma and lower	157	70.4	74.1	74.1
	Bachelor	18	8.1	8.5	82.5
	MA	20	9	9.4	92.0
	MS	17	7.6	8.0	100
	Without answer	11	4.9		
	Total	223	100		
Duration of abuse	1-2 years	20	9	9.2	9.2
	3-5 years	33	14.8	5.2	24.4
	6-10 years	65	29.1	30	54.4
	11-15 years	99	44.4	45.6	100
	Without answer	6	2.7		
	Total	223	100		

Table 1 shows that the majority of participants aged 31-40 years, with the majority having a high school diploma and the lower degrees, and the majority of them consuming substance 11-15 years**.** Descriptive data including mean and standard deviation of each variable studied are presented in Table 2**.**

Table 2. The scores of hardiness, spiritual well-being, religious cimmitment and vitality in participants

Component	Dimension	Mean	Standard deviation
Psychological hardiness	Commitment	29.86	5.25
	Challenge	28.55	5.22
	Control	34.69	5.32
	Total	93.11	13.08
Spiritual well-being	Religious well-being	28.53	4.0
	Existential well-being	28.11	4.72
	Total	56.65	7.93
Religious commitment	Religious commitment	70.77	7.62
	Religiuos ambivalence	79.70	9.17
	Religious instability	57.41	11.08
	Total	26.79	5.86

The tilt and elongation test was used to check the normality of the data. The results for all variables ranged from +1.96 to -1.96 indicating that the data were normal. Since correlation matrix is the basis of causal models analysis, especially structural equation modeling, so before examining the theoretical model, correlation matrix of research variables is presented in Table 3 to investigate the relationship between variables.

Table 3. The correlation test between the variables

Variable	Commitment	Ambivalence	Instability	Spiritual well-being	Hardiness	Vitality
Commitment	1					
Ambivalence	**0.34	1				
Instability	**0.31	**0.83	1			
Spiritual well-being	**0.17	-0.08	-0.12	1		
Hardiness	**0.44	0.08	0.08	*0.16	1	
Vitality	**0.51	*-0.13	*-0.15	**0.50	**0.44	1

The results of the above table show that the relationship between research components is significant at the level of 0.01; for example, there is a significant relationship between religious commitment, religious instability and religious ambivalence with vitality, and also there was a significant positive relationship between spiritual well-being and vitality. Path analysis was used to investigate the direct and indirect effects of spiritual well-being and

religious commitment on feeling of vitality. The statistical fit of the proposed model to the research data was analyzed using Amos software and fitting indices. According to the obtained indices according to Table 4, the proposed model had a good fit**.**

Table 4. The fitness indices of the model

Fitness index	Fitness amount	Satified amount	Result
Chi –Square /degree of Freedem	2.86	<3	Accept
NFI	0.95	Approximately 0.9 or more	Accept
NNFI	0.91	>0.9	Accept
GFI	0.96	>0.9	Accept
AGFI	0.88	>0.9	Accept
IFI	0.97	>0.9	Accept
RMSEA	0.092	Between 0.05 to 0.08	Accept

Based on the fitting results of the above model, the model has a relatively good fit. It should be noted that the square root of mean square error of approximation (RMSEA) 0.05 to 0.08 is acceptable and values 0.08 to 0.10 are considered to be moderate fit and values above 0.10 are considered as poor fit of the model which is 0.092 in the present study, indicating a moderate fit**.**

Table 5. The standard direct or indirect coefficients of the model

Predictor variable	Independent variable	Direct effect	Indirect effect	Total effect
Spiritual well-being	Vitality	**0.57	*0.05	**0.62
Religious commitment	Vitality	**0.30	*0.08	**0.38
Religious instability	Vitality	-0.13	-0.004	-0.13
Religiuos ambivalence	Vitality	-0.06	-0.02	-0.08
Psychological hardiness	Vitality	*0.19	-	*0.19
Spiritual well-being	Hardiness	**0.22	-	**0.22
Religious commitment	Hardiness	**0.45	-	**0.45
Religious instability	Hardiness	-0.02	-	-0.02
Religiuos ambivalence	Hardiness	-0.10	-	-0.10

According to Table 5, it can be said that the direct effect of spiritual well-being and religious commitment on vitality and psychological hardiness and the direct effect of psychological hardiness on vitality are significant (P<0.05), but according to Table 4 the indirect effect of religious instability and religious ambivalence on psychological hardiness and vitality was not significant (P> 0.05). In the following, we evaluated the mediating role of this component by the involvement of the psychological hardiness

component on the relationship of each above variables. The findings in Table 5 show that psychological hardiness plays a mediating role in the relationship between spiritual well-being and religious commitment to vitality. However, the mediating role of psychological hardiness in the relationship between religious ambivalence and religious instability with vitality was not confirmed.

Discussion

The purpose of this study was to investigate the mediating role of psychological hardiness in the relationship between spiritual well-being and religious commitment with the feeling of vitality. The results showed that there is a significant positive relationship between spiritual well-being and its components (religious well-being and existential well-being) with the feeling of vitality. This result is in line with the researches of Hossein Sabet and Mumipour (27), Jalalian, Ziapour, Mukari and Kianipour (28), Ebadi, Hosseini, Rahgoo, Fallahi, and Biglarian (29).

Concerning the relationship between spiritual well-being and vitality feeling in people with substance abuse disorder, it can be said that spiritual well-being in people with substance abuse disorder creates sense and purpose and causes vitality feeling in people.

In this regard, Naqibi, Ash'ari, Rostami, and Hosseini argue that spirituality reduces the impact of life's pressures on the tendency to use substance (9). In addition, the results showed that there is a negative significant relationship between religious instability and religious ambivalence with the feeling of vitality; also there is a significant positive relationship between the component of religious commitment and feeling of vitality. The results are in line with those of Hossein and Kabir (30), Stavrava et al (14), Hossein Sabet and Moomipour (31) and Wade, Hayes, Beckstein, Williams and Bajaj (32). In their research, they found that there was a significant relationship between the components of commitment to religion, vitality and happiness.

Jan Bozorgi (12) states that one has no obligation to regulate behavior on the basis of religious principles or guidelines, always has religious suspicion. He is less tolerant of adversity and does not feel good about himself or his relationship with God; as a result, one may engage in non-godly and immoral acts for the sake of self-interest, such as substance abuse seeking freedom from problems rather than resorting to God.

As Ranjbar Noshi and the Baradaran (32) in their study stated, people with substance abuse disorder have an external religious orientation and thus use external factors more than internal factors to obey and sense their vitality; by resorting to a factor that is not always available and deteriorating, it reduces the sense of vitality in these individuals. It can be said that there is a significant negative relationship between religious instability and religious ambivalence with the feeling of vitality and there is a significant positive relationship between the component of religious commitment and feeling of vitality.

The results also showed that psychological hardiness plays a mediating role in the relationship between spiritual well-being and religious commitment with a sense of vitality in people with substance abuse disorder.

These results are in line with the research of Mahdis and Ghaffari (33), Shahsavar, Ghaffari and Khomeini (34), Jalilian Kaseb, Hojjatkhah and Rashidi (35) and Turiano, Whitman, Hampson, Roberts and Morazik (36).

The researchers found in their research that psychological hardiness has a significant relationship with the relationship between religion and hope in people with addiction.

Finally, the limitations of this study are the small sample size and the use of the correlation method that do not allow for causal conclusions.

Conducting research on larger samples with either empirical or longitudinal approaches can lead to more generalizable results and to support confirmatory results.

Conclusion

According to the results, it seems that psychological hardiness has a mediating role in the relationship between spiritual well-being and religious commitment with the feeling of vitality in people with substance abuse disorder.

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