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Determine the contribution of the quality of life components and happiness in predicting resilience of addicted people quitting substance abuse

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Abstract

Introduction: The purpose of this study was to determine the contribution of the quality of life components and happiness in predicting resilience of people quitting substance abuse.

Materials and Methods: In this descriptive-correlational study conducted in 2017-2018, one-hundred addicted men who quit substance abuse were selected through a randomized cluster sampling method in addiction treatment centers of Ahvaz city, Iran. Data were collected by the Short Form of Health Survey Questionnaire, the Oxford Happiness Inventory (OHI), and Conner and Davidson Resilience Questionnaire (CD-RISC). The data were analyzed using SPSS 23 software, including statistical methods such as descriptive and inferential statistics.

Results: The results showed that factors such as psychological quality and happiness had a positive significant correlation with resilience and the positivity of these coefficients actually indicated that with increasing these factors, the amount of resilience increases. Moreover, the results of linear regression showed that quality of life and happiness were able to predict 0.31 of variance of resilience in people quitting substance abuse.

Conclusion: Regarding to the important role of quality of life and happiness increasing the resiliency of people quitting substance abuse, it seems that assessment of the quality of life, happiness, and resilience of individuals can be considered in evaluating treatment of substance abuse disorder, and therapeutic interventions.

Keywords: Addiction, Happiness, Quality of life, Resilience

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Introduction

Substance addiction, one of the four global crises of the third millennium is at the head of the threats and social harm. It is one of the most harmful problems of today's societies that challenge most of the societies, especially our society, and its impact on the emergence of other social damage is obvious (1). Despite the dangers and addiction consequences, the number of victims of this deadly trap is steadily rising (2). The collapse of individual character, the destruction of a family, the increase in other types of damages and social crimes, reducing labor productivity, increasing the unemployed population, reducing general health, and many other consequences have been mentioned in substance addiction (3). Recovery and relief from addiction have been usually identified as a period characterized by enduring a sustained decline in substance abuse, improved personal health, and improved social performance. Therefore, quality of life is also associated with substance abuse disorder because it is a structure that embodies the individual's mental view of a wide range of clinical, functional, and personal variables (4). The adverse effects of substance-related disorders in various areas reduce the quality of life of these individuals than healthy people (5-9).

One of the variables related to the physical and psychological health of addicted people is happiness. Happiness surely is one of the greatest human's goals, which everybody is trying to achieve it. The level of happiness is based on the evaluation of individuals themselves and their lives; these evaluations may have a cognitive aspect, such as judgments about life satisfaction or an emotional aspect that includes the mood and emotions that appear in response to the events of life (10). Therefore, happiness has two basic components (emotional and cognitive). The emotional dimension leads to a person who has a sense of happiness is considered by others as a lively person, and in social relationships, they can communicate easier with others. In addition, from a cognitive perspective, such a person has a positive attitude towards the world around him/her and sees with an optimistic view of the events (11). Zand et al.

in a research on the relationship between happiness and the relapse of substance abuse, showed a significant reverse relationship between the level of happiness and the frequency of recurrence (7). Also, Heidari and Dehghanizadeh considered to the environmental factors and individual interaction to increase happiness in addicted people (12).

In addition, the concept of resilience has raised a new framework for preventing addiction. Resilience is the source of reducing the risk factors of the environment that triggered maladaptive behaviors. Understanding environmental protection factors are the key against the harmful effects of risk factors. In addition, knowing and recognizing individual vulnerabilities that are considered to be threats to resilience are very important (13). So, resilience has arisen as a product of an interaction between individual and environmental factors and the various factors that protect individuals from the negative effects of life situations (14). Research showed an inverse relationship between resilience and the tendency toward addiction (15). Also, people with a high probability of substance abuse have low resiliency (16).

Perhaps resilience is a protective factor that plays an important role in a person's life. On the other hand, part of the popularity of resilience and related research is because this view focuses on the capabilities, capacities, hopes, and powers of the individual. Several studies have been conducted on resilience as an important variable in creating happiness and quality of life (17,18). As observed, more studies assess the resiliency factors with an individual and family approach and less attention to the quality of life and happiness in addicted people after quitting. However, research on this critical principle that which components of quality of life and happiness contribute to predicting people's resilience quitting substances has not been investigated until now, which is addressed in this study.

Material and Methods

The present research is a correlational study. The statistical population of this study included all male individuals who quit addiction in Ahvaz

city. One-hundred participants were selected through the cluster-sampling method in the academic year of 2017-2018. To select the cases, four districts of different Ahvaz regions considered. There were three addiction treatment centers in each region. Then, the 2nd region was randomly selected. The questionnaires distributed among the three addiction treatment centers in this region. The individuals, who quit addiction, had weekly or daily group meetings. Therefore, the criteria for entering the research were considered by the psychologists of the centers, which included: at least three years of abandonment, lack of depression and mood disorders. Exclusion criteria included relapse, unwillingness to continue, and incomplete questionnaires.

Research instrument

A) Short Form of Health Survey Questionnaire: This self-report questionnaire, mainly used to assess the quality of life and health, was developed by Ware and Sherbourne (17). It has 36 terms and eight domains of physical function, social function, physical role, emotional role, mental health, vitality, physical pain, and general health. In addition, 36 items also provide two overall measurements, the overall physical component score (PCS), which also measures the physical dimension of health, and the overall score of the mental component (MCS), which measures the psychosocial dimension of health. The score in each of these territories varies from 0 to 100, and the higher scores indicate the better quality of life. The reliability and validity of this questionnaire in the Iranian population confirmed equal to 0.85 (18,19). The internal consistency coefficients of its eight subscales were reported to be 0.70. In addition, this questionnaire can differentiate between healthy and patient subjects in all indices (re-test coefficients with a week interval: 0.79) (19).

B) Oxford Happiness Inventory (OHI): Argyle, Martin, and Crossland developed this questionnaire in 1989 through consultation with Aaron T Beck. They reversed the items of the Beck Depression Scale and obtained 21 items. After adding 11 items and assessments, the final questionnaire provided with 29 items which responded from 0 (strongly disagree) to 3 (strongly agree). The total score of the subjects varies from 0 (depression) to 87 (maximum of happiness) (20). In this study, the reliability of this questionnaire by Cronbach's alpha and half method reported 0.89 and 0.94, respectively.

C) Conner and Davidson Resilience Scale (CD-RISC): This questionnaire has 25 items to measure the resilience structure in a 5-degree Likert scale from zero to four. The minimum score of the subject's resiliency on this scale is zero, and the maximum score is 100. In this research, Cronbach's alpha (0.84) was used to assess the reliability of the resiliency questionnaire, which indicated the desired reliability of the resiliency questionnaire (21). In a cross-sectional study, Jowkar and Rahimi obtained the reliability of the scale in Shiraz students using Cronbach's alpha coefficient equal to 0.87 (22).

After collecting data, the data were analyzed using SPSS version 23, descriptive statistics, and inferential statistics.

Results

In the present study, 100 cases participated. Among them, fifty were single, and fifty were married. In term of education level, thirty-five had elementary education, twenty had intermediate education, while forty-five of them had high school education. In term of age groups, fourteen aged 21-25 years, twenty-nine aged 26 to 35 years, eighteen aged 36-40 years, and thirty-nine aged 41 years and over. Table 1 presents the descriptive findings of the variables.

Table 1. The descriptive findings of the variables

Variables	M ± SD
Happiness	31.70 ± 8.60
Physical quality	46.68 ± 11.02
Psychological quality	46.75 ± 10.61
Social quality	82.73 ± 9.08
Environmental quality	50.28 ± 21.34
Quality of life	70.62 ± 7.68
Resilience	58.68 ± 10.69

According to Table 1, the results of descriptive indices show that among the quality of life component, the psychological quality component has the highest score than other components.

According to Table 2, the results show a significant relationship between quality of life and happiness with resilience at 99% confidence level ($P < 0.01$).

Table 2. Correlation matrix of predictive variables

Variables	r	P
Physical quality	0.163	0.105
Psychological quality	0.358	0.001
Social quality	0.048	0.632
Environmental quality	0.84	0.408
Quality of life	0.311	0.002
Happiness	0.506	0.001

Table 3. Regression results of factors of quality of life and happiness on resilience

Model	Sum squared	df	Mean of squared	F	R	R ²	R ² _{adj}	P
Regression	3907.89	5	781.58	9.92	0.58	0.34	0.31	0.001
Remainder	7406.46	94	78.79					
Total	11314.36	99						

In this research, the value of R2 is equal to 34.4, that is, the factors of quality of life and happiness can predict resilience 34% and 66% of the rest are related to other factors. The value of

the R2 coefficient in this study is 0.31; that is, the quality of life and happiness can predict resilience 31% (Table 3).

Table 4. Standard coefficients, non-standard and t statistic of the variables in the regression equation

Predictive variables	Regression coefficients		P	T
	Standardized coefficients	Not standardized coefficients		
Constant		1.11	0.933	0.08
Happiness	0.46	0.64	0.001	5.10
Physical quality	0.14	0.18	0.091	1.71
Psychological quality	0.26	0.25	0.005	2.91
Social quality	0.12	0.12	0.175	1.37
Environmental quality	-0.13	-0.16	0.142	-1.48

As the results of the Table 4, the factors of happiness and psychological quality have a significant relationship with resilience at 0.05, and the positivity of these coefficients indicates that with increasing these factors, the amount of resilience increases. Finally, the standard equation of regression should be considered with variables that significantly affect the model and variables that have no significant effect on the

model are eliminated from the regression equation. Also, the subscales and the total score of PROCSI have a positive and significant correlation with all subscales and the total score of DASS ($P < 0.01$) and have a positive and significant correlation with many subscales and total score of RBI as well as OCI-R ($P < 0.01$ and $P < 0.05$) that indicate the appropriateness of the convergent validity of PROCSI.

Discussion

Based on the importance of resilience against tendency to substance abuse and addiction, the current research examined the contribution of the quality of life components and happiness in predicting the resilience of people quitting substance abuse. Regarding the findings, the relationship between quality of life and happiness with resilience was significant. The quality of life and happiness can predict resilience equal 31%. These results are consistent with the findings of the conducted studies (6,8,9).

In this research, the results showed that happiness and psychological domain of life quality have a significant relationship with resilience. The positive of these coefficients indicates that increasing these factors increases resilience, and reducing the probability of the substance abuse. Research has shown that the resilience in individuals with substance abuse is different from their attachment styles and social support. Social support, the support of friends and families, which are components of quality of life, are practical steps to increase the resilience of the people who quit substance abuse. There is a negative and significant relationship between a return to addiction and perceived social support and resilience (8).

In the explanation of the findings, it can be said that social support increases psychological well-being, which acts as a buffer from relapse after treatment and increased resilience (23). Furthermore, avoiding substance abuse is positively associated with social support. Also, the effect of individual and family variables on resiliency confirms the mediating role of family variables and resiliency (13), because believes that it will improve the ability to overcome threats and challenges (24).

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Zand et al., in explaining the relationship between happiness and resilience in substance abusers, according to psychological and behavioral theories of addiction, stated that preventing substance abuse and creating happiness in this group of community members have the necessary potential (7). Also, the training of choice theory can be effective in the quality of life and happiness of those who quit substance abuse (25). According to the theory of positive psychology, explaining research findings, focusing on abilities and talents instead of paying attention to disorders and abnormalities, seeks to identify psychological structures that create well-being and happiness. These structures include topics such as resilience, optimism, and psychological well-being (26).

One of the limitations of this research is the low sample size that limited the generalization of the results. The statistical population of this study was only men. Therefore it is not possible to generalize to women's society, but it is suggested that these variables are compared in two genders.

Conclusion

Generally, the results of this study showed that quality of life and happiness are effective in predicting the resilience of people quitting substance abuse. It seems that assessment of the quality of life, happiness, and resilience of individuals can be considered in evaluating treatment of substance abuse disorder, and therapeutic interventions.

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