

The comparison of resilience and spirituality in addicted and non-addicted women

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Tahereh Ramezani¹,
Samaneh Behzadifard²,
Nooshin Parvaresh³,
Younes Jahani⁴,
Fahimeh Bakhtyari⁵,
Azizollah Arbabisarjou⁶

Abstract

Introduction: The extent and nature of addiction among women of our country has been less known. For this reason, their requirements and needs are not addressed in planning process for control addiction. The present study was designed to compare the resilience with spirituality among addicted and non-addicted women.

Method: In order to conduct this investigation, 45 addicted women were chosen as referents to female detoxification centers in Kerman city (Shahid Beheshti and Monadian Salamat) by means of simple randomized sampling method. Each of addicted women introduced one of her relatives, who had no background in addiction and s/he was cohort similar to her in terms of age, education, economic status, and marital status. All participants completed the demographic questions and Spirituality Questionnaire (SQ, Dunning & Parsian) and Conner-Davidson Resilience Scale (CD-RISK) Inventory. Data were analyzed by means of independent T-Test, Mann-Whitney U, Chi-Square, Fisher Test, Kruskal-Wallis test, and Spearman's Correlation Coefficient.

Findings: The addicted and non-addicted women showed significant difference in both variables of resilience and spirituality ($P < 0.0001$) while non-addicted women acquired higher scores in variables of resilience and spirituality. Likewise, direct significant relationship was found between two addicted and non-addicted groups in terms of resilience and spirituality in which as variable of spirituality is added, the variable of resilience was also increased.

Conclusion: The women with lower spirituality and resilience were more likely subjected to drug abuse therefore with strengthening spi-

- 1 Lecturer, PhD Student in Nursing, Kerman University of Medical Sciences, Kerman, Iran.
- 2 MSC in Psychiatric Nursing, Kerman University of Medical Sciences, Kerman, Iran (Corresponding Author): Postal Code: 6814758179
- 3 Associated Professor of Psychiatry, Neuroscience Research Center, Kerman University of Medical Sciences, Kerman, Iran
- 4 Assistant Professor, Department of Biostatistics, Kerman University of Medical Sciences, Kerman, Iran
- 5 MSC in Librarian Field, Kerman University of Medical Science, Kerman, Iran
- 6 PhD, Pregnancy Health Research Center, Zahedan University of Medical Sciences, IR Iran.

Contact information:

✉ Samanehbehzadi847@gmail.com

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rituality and resilience in women who are exposed to addiction risk one can prevent from their possible tendency to drug abuse. Similarly, it is suggested to employ improving skills to increase resilience in the addicted women in detoxification centers including spirituality, meaning of life, and training of resilience for them.

Introduction

Statistics show that there are 218 million addicted persons in the world. From healthcare perspective, 5 million people die due to drug abuse throughout the world in average every year (1). The strategic position of Iran and placement at neighborhood of the countries, which are assumed as the poles of production of drugs in the world, has caused high level of prevalence of addiction in this country (2) in such a way that according to the report of UN office for fighting against crimes and drugs, Iran possesses the highest ratio of addicts to population among world countries. The rate of addiction growth is 3 times greater population growth in Iran: The addiction growth has been annually about eight percents in the country while the population of the country grows approximately 2.1%. Thus, number of the addicted persons is 3 times greater than population growth (3).

Although, drug abuse has been increased in both genders during the recent years, the speed of rising trend has been significantly greater in women than in men. The statistical studies indicate that there is one addicted female per 8 addicted males (3). The women have not been separately studied in many researches regarding field of addiction. Alternately, this fact has been accepted that the results of studies on men may not be employed simply as the efficient solutions for problems of women since women have different needs compared to the men.

Although, most of the non-addicted populations have lived under risky and difficult conditions, they have managed to preserve their health. It should be asked what factor or factors cause the individuals to live under inappropriate and stressful conditions and not to tend to drug abuse under exposure to a lot of risky factors? How such individuals can remain healthy while most of their relatives and other persons under the same conditions have been entrapped in addiction? What is the secret of remaining healthy? The answers of these questions are latent in concept of resilience (4). The resilience is defined as capability to resist against stress and return to normal stable conditions (5). Resilience refers to individual's potential for adaptation to risky conditions (6). The resilience is defined as capability to resist against stress and return to normal stable conditions (5). The evidences indicate that the resilient persons are less unlikely absorbed by risky behaviors such as drug abuse (7). Sutherland et al showed in US that the drug- dependent women possessed less resilience than non- dependent female to drugs (8).

Spirituality is one of the other protective factors against addiction. Spirituality denotes the relationship of a person with a metaphysical force or higher power (9) that is placed beyond the religious beliefs and it creates motive in human and generates some emotions in person such as perceiving divine grandeur and respect for genesis (10). Spirituality is often defined as follows: 'It includes the individual beliefs and actions affected by relation with God

and or a superior power in the world' (11). Some people argue that spirituality is one of the foremost sources based on which the individuals avoid from drug abuse (12).

It is found in some studies that spirituality and religion are negatively related to drug abuse and positively to improvement. In the study of Klein et al that was conducted on women exposed to risk of drug abuse it was known that the women with higher level of religious devotion they reported lesser abuse of illegal drugs (13). Sebens et al (2012) showed that religious devotion was related to less risk of alcohol abuse and its problems among the females (14). With respect to this history, it seems that they have not conducted a study to analyze and compare resilience and spirituality between addicted and non-addicted women. Thus, this study is intended to compare the resilience and spirituality between addicted and non-addicted women as referents to female detoxification centers at Kerman city (Iran).

Methodology

This study is of descriptive- comparative type. To do this investigation, 45 addicted women were chosen as referents to female detoxification centers at Kerman city (Shahid Beheshti and Monadian Salamat centers) with respect to inclusion and exclusion criteria of study by means of simple randomized sampling technique. The inclusion criterion of this study was at least 2 years background of addiction and age older than 18 for the addicted women. The exclusion criterion for this study was the serious psychological disorder along addiction such as basic depression, bipolar disorder, and neurosis. Each of addicted women introduced one of their female relatives (preferably first-degree relatives) with history of addiction that she was her cohort in terms of age, education, economic status, and marital status. All participants answered to demographic questions and resilience and spirituality questionnaires.

The demographic questions for both groups were about age, education, occupation, economic status, marital status, and history of addiction in family. In addition, two questions were asked about the period of drug abuse and times of detoxification of the addicted group.

The Conner-Davidson Resilience and Spirituality Scale (CD-RISK) were designed by Conner and Davidson (2003) with review on research sources (1979-1991). The reliability coefficient of this inventory was reported 0.93 using Cronbach alpha coefficient technique. This scale has been standardized by Mohammadi (2006) in Iran and based on this report it possessed appropriate validity and reliability for the research. In a study, with implementation of resilience scale on 716 males (18-25 years) in 3 groups (healthy, user, and abuser) he acquired the reliability as 0.89 by means of Cronbach alpha coefficient. This inventory includes 25 questions. A five-choice ranking spectrum (completely incorrect to always correct) was designated for any question that is scored from zero (completely incorrect) to four (always correct). The lowest and highest scores are 0 and 100 in score of resilience of person at this scale, respectively. The higher score means the further resilience. The reliability coefficient was derived 0.94 in this current study using Cronbach Alpha.

Spirituality Questionnaire SQ (Dunning & Parsian, 2009) was built by Parsian and Dunning in order to evaluate importance of spirituality in life of persons and to measure its different dimensions. This scale is self-reporting tool including 29 phrases and it measures 4 subscales: Self-awareness (10 phrases), importance of spiritual beliefs in life (4 phrases), spiritual activities (5 phrases), and spiritual needs (9 phrases). Testee should determine the amount of his disagreement or agreement to each of phrases in Likert 4-degree spectrum (from strongly disagree = 1 to strongly agree = 4). Parsian and Dunning (2009) reported the rate of internal consistency 0.94 for total test. The Cronbach alpha was 0.81 in study done by Hosseini Al-Madani et al (2012). The

researchers preferred in the present study to use a total scale instead of four subscales. The Cronbach alpha coefficient was derived 0.85 as total scale in spirituality questionnaire.

Findings

Comparison of demographic information among addicted and non-addicted women is shown in **Table 1**. As it seen, there is no significant difference in demographic information among addicted and non-addicted women and this indicates that equalization of both groups has been properly done. A significant difference was only found in variable of

background of addiction in family between two groups ($P = 0.001$). The results of **Tables 2 and 3** showed that the addicted women possessed significantly lower scores in variables of spirituality and resilience than in non-addicted women ($P < 0.0001$). The mean score of spirituality of non-addicted women was acquired 13.31 greater than at confidence level 95%. **Table 4** reflects that there is direct relationship among spirituality and resilience in the addicted and non-addicted women so that as spirituality is increased, the variable of resilience is also improved ($P < 0.0001$). Similarly, the results showed that no significant relationship was found

Table 1. Demographic information of the addicted and non-addicted women separately

Variable		Addicted women	Non-addicted women	P-value
Age		32.27 ± 10.04*	31.5 ± 9.1	0.85
Education	Under diploma	(60%) 27 **	(55.5%) 25	0.9
	Diploma	(33.35) 15	(35.6%) 16	
	Academic	(6.7%) 3	(8.8%) 4	
Job	Householder	(89%) 40	(80%) 36	0.24
	Employee	(11%) 5	(20%) 9	
Economic status	Poor	(73.3%) 33	(71.1%) 32	0.92
	Fair	(24.4%) 11	(26.7%) 12	
	Good	(2.2%) 1	(2.2%) 1	
Marital status	Single	(22.2%) 10	(24.4%) 11	0.11
	Married	(55.6%) 25	(68.9%) 31	
	Divorced – widowed	(22.2%) 10	(6.7%) 3	
History of addiction in family	No one	(13.3%) 6	(46.7%) 21	0.001
	Parents	(44.4%) 20	(17.8%) 8	
	Sister	(8.9%) 4	(8.9%) 4	
	Brother	(13.3%) 6	(22.2%) 10	
	Husband	(20%) 9	(4.4%) 2	
Period of addiction		9.04 ± 8.21 *	-	-
Times of quit		1.86 ± 2.29	-	-

* Standard deviation ± mean ** Absolute frequency (relative frequency)

Table 2. Comparison of spirituality in the addicted and non-addicted women

Group	Quantity	Standard deviation \pm mean	Minimum	Maximum	Median	Mean difference	Confidence level		Significance
							Lower	Higher	
Addicted women	45	87.5 \pm 11.17	62	110	89	13.31 *	9.02	17.6	P-value < 0.0001
non-Addicted women	45	100.82 \pm 9.20	84	117	102				

* The non- addicted and addicted women

Table 3. Comparison of resilience in the addicted and non-addicted women

Group	Quantity	Standard deviation \pm mean	Minimum	Maximum	Median	Mann-Whitney U	Significance
Addicted women	45	51.46 \pm 18.08	8	85	52	319.000	P-value < 0.0001
non-Addicted women	45	75.24 \pm 16.56	27	98	78		

Table 4. The relation among resilience and spirituality in the addicted and non-addicted women

Group	Quantity	Spearman's correlation coefficient	P-value
Spirituality- resilience	Addicted women	0.521	P-value < 0.0001
	non- Addicted women	0.625	P-value < 0.0001

between demographic attributes and spirituality in both groups but only there was significant difference among resilience and job of addicted women ($P= 0.02$).

Discussion and conclusion

The present study was carried out in order to determine resilience and spirituality among the addic-

ted and non-addicted women in detoxification centers at Kerman city. The background of addiction in family between addicted women was significantly higher than non-addicted women in section of demographic information. In study of Pour Movahed and Yasini Ardakani (2013) reported 54.8% of testees included at least one addicted person in their family (15).

Kim (2011) showed that the possible tendency toward drug abuse is much higher in children with

addicted parents than others (16). Likewise, Tuchman (2010) wrote: 'the addicted women more likely came from a family where one or more members are addicted to drug and alcohol than men' (17). The women, who have been trained in addicted family and their new life center is built on basis of addiction of both spouses; after some period the fear from experiencing drug abuse is removed among them because of abuse by other members and doing this action is assumed as normal for them.

The results show that the addicted women possess less resilience than non-addicted ones. These findings indicate that resilience may protect from a person against the related problems to drug abuse. These findings comply with the results of studies done by Hosseini Al-Madani (2012), Fadardi (2010), Sutherland (2009), Cuomo (2008) Bonanno (2007), and Weiland (2012). The results of these investigations indicated that the higher resilience was related to lower levels of drug abuse. The more resilient persons lesser tend to abuse of illegal drugs. Fredrickson et al (2003) believe that the higher level of resilience might contribute to person use positive emotions to leave behind unfavorable experiences and returning to a favorable status. Upon unfavorable conditions, the resilient persons are less tended to drug abuse and they use efficient strategies to reduce their problems (18).

Findings also showed that the non-addicted women possessed the higher level of spirituality than the addicted females. This shows that spirituality may protect from the person against drug abuse related problems. This finding is aligned with studies of Divsalar et al (2010), Huguelet & Koeing (2009), Chitwood (2008), and Arevalo (2008). In the study that was done by Sebena et al (2012) on 2529 of academic beginner students from 5 European countries (Germany, Poland, Bulgaria, UK, and Slovakia), it was shown that religious devotion was related to less risk of alcohol abuse and its problems among women (13).

In investigation of Hosseini Al-Madani, the addic-

ted males had less spirituality than non-addicted men (19). Allen and Lo also indicated that the higher levels of religious devotion were related to the reduced possibility for drug abuse (20). Tse et al argue that spirituality makes the life of individuals meaningful and provides a source of resistance for them under life difficult conditions (21). Spirituality may improve internal power and enable the individuals to find the concept under stressful conditions and to create optimistic attitude and positive objective in life and subsequently reduced anxiety in life for persons (22). The spirituality is found at lower level in persons with drug abuse disorders. In any case, its mechanism is not clear since drug abuse may lead the person toward lesser religious devotion and spirituality (23).

The present study indicated that there was direct relation among spirituality with resilience so that as spirituality is improved the resilience is increased. The strong relationship among spirituality and resilience has been displayed in studies of Smith (2009) and Pan et al (2008). A qualitative research on females in religious minorities showed that several factors might increase their resilience out of them the faith in life is one of them (24). In a study done by Pardini et al (2000) on 273 addicted persons they found that the higher levels of spirituality and religious beliefs might predict the higher resilience than stress. Spirituality may improve internal force and enable the individuals to find the concept in stressful conditions and create optimistic attitude and positive goal in life (25). Removal of demographic attributes included significant relation only among job of the addicted women and resilience (P -value=0.02). Namely, the rate of resilience in the addicted female employees was higher than addicted household females. In other words, the addicted women as employees possess further resilience than the addicted householder women. Probably, job of the addicted women might cause them to overcome further in the problems and under harsh conditions of life.

With respect to the given results based on which the spirituality and resilience of addicted women are at lower level than in non-addicted females, it can be concluded that by the aid of improving spirituality and resilience in women as exposed to risk of drug abuse one could prevent from their possible tendencies to drug abuse. This finding, which expresses the addicted female employees might have further resilience, signifies that with creation of jobs for these women one can contribute to improving their resilience. Similarly, it is suggested to employ incremental resilience skills including spirituality, meaning of life, and training of resilience to the addicted females in detoxification centers. The results of such studies are important for the nurses because they play direct role in evaluation, therapy, and plans for discharge of patients with disorders of drug abuse. If treatment team for therapy of addiction are aware of these results and exploit from them in correction and improvement of intervention methods and techniques, they will be more successful and effective in preventive, counseling, and therapeutic efforts and post-discharge and recovery cares.

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