

Abstract

Objective: This study was an attempt to evaluate the effectiveness of the application of theory of choice in quality of life and resiliency of male drug users in Tehran. **Method:** An experimental research design with pretest-posttest and control group was employed for this study wherein 40 drug users were randomly selected from a governmental center. The experimental group was exposed to twelve 90-minute intervention sessions of theory of choice. Then, both groups were tested. The follow-up was performed two months later. Quality of life questionnaire and Connor-Davidson resiliency scale were used for data collection purposes. **Results:** The results of this study showed that the application of theory of choice had an impact on quality of life and resiliency. This finding was actively present in the follow-up, as well. **Conclusion:** This Method can be used to treat addicts.

Keywords: Theory of Choice, Quality of Life, Resiliency, Addiction

The Effectiveness of Theory of Choice in Quality of Life and Resiliency of Drug Users

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Introduction

Almost all people in today's society are familiar with the personal, familial, social and economic damages of addiction and the range of this familiarity is on the increase. Considering the extension and pervasiveness of addiction, it is assumed that prevention of people from becoming involved with substance abuse is easier than its treatment. Addiction can be viewed as a physical, mental, and social disease that several factors are involved in its formation (Galanter, 2006). Narcotic drugs and addiction to them have ruined the lives of many people and have endangered the convenience of individuals, the political, economic, and social development of the society, even the security of streets, and also the stability of governments. Such despicable side effects are prevalently available in the individual and mental, in social sector, and in the macro-level of the society. Social and economic damages of drug abuse impose intolerable pressures on the social infrastructure of a country. Illegal production and distribution of drugs have deviated the vast human and natural resources from productive activity and, thereby, undermine the foundation of economic growth in the long term. Health is considered as one of the main foundations of human life and essential conditions for playing social roles. Humans, especially the groups whose health is somehow at risk (addicts) can desirably keep on their collective and individual activities if they feel healthy and their society is healthy, as well (Bakhshipour Roodsari, 2001). In order to improve the health of addicts, different theories of treatment are used, one of which is Glassre's theory of choice. In this theory, it is assumed that all behaviors are goal-oriented and motivated from inside of the human beings. The goal of each behavior is to satisfy one of the five basic needs, namely survival, belonging, power, freedom, and enjoyment needs. According to the theory of choice, people select specific actions and behaviors to meet their needs when they are unable to satisfy their needs. This theory explains how we as human beings start making selection to obtain what we want. In addition to treatment, counseling, and management, this theory can open up a new window to life for drug users and increase the amount of responsibility in such people (Glassre, 2011). Theory of choice can be effective in improving the quality of life. Quality of life is a broad concept that encompasses all dimensions of life, including health. Quality of life literally means how to live. However, this concept is uniquely different for each person. The World Health Organization has provided a comprehensive definition of quality of life: one's perception of his/her current situation with respect to the culture and value system in which s/he lives and relates these feelings to his/her goals, expectations, standards, and priorities. Different factors such as economic, cultural and spiritual ones impact people's quality of life. Quality of life is consistent with one's life and is measured by individuals. It is possible that one feels deeply satisfied with his/her life despite having an unsuitable living environment. One's self-assessment of his/her health and well-being is a key

factors in the studies on quality of life; in other words, his/her judgment on him/herself is of special importance (Salehi & Rostami, 2000).

Another variable in relation to mental health is resiliency that causes higher adaptation of humans to the needs and threats of life (Samani, Jokar & Sahragard, 2007). Psychologists have found that life stressors can undermine one's mental health and social function and cause psychological damage. Some people successfully experience stressful events without undergoing any mental illness or experiencing any loss in their mental health (Waugh, Fredrikson & Taylor, 2009). Research on this phenomenon has led to the emergence of another research domain named resiliency. Resiliency is defined as a capability process to cope successfully with threatening conditions. In other words, resiliency is positive adaptation in response to adverse conditions (Samani, et al., 2007). This concept does not only mean stability against damages or threatening conditions, but also refers to active and constructive conditions of a person in the environment. Resiliency is one's capabilities in establishing a bio-psychological trade-off in dangerous conditions (Conner & Davidson, 2003). People with resiliency are flexible, have alternative solutions, adapt themselves to environmental changes, and quickly become recovered after the elimination of stressors. People who are placed at the lowest extreme of resiliency adapt themselves to new situations slightly and restore to normal and natural states from stressful situations slowly (Siebert & Kaasa, 2007). Since life is full of challenges and stressors, people require the means to deal with these conditions. According to the above-mentioned points, this study is an attempt to examine the effectiveness of theory of choice in quality of life and resilience of drug users among drug users in Tehran.

Method

Population, sample, and sampling method

An experimental research design with pretest-posttest and control group was employed for this study wherein both groups were administered to the pre-test before the conduct of intervention. The experimental group was exposed to twelve 90-minute intervention sessions of theory of choice and the post-test was carried out at the end of the intervention. The follow-up was performed after two months.

The population of the study includes all those drug users who has passed withdrawal course in 2012 and had referred to one of the addiction treatment centers in the Welfare Organization. Thus, 40 drug users were randomly selected from among the patients referred to the treatment center and, then, were randomly assigned in two groups, i.e. experimental ($n = 20$) and control group ($n = 20$).

Instrument

1- Quality of life questionnaire: In this study, the short-form 36-item health survey: SF-36 was used. This scale consists of eight sub-scales, namely vitality, physical functioning, bodily pain, general health perceptions, physical role functioning, emotional role functioning, social role functioning, and mental health. This questionnaire has been validated on the Iranian population. It enjoys acceptable validity and reliability and seems to be consistent with the social and cultural context of Iran (Hassanpour, et al. 2007). In this study, Cronbach's alpha for the total scale was obtained equal to .93.

2- Connor-Davidson resilience scale: This scale was to measure resiliency and contains 25 items and five sub-scales, namely personal competence, trust in one's instincts/ tolerance of negative affect, positive acceptance of change/ secure relationships with others, control, and spiritual influences. This scale is scored based on a 5-point Likert scale (from strongly disagree = 0 to strongly agree = 5). The validity and reliability of this scale were confirmed in national studies, as well (Samani, Jokar & Sahragard, 2007). In the present study, Cronbach's alpha method was used to determine the reliability of the above-mentioned questionnaire which was obtained equal to .71.

Results

The mean age of the participants in the experimental group was 27.30 years and this value was 26.85 years for the control group. The experimental group consisted of 13 single and 7 married participants while 10 participants were single and 10 participants were married in the control group. Multivariate analysis of variance was used to evaluate the effectiveness of intervention in quality of life and resiliency. The results of this analysis proved the effectiveness of the intervention ($P<.001$, $F=326.90$, Wilks Lambda=.05). Univariate analysis of variance was used to examine differences in patterns as follows.

Table 1: Univariate analysis of variance representing the effectiveness of the intervention

Variable	Mean Square	F	Sig.	Effect size
Quality of life	1773.96	573.05	.0005	.94
Resiliency	16212.58	156.41	.0005	.81

As observed in the above table, there is a statistically significant difference between the two groups in both variables.

Multivariate analysis of covariance was performed to evaluate the maintenance of the effectiveness of the intervention in the follow-up scores. The results proved the maintenance of the effectiveness of the intervention ($P<.001$, $F=508.80$, Wilks Lambda=.03). Univariate analysis of covariance was used to examine differences in patterns as follows.

Table 2: Univariate analysis of covariance representing the effectiveness of the intervention

Variable	Mean Square	F	Sig.	Effect size
Quality of life	29212.64	762.38	.0005	.95
Resiliency	16249.70	358.90	.0005	.90

As it is observed in the above table, the effectiveness of the intervention has been maintained in both variables.

Conclusion and Discussion

The current study aimed to evaluate the effectiveness of the application of theory of choice in quality of life and resiliency of drug users. The results of this study showed that theory of choice has led to the increase of quality of life both in the post-test and follow-up stages. This finding is consistent with the results of the studies done by Hojati, Aloostani, Akhundzadeh, Heydari & Sharifnia (2010); Beygi, Farahani, Mohammadkhani & Mohammadifar (2011); Alipuri Niaz, Rafi'ea, Setareh Foroozan & Talebi (2009); Najafi, Zarrabi, Kafi & Nazifi (2012), Amiri, Yekeh Yazdandoost & Tabatabai (2011), and Torrens, et al. (1997). Quality of life includes one's physical health, psychological status, social relationships, and personal and spiritual beliefs and is evaluated based on subjective experiences of individuals. The purpose of training choice theory is to raise one's mental experiences and make his/her life better. Therefore, those who receive training in the theory of choice and become familiar with it can help raise their quality of life. As a result of familiarity with this theory, they forget about external control, do not regard others as the cause of their problems, make correct decisions and choices, and seek to resolve their problems. All these factors considerably assist increase the quality of life, one variable of which is calmness. The theory of choice teaches a coherent concept of human behavior and invite people to turn to the psychology of internal control and distance from external control. Experiments have shown that one will be put in the course of a long-term and an effective change if s/he is able to convert his/her belief in external control and coercion into an awareness and correct knowledge of choice. As a result, such a person ends concentration on the past and the blame of others' deeds and behaviors; and s/he becomes ready to choose more effective behaviors. When people become familiar with their needs and become convinced that their current behavior, that is, drug dependence, prevents them from reaching their goals, they make a decision to change the behavior. This understanding is valuable in improving the quality of life drug dependent people.

In addition, the results of the current study showed that theory of choice leads to the increase of resiliency both in post-test and in follow-up stages. This result is consistent with that of the studies conducted by Besharat (2007), Rahimian Boogar & Asgharnejad (2008), Samani, et al. (2007), and Waugh, et al. (2009). To count for this finding, one can argue that resiliency is an important art in life

and self-trust lies at the center of resiliency. Resilient people do not allow difficulties to limit them. They achieve resiliency by moving towards their goals. They regard hard times as fleeting problems and, accordingly, can overcome pain and sorrow. People who are grown up in families with high resiliency learn lessons from past experiences and are less likely to develop substance abuse. A family with problems may really cause substantial damage on society, but resilient people fight against such problems and actively and creatively respond to these actions. Their clever responses to the difficulties are added to their inner conscience as lasting power. The purpose of training choice theory to substance abusers is to make them aware of the fact that the increase of self-esteem leads to better and more efficient resiliency. Theory of choice informs people of such resiliency and attempts to empower this feature. As five basic needs are mentioned in training theory of choice and one of them is independence and freedom, the achievement of independence and freedom is one way to gain resiliency.

In brief, it can be concluded that any person in any environment can benefit from theory of choice since it is a process-oriented treatment rather than a technique-oriented treatment. Therefore, it is recommended that this theory is used and taught in treatment centers and centers of counseling services, especially in the treatment of addicts.

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