

Abstract

Objective: The aim of this study was to investigate the influence of social participation on the betterment of addicts' psychological well-being and rehabilitation. **Method:** The population of this study included the addicted people presenting to Yazd addiction treatment centers in 2016-17. A total of 300 addicted individuals were selected using convenience sampling method. Keyes's Social Well-being Questionnaire (to examine social participation), Stages of Change Readiness and Treatment Eagerness Scale, and Reef Psychological Well-Being Scale-Short Form (RSPWB-SF) were used as data collection tools in this study. **Results:** The results showed that social participation has a significant and direct effect on the psychological well-being and rehabilitation of addicted people. Finally, psychological well-being was revealed to play a mediating role; and it was found that social participation with psychological well-being mediating has an indirect effect on addicts' rehabilitation under the mediating role of psychological well-being. **Conclusion:** The findings of this research showed that the rehabilitation of addicted people is predicted by social participation and psychological behavior.

Keywords: social participation, psychological well-being, addicts' rehabilitation

The Role of Social Participation in Improving Addicts' Psychological Well-being and Rehabilitation in Yazd City

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Research on Addiction Quarterly Journal of Drug Abuse

Presidency of the I. R. of Iran
Drug Control Headquarters
Department for Research and Education

Vol. 12, No. 50, Winter 2019

<http://www.etiadjohi.ir>

Introduction

Addiction is a phenomenon that has penetrated into the human societies over the past six thousand years. Today, it has plunged entrapped a wide range of people around the world, has infected many families with its bad consequences, and has endangered communities' security (Chassin, Presson, Rose, & Sherman, 2007). Addiction or substance abuse is referred to as a state in which attempts proceeding with the use of a substance that brings about changes into his/her mood or leads to some behavioral changes or a neurological disorder in addition to the negative consequences and side effects of substance use (Angres, & Bettinardi, 2008). Nowadays, this phenomenon is called "drug dependence" (Mostashari, & Vazirian, 2002; Akhtar Mohagheghi, 2006). The most important feature of drug dependence is the presence of a set of physical, behavioral, and psychological symptoms that imply that one continues the use of drugs in spite of suffering from significant problems in connection with substance use and, in this regard, s/he turns to the risky behaviors that disturb his/her social and the individual life (Solhi, & Abolfathi, 2013; Bahrami Ehsan, 2013). Then, the resulting difficulties affect all individual, familial, and even the societal dimensions and destroy huge social resources in the material and spiritual realm (Lee, Herrenkohl, Kosterman, Small, & Hawkins, 2013; Shabani, 2001).

Qualitative research on social problems in Iran (Madani, Vameghi, & Rafiei, 2007, as cited in Nourbala, 2011) has shown that addiction is considered as the most important social problem in Iran. Narcotic drugs have temporary beneficial effects, such as pain relief, anxiety killing, increased joyfulness, increased assertiveness, and disinhibition. The effects of drug use persistence include physical and mental dependence and tolerance. The marsh of addiction is the product of the deceptive phenomenon of positive and transient effects of narcotics and consequent involvement in the trap of dependence and tolerance (Nourbala, 2011). The most important psychological effects of addiction are depression, anxiety, forgetfulness, psychosis, and brain disorders; however, there are also social problems arising from addiction, including crimes (such as robbery, prostitution, and violence), increased false occupations, reduced efficiency, and a large number of disturbed or broken families. On the other hand, addiction deprives people of moral and human values and make them prone to the acceptance of null and void cultures. Due to the complexity of the problems associated with addiction, a complicated coping construct is required to fully address all aspects of life and behavior patterns of addicts. Treatment programs need patience and diligence on part of the addicted person, his/her family, therapists, and responsible organizations. Also, addiction treatment is very costly due to its individualistic nature and, thereby, an effective treatment requires the active participation of addicts (Kajbaf, & Rahimi, 2011; Salehi Amiri, & Abdolmaleki, 2014). Kajbaf & Rahimi (2011) showed that personal motivations are more effective in starting to stop addiction and lead drug addicts

to treatment. However, the use of social indicators in the scope of addiction treatment can be highly effective in order to improve the quality of treatment and increase therapeutic communications; in this regard, social participation is one of the most important indicators (Norouzi, & Bakhtiari, 2009). Social participation involves such activities as attendance in outdoor religious, sports, recreational, educational, cultural, social, community, charity, and family events (Darvish Pourkakhaki, Abed Sa'ead, & Abaszadeh, 2014). Also, social participation implies the expansion of between-group relationships in the form of voluntary group associations, clubs, unions, and groups with local and nongovernmental character that set people's participation in different social processes in the form of social policies as their main goal. In other words, social participation refers to voluntary activities through which members of a community engage in affairs of a neighborhood, city or village and participate directly or indirectly in shaping social life (Nasrollahi Vasati, 2014).

From the perspective of social psychologists, individuals' participation in society is the result of the interaction of social factors, such as social and psychological support, especially psychological well-being (Norouzi, & Bakhtiari, 2009), which are characterized by the level of active association of individuals with council institutions, associations, organizations, and social activities (Nematollahi, Farajollahi, Mirjalili, & Momeni, 2013; Zare, Alipour, Poursharifi, Afkhami Ardakani, & Arabsheibani, 2012). Lahsayizadeh, & Moradi (2007) have shown that people with high social support suffer from less interpersonal conflicts, enjoy higher levels of coping with stressful events of life, and take advantage of more well-being and better mental health.

Psychological well-being also includes a positive feeling of life and a general satisfaction with life, i.e. the self and others in different areas of the family, occupation, and the like; therefore, the individuals with high levels of well-being generally experience more positive emotions and have a positive self-assessment about their surrounding events. On the one hand, the individuals with low levels of well-being evaluate their life events and situations to be adverse, and experience most of the negative emotions, such as anxiety, depression, and anger (Hashemi Nosratabad, Babapour Kheiroddin, & Bahadori Khosroshahi, 2011; Abdi Zarrin, Sajjadian, Shahyad, Bayan Memar, & Azimi, 2010). Irina, Szleifer, & Mark (2007) showed that the individuals with high psychological well-being are happy with their family life, establish good relationships, and have many friends. In addition, psychological well-being is associated with intrinsic motivations, and higher levels of happiness can promote social skills and prevent depression. Moreover, Staudinger, Dörner, & Mickler (2005) have shown that a sense of control over events and high self-efficacy increase the level of psychological well-being and life satisfaction; in general, these factors can have a significant impact on improving addicts' psychological well-being and rehabilitation.

Drug addiction, in addition to serious physical and psychological damage, has many social and economic problems, such as the increase in drug-related crime, felony, theft, poverty, begging, waste of national macro capital, collapse of many values, and devaluation of cultural and moral norms. Nowadays, addiction is considered as a phenomenon of extreme control that threatens our society, and it is necessary to resort to new tools and solutions in order to deal with this problem and moderate its consequences. One of the most important tools that can be effective in preventing and controlling the outbreak of drug abuse is the smart and efficient use of mass media (Gholizadeh, 2015). The progressive increase in the rate of addiction and its consequent devastating effects on the structure of the family and society are debatable and require substantial consideration and remedies. According to the latest official statistics, there are 1,325,000 addicts in Iran who have taken more than 7.2 trillion tomans, or 15 percent of Iran's oil revenue in 2008 (Tafreshi, 2011). Occupying 60 percent of prison capacity by drug prisoners, the relationship of 15 to 20 percent of other prisoner crimes with addiction and drug trafficking, killing of nearly 3700 people and 12,000 veteran fighters in the field of counter-narcotics until 2010 (the secretariats of Drug Control Headquarters, 2011), the persistence of drug abuse and adolescents' addiction, the increase in the prevalence rate of drug use, especially among boys and girls, the decrease in the average age of addiction, the increasing diversification of drugs in various forms, the easy access to narcotic drugs, etc. are representative of the problematic and complex aspects of addiction and its very negative and destructive effects in Iran. Hence, it can be said that addiction is a multifaceted phenomenon that causes structural changes in the economic, social, political, and cultural system of a community. Therefore, attention to addiction is one of the necessities of every society, especially the Iranian society (Salehi Amiri, & Abdolmaleki, 2014). On the other hand, social participation that strengthens solidarity in social networks is tantamount to the increased presence of individuals in social activities and decisions, and it deepens the relationships between members of society, increases the sense of unity, and psychological well-being in the long run (Hossein Panahi, & Tajoddin, 2014). Therefore, any kind of strategy and research that can help reduce and prevent addiction is required to be carried out in our community.

In the empirical model used in this study, it has been assumed that the social participation of addicts has an indirect effect on their rehabilitation through psychological well-being. It is also assumed that social participation and psychological well-being have direct effects on the rehabilitation of addicted people. Therefore, the main purpose of the present research is to respond to the question of whether the data collected from the assumed direct and indirect effects provide the necessary support. In this regard, the present study aims to provide information for the use of counselors and addicted families by identifying the variables related to rehabilitation of addicts. Based on the

forementioned theoretical foundations, the following research model was examined in this study. The aim of this study is to determine the relationship among rehabilitation, social participation, and psychological well-being among addicts in Yazd city based on the following hypotheses. The major research hypothesis: The model of the relationship between addicts' rehabilitation, social participation, and psychological well-being in Yazd city fits the data. The research minor hypothesis: In the proposed model, each of the proposed paths has been assumed to be a direct relationship. It is also assumed that social participation mediates rehabilitation and psychological well-being among addicts in Yazd city.

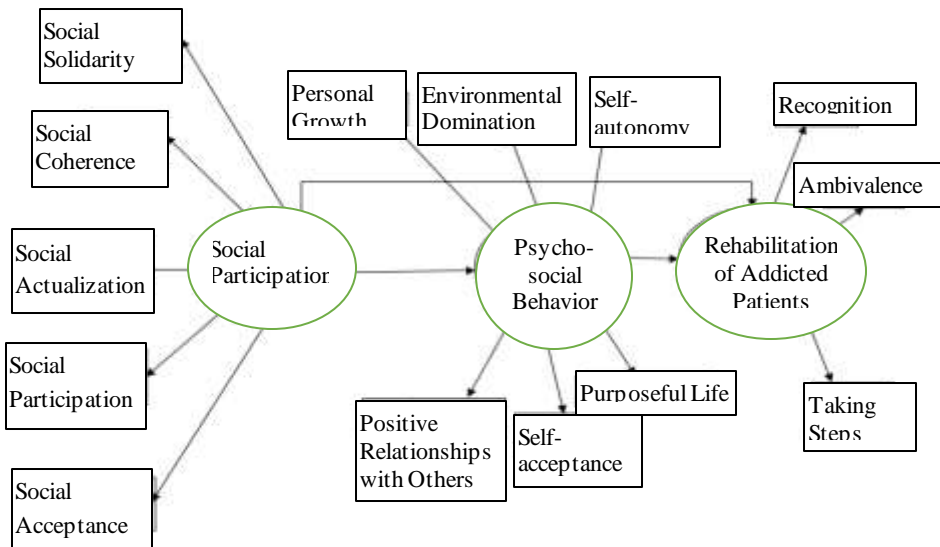


Fig. 1: General Proposed Model of Research

Method

Population, Sample, and Sampling Method

This study falls within the category of descriptive-correlation research. In the present study, relationships are tested through structural equation model based on correlations derived from research variables. The drug addicts in Yazd in 2016-17 constituted the statistical population of this study. By referring to addiction treatment clinics, it was found that around 500 addicts visit Yazd clinics every year. In this study, the sample size was estimated to be about 300 participants according to Garver and Mentzer (1999; as cited in Hooman, 2008). To this end, convenience sampling method was employed. The demographic features of the study sample are as follows. There were 287 male and 13 female addicts and their age range was between 16 and 80 years old. The youngest sample unit was 16 years old and the oldest one was 80 years old. In terms of marital status, 29 ones were single and 271 ones were married. With regard to

educational degree, 78 subjects had primary school education, 136 ones had junior high school degrees, 61 ones held senior high school degrees, 8 ones held associate's degrees, 2 sample units held master's degrees, and 2 ones held PhD degrees. In addition, 67% of the sample units were freelance workers, 12% of them were employees, 10% of them were labor workers, 5% were unemployed, and 4% of housewives, and their monthly income was between 1 and 2 million tomans. They were addicts from 1 to 40 years and they were on withdrawal attempts from 1 to 8 years. The entry criteria were being drug addicts, being under addiction treatment, and suffering from no other disease. The exit criteria were return to addiction and lack of cooperation.

Instruments

1. Keyes's Social Well-being Questionnaire: This questionnaire has been designed by Keys (1998) based on the social well-being theory model and consists of 33 items. As a general measure in social psychology, it is used to determine the degree of social well-being. It contains five subscales, namely social solidarity, social coherence, social participation, social actualization, and social acceptance. The minimum and maximum scores for this scale are 33 and 165, respectively. In the first study, Keys (1998) calculated the coefficients of Cronbach's alpha for the subscales and obtained the values of 0.75, 0.69, 0.71, 0.75, 0.77, and 2.64 for them, respectively where, in the second study, these values were reported equal to 0.64, 0.64, 0, 0.71, 0.66, and 0.41, respectively. In Iran, Heidari, & Ghanayi (2008) standardized this scale on 132 students of Islamic Azad University of Markazi province. The results showed that Cronbach's alpha coefficient was 0.85 and the results of exploratory factor analysis confirmed the five-factor structure of the scale with some changes in some of the items. The reliability of this instrument was obtained 0.82 in this study, which indicates the acceptability of this scale.

2. The Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES): This scale was developed by Miller & Tonigan in 1996 to assess alcoholic individuals' eagerness and desire for change. However, today, this tool is used to evaluate individuals addicted to other types of non-alcohol drugs, as well. SOCRATES contains three subscales, namely recognition, ambivalence, and taking step. In order to measure the concurrent validity of this scale, its correlation with the scale of Attitude toward Addiction Treatment was evaluated. The existence of a significant correlation between the scores of these two scales showed an acceptable validity of this scale. The parallel forms reliability and the internal consistency of this scale have been reported to be 0.78 and 0.80, respectively. In addition, the internal consistency of this test was calculated by Cronbach's alpha method where the coefficient of 0.89 was obtained for it and, thereby, it is confirmed in terms of psychometric criteria (Miller & Tonigan, 1996, as cited in Pashmdoost, & Ghaffari, 2015). The reliability of this scale was obtained equal to 0.78 in the current study.

3. Reef Psychological Well-Being Scale-Short Form (RSPWB-SF): The short version (18 items) of this scale was designed by Reef in 1989 and it was revised in 2002. This version consists of 6 factors, namely self-acceptance, positive relationships, self-autonomy, environmental domination, purposeful life, and personal growth. Khanjani et al. (2014) conducted a confirmatory factor analysis and showed that the six-factor model of this scale (self-acceptance, environmental domination, positive relationships with others, purposeful life, personal growth, and self-autonomy) has a good fit in the whole sample and in both genders. The internal consistency of this scale was evaluated where Cronbach's alpha coefficients of 0.51, 0.76, 0.75, 0.52, 0.73, and 0.72 were obtained for the six factors of self-acceptance, environmental domination, positive relationships with others, purposeful life, personal growth, and self-autonomy, respectively. In addition, the Cronbach's alpha coefficient of the whole scale was obtained equal to 0.71. In the present study, the Cronbach's alpha coefficient of the scale was obtained equal to 0.76.

Procedure

After the preparation of the final form of the instruments, all of them were formulated in a single questionnaire along with the demographic characteristics of addicts (age, gender, marital status, economic status, occupation, duration of addiction, duration of withdrawal). The questionnaires were distributed among the sample units after obtaining permission from the Yazd Narcotics Organization. Drug addicts were asked to respond to the questions with honesty. They were also reminded that all of their responses would be considered confidential and used only for research purposes. The respondents filled out the questionnaires in the presence of the researcher.

Results

The descriptive statistics of the research variables are presented in Table 1.

Table 1: Descriptive Statistics of Variables

<i>Variables</i>	<i>Variables</i>	<i>Min.</i>	<i>Max.</i>	<i>Mean</i>	<i>SD</i>
Social Participation	Social Solidarity	7	35	20.22	7.31
	Social Coherence	5	32	17.41	7.57
	Social Actualization	7	35	20.18	7.48
	Social Acceptance	6	30	14.86	6.26
	Social Participation	7	35	17.69	7.19
	Environmental Domination	3	18	9.83	4.08
Psychological Well-being	Personal Growth	3	17	8.86	3.96
	Self-acceptance	3	18	9.27	3.90
	Positive Relationships	3	18	9.64	4.08
	Purposeful Life	3	16	9.49	4.11
	Self-autonomy	3	18	9.23	3.86
	Recognition	5	35	16.10	7.22
Rehabilitation of Addicts	Ambivalence	4	25	12.21	5.53
	Taking	8	40	18.77	9.03

Structural equation modeling was used to examine the causal model. The following indices were used as patterns of matching with the observed data to investigate the model fitness: chi square (χ^2), root mean square error of approximation, goodness of fit index, adjusted goodness of fit index, root mean square residual, comparative fit index, normed fit index, and non-normed fit index. These indices, in itself, cannot be considered as reasons for desired fitness, but they should be interpreted together. The most important fit is index Chi square. This statistic measures the difference between the observed and estimated matrices and is very sensitive to sample size and, therefore, it is divided by degree of freedom in large sample sizes. If the obtained value is smaller than 2, it is appropriate; however, this index is generally significant in samples with more than 100 units. Therefore, it is not considered a suitable index for the fit of this model. If the indices of CFI, GFI, AGFI, NFI and NNFI are greater than 0.90 and RMSEA and RMR indices are smaller than 0.05, then they indicate good fit. The value of RMSEA index for models with a very good fit is smaller than 0.05 lower and the values greater than 0.08 show reasonable errors in the population. Since this value is 0.08 in the current study, it can be argued that a good fitness has been observed.

Table 2: Goodness of Fit Indices for the Proposed Research Model

<i>Index</i>	<i>Value</i>	<i>Index</i>	<i>Value</i>
Chi square	855.84	Chi-square ratio to degrees of freedom	14.098
Df	60	Goodness of Fit	0.895
Value	0.01	Normed Fit Index	0.888
Non-Normed Fit Index	0.864	Root Mean Square Error of	0.08
or Tucker-Lewis Index		Approximation	
Comparative Fit Index	0.895	Probability of Close Fit	0.495

The final model of the research is presented in Fig. 1.

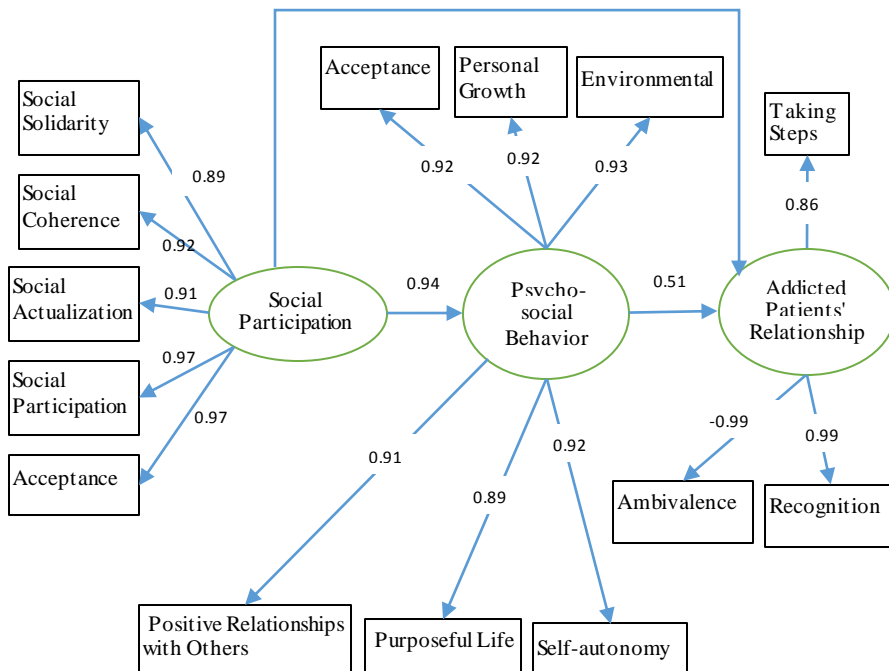


Fig. 1: Final Research Model from the Relationship of the Independent and Intermediate Variables with Dependent Variable

The path coefficients for the direct and indirect effects of social participation and psychological well-being on the rehabilitation of addicted individuals are presented in Table 3.

Table 3: Path Coefficients for Direct and Indirect Effects of Social Participation and Psychological Well-being on Addicts' Rehabilitation

<i>Variable</i>	<i>Direct Effect</i>	<i>Indirect Effect</i>	<i>Total Effect</i>
Social Participation on Psychological Well-being	0.94 ³³	–	0.94 ³³
Social Participation on Addicts' Rehabilitation	0.48 ³³	0.48 ³	0.96 ³³
Psychological Well-being on Addicts' Rehabilitation	0.51 ³³	–	0.51 ³³

As it has been shown in Table 3, the path coefficients indicate that social participation can predict the rehabilitation of addicted individuals and psychological well-being. Also psychological well-being can predict the rehabilitation of addicted people. Social participation can predict the psychological well-being of the addicted people under the mediating influence of psychological well-being.

Discussion and Conclusion

The purpose of this study was to develop a model of addicts' rehabilitation based on social participation and psychological well-being among addicts in Yazd. The path coefficients of the model indicated that social participation can predict the rehabilitation of addicted individuals, which is consistent with the results of studies conducted by Mansourian et al. (2015), Bahadorzadeh et al. (2014), Abbasi et al. (2014), Tajeri, & Goodarzi (2013), Babamiri et al. (2013), Pournaghash Tehrani, Akbari, & Teimuri (2012), Hosseini, Tabatabaee, & Ravayi (2010), Ebrahim Baisalami, & Ghafarianzadeh (2009), and Siegel (2001).

Where social participation and social bonds are reduced, social injuries and deviations will experience an increasing trend (Tavassoli, 2003). Sociologists believe that the growth of a kind of extreme individualism and distance from interpersonal solidarity as well as integration into natural institutions of the society like family and local community are among the main causes of suicide, divorce, addiction, the collapse of family, the increase in crimes against individuals, and even absenteeism and loneliness in the outside world (Nazarpour, & Montazeri Moghadam, 2010). In general, participation reduces people's resistance to transformation, modernization, and innovation, and adds to people's compatibility with these transformations. In a collaborative space, conflicts and paradoxes are replaced with cooperation and collaboration. Participation can be found in a variety of forms and degrees, such as collaboration, cooperation, solidarity, adaptation, compatibility, acceptance, social roles, and the accomplishment of the tasks associated with these roles. In this case, social participation will include participation in economic life, spending leisure time, culture, and acceptance of political, civil, and social responsibilities (Tavassoli, 2003), which in turn will be beneficial to addicts.

Heidarnejad, Bagheri, & Osanlou (2014) showed that addicted youth's social capital is significantly lower than that in non-addicted youth. Also, the rate of social participation, social trust, and social network of young addicts was significantly lower than those in non-addicted youth. Given the positive impact of social participation, social trust, and social networking on non-addicted individuals, the appropriate conditions and circumstances should be assigned more credit for pushing young addicts to engage in social events, such as the expansion of voluntary organizations and NGOs.

One of the dimensions of the exogenous variable of social participation is social integration. The addicts who have desired levels of this dimension of social well-being are more comfortable with their society and community and feel more shared with their community members. Therefore, it has a direct and significant effect on the rehabilitation of addicts.

Social acceptance reflects an individual's perception of people's characteristics and features in society as a whole. Addicts with desired levels of this social well-being dimension feel they are an important member of their

community and can provide valuable things for the world. Also, social actualization reflects the addicted person's assessment from the direction of society and its potential, which means that the addict feels that society is developing and has the ability to flourish through citizens and social institutions. Individuals with the desirable levels of this social well-being are more hopeful about the present and future of the community and believe that the world will become a better place for everyone. On the one hand, social cohesion reflects the perception of the quality, construction, and functioning of the social world and includes the interest and importance of the world. The addicts with a desirable levels of this well-being not only assign importance to the world they are living in, but also feel that they can understand the perils of their surroundings and want to understand the meaning of life. Therefore, social participation has a direct and significant impact on the rehabilitation of addicted people and can improve it.

Social participation has a direct impact on psychological well-being. Another finding of this study was that the path coefficients indicated that social participation could predict psychological well-being. When an addict believes that s/he is an important part of the community, knows that society is the source of his/her comfort, believes that society pays attention to his/her requests and takes him/her seriously; his/her mental well-being and psychological well-being are also influenced and improved. Therefore, the social participation of addicts has a direct impact on the six factors, namely self-acceptance (the ability to see and accept strengths and weaknesses), purposeful life (having meaningful goals and objectives that make sense to one's life), personal growth (the feeling that talent and potential abilities of the individual will be actualized over time and during the lifetime), positive relationships with others (having a close relationship with important people in life), environmental domination (the ability to regulate and manage life issues, especially daily life issues), and self-autonomy (the ability to follow demands and actions based on personal principles even if they are against social demands and norms). Therefore, social participation of addicts affects and improves their psychological well-being.

On the other hand, the path coefficients indicated that psychological well-being could predict the rehabilitation of addicted individuals, which is consistent with the results of studies conducted by Babamiri et al. (2013), and Pournaghash Tehrani, Akbari, & Teimuri (2012). To explain this finding, it can be argued that psychological well-being is a psychological state that results from the sense of satisfaction with close interpersonal relationships in important job and social situations. One of the dimensions of this mediating variable is self-autonomy. Autonomous people do not try to get approval from others, they are more concerned with their own ideas and less influenced by others' opinions (Lucas & Diener, 2004). The high level of self-autonomy in addicts leads to independence and its low level brings about too high of self-perception (Babapour Kheiroddin et al., 2003).

In order to achieve the optimal level of mental performance, the addicted person must constantly engage in activities and solve problems so that s/he can expand his/her talents and abilities. Undoubtedly, the first growth that humankind should enjoy is individual, personal, and moral growth. Environmental domination means the ability to control complex environmental situations and to understand and use the opportunities available to the addicted person where it helps rehabilitate addicts. On the other hand, purposeful life directs the addicted person and, as a result, leads to the loss of grief. When addicts concentrate their attention and precision, they take realistic goals for abandoning addiction, strive to be more holistic, set themselves bigger goals. They often help others to have a higher psychological well-being where it has a direct and direct effect on addiction.

Therefore, as it was mentioned previously, when an addict believes that s/he is an important member of the community, knows that society is the source of his/her comfort, believes that society pays attention to his/her requests, and takes him/her seriously; his/her mental well-being and psychological well-being are also influenced and improved. In addition, when the addicted person feels close to the community members and trusts other healthy people, s/he reaches the point that people are kind and care about other people's problems. When s/he reviews the flow of his/her life during the rehabilitation period, s/he is happy with what has been achieved, his/her life becomes purposeful and future-oriented, and s/he improves his/her rehabilitation by means of psychological well-being.

The lack of cooperation on part of addiction treatment clinics in Yazd city regarding the collection of more samples, and lack of resources and similar research in the area of the subject were among the limitations of this research. Given the positive impact of social participation and the network of social relationships on non-addicted individuals, the appropriate conditions and circumstances should be assigned more credit for pushing young addicts to engage in social events, such as the expansion of voluntary organizations and NGOs. Also, based on the findings of this study, it can be concluded that social participation and psychological well-being are essential for improving the rehabilitation of addicted people. In this regard, social participation is suggested for employment as a new approach in addiction treatment clinics.

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