

Abstract

Objective: The present study aimed to examine the relationship of spiritual health and self-efficacy with addiction potential among addicts and non-addicts in Jiroft. **Method:** The method of the present study was correlational. The statistical population of this study included all male addicts who had referred to drug rehab centers and male non-addicts of Jiroft in 2015. From among the population, 136 addicts and 147 non-addicts were selected as the sample units via simple random and convenience sampling methods, respectively. **Results:** The results of logistic regression analysis indicated that all the three variables of spiritual health ($P < .04$), self-efficacy ($P < .001$), and addiction potential ($P < .03$) could significantly discriminate the two groups from each other. **Conclusion:** Therefore, training spiritual health and religiosity as well as training self-efficacy to clients, especially to people with addiction potential can play a crucial role in decreasing their dependence on drugs in addition to conventional withdrawal methods.

Keywords: addiction potential, spiritual health, self-efficacy

On the Predictive Role of Spiritual Health and Self-Efficacy in Addiction Potential among Addicts and Non-Addicts in Jiroft

Zahra Amirafzali, Mahmoud Shirazi

Zahra Amirafzali

M.A. Student of Psychology, Sistan and Baluchestan University, Zahedan, Iran

Mahmoud Shirazi

Associate Professor of Psychology, Sistan and Baluchestan University, Zahedan, Iran, Email: mshirazi@adpsy.usb.ac.ir



Research on Addiction Quarterly Journal of Drug Abuse

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

Vol. 10, No. 39, Autumn 2016

<http://www.etiadpajohi.ir/>

Introduction

Human societies have always encountered many problems and injuries. Social injuries constitute a considerable part of affairs and tasks, and attention to them leads to the prevention and treatment of injuries. Addiction is one of the most important social injuries that society is always involved with (Naghbosa'adat & Ghane, 2012). Drug addiction and drug abuse, as a social problem, is a phenomenon in which the society's ability in the organization and preservation of the existing discipline is eliminated, the normal functioning of social life is disrupted, and structural transformations in the social, political, and social system of the community occur (Ghanbari-Talab and Fouladchang, 2015). In the past, the use of drugs was limited to adults only; however, in the early 1970s, the use of drugs suddenly became common among the youth and adolescents, as well (Sotoudeh, 2006). Substance use is a growing phenomenon that increases linearly from early adolescence to early young period (Zainali, Vahdat, & Easavi, 2008). The increasing number of addicts has turned the issue of addiction into a national crisis in Iran. What is striking and very shocking here is the fall in the average age of addiction and an increase in the tendency of young people, adolescents, and students to drug abuse that has provided the conditions for the acceleration of the transmission and extension of the dimensions of addiction (Javadi, Rafiei, Aghabakhshi, Askari & Abdi Zarrin, 2011). Statistics show that about 16 percent of Iranian addicts are under the age of 19 years old, and 28 percent of them are between the ages of 20 and 24 years old (Keshvari, 2009). Before a person begins to use substances, an opportunity is provided for the appearance of drug use; this background and consequent readiness is referred to as addiction potential, which states that some people are susceptible to addiction and if they are exposed to it, they will become addicted; however, if they do not have the addiction potential, they will not get addicted (Gendreau & Gendreau, 1970). The peak of the manifestation of addiction in life may be early adolescence to early youth (Vahdat & Zeinali, 2009). Franke, Neef, Weiffenbach, Gansicke, Hautzinge, & Maier et al. (2003) point out that the growth of this readiness during life and state that addicted people may have different psychological risk factors. They found that environmental risk factors in addiction may facilitate the access to drug, but psychological risk factors increased the likelihood of the growth of addiction dependency (Minooea & Salehi, 2003).

One of the factors that is closely related to substance abuse and addiction is self-efficacy. High self-efficacy leads to an increase in the individual's effort, perseverance, and motivation; and is one of the most effective determinants of the individuals' performance, especially in the control, monitoring, and follow-up of drug dependent clients' treatment programs (Habibi, Saleh Moghaddam, Talaei, Ebrahimzadeh, & Karimi Mooneghi, 2011). Self-efficacy is one's belief through which s/he can perform the necessary behavior to achieve a desired goal

successfully. The four main sources of personal judgment about self-efficacy include previous successful experiences, verbal encouragement, substitution experiences, and physiological motifs (Kamali, 2005). Concerning the effect of self-efficacy on smoking cessation, a study with a one-month follow-up showed that self-efficacy was the first predictor of smoking cessation (Badr & Moody, 2005). Naar-King, Wright, Parsons, Frey, Templin, & Ondersma (2006) conducted a study on 64 individuals aged from 16 to 25 years old and showed that self-efficacy of addicts could predict 47% of the variance of alcohol consumption and 69% of marijuana consumption. In addition, Sterling, Diamond, Mullen, Pallonen, Ford, & McAlister (2007) conducted a study, entitled Smoking-related self-efficacy 'belief and intention: assessing factorial validity and structure AL relationships in 9th-12th grade current smokers in Texas and indicated that self-efficacy could directly influence the attentions to cigarette and can be used as a useful alternative for the prevention of cigarette smoking as well as for quitting smoking. Probably, the most effective treatments for drug addiction are the ones that increase self-efficacy (Mark, 2008).

Abolghasemi, Pourkord & Narimani (2009) also showed that social skills and general self-efficacy are related to drug use tendency in adolescents. Dollan, Martino & Rohseno (2008) showed that poor self-efficacy provides the basis for substance abuse in students. Moreover, Moos & Moos (2006) found that self-efficacy is a predictor of alcohol consumption. According to Bandura's theory, the substance abuse behavior is acquired, on the one hand, via modeling, imitation, and reinforcement in the area of interpersonal relationships; on the other hand, it is influenced by intrapersonal factors, such as self-efficacy and individual beliefs (Bandura, 1993). Razavi Nematollahi, Hosseinifard & Shamsoddini Lori (2012) showed that there is a difference in the degree of self-efficacy among opioid dependent people, addicted people, and normal people. Substance dependent people have a lower level of self-efficacy than normal people and stimulant dependent individuals. Khosroshahi Bahadori & Khanjani (2013) found that problem-focused coping strategies, emotion-focused coping strategies, and self-efficacy are predictors of drug use tendency. The results of the research carried out by Afshari, Babakhani, Ahmadi & Shamsoddini Lori (2016) showed that there is a significant difference in self-efficacy between opium users and non-dependent individuals. In other words, non-opioid dependent individuals have a higher self-efficacy than people with opioid dependence.

Another predictor of addiction potential is spiritual health, which has been mentioned in some studies (Wills, Year, & Sandy, 2003) as a shield against drug dependence. Through the establishment of discipline, religion provides opportunities to gain the learned competencies and to prepare social rules pertaining to drug abuse and treatment (Wills et al., 2003). The importance of spirituality and spiritual growth in humans has attracted the attention of psychologists and mental health professionals in the last few decades. The

advancement of psychology, on the one hand, and the dynamic and complex nature of modern human societies, on the other hand, have led human spiritual needs to assume more importance. It seems that people in the world are more inclined to spirituality and spiritual issues than before (Parandeh, Izadi, Ebadi & Ghanbari, 2011). Spiritual health is one of the important dimensions of health in humans, which provides an integrated and coherent relationship among the internal forces; and is characterized by such features as stability in life, peace, fit and harmony, and a sense of close relationship with oneself, God, society, and the environment. Spiritual health determines the wholeness of the individual's integrity (Rezaei, Seyyed Fatemi & Hosseini, 2008). Miller, Davies, & Greenwald (2003) reached the conclusion that the adolescents who are not religious and who have low scores in measured religious activity are reported to turn to higher levels of drug use and abuse in comparison with the ones with a higher level of religious activity. In this regard, research has shown that having religious attitudes and beliefs and spiritual practices are associated with reducing psychological stress and prevention of high-risk behaviors, such as smoking and drug use (Meraviglia, 1999). Turiano et al. (2012) concluded that religious beliefs are effective in preventing drug addiction. Gomes, de Andrade, Izbicki, Moreira Almeida & Oliveira (2013) found that preventive and therapeutic religious commitment programs can be effective in the prevention of drug abuse. Nadimi (2015) concluded that religion and religious institutions can influence drug consumption and their treatment through the establishment of a moral order and discipline.

The main aim of the present research is to investigate whether spiritual health, self-efficacy, and addiction potential can distinguish addicted people from non-addicted individuals.

Method

Population, sample, and sampling method

The current research method was descriptive correlational. The statistical population of this study included all the male addicts referring to outpatient addiction centers in Jiroft city in 2015. In addition, the non-addicted population consisted of the non-addicted men in Jiroft city who were matched with the first group in terms of demographic variables. The sampling method was as follows: from among the nine drug addiction centers in Jiroft city, five centers were randomly selected. After the provision of necessary coordinating with the relevant centers and obtaining the clients' consent, 30 individuals were selected from each center through simple random sampling method and responded to the research tools. Moreover, for the selection of non-addicts, 150 non-addicted male men were selected from the four areas via convenience sampling method. Fourteen questionnaires were not filled soundly by addicted people and three questionnaires were filled in incomplete format by non-addicts; therefore, these questionnaires were not used in the analysis. Finally, 136 addicts and 147 non-

addicts were analyzed as the sample. In terms of age, 24 participants (17.6%) and 44 participants (29.9%) in the non-addicted group were aged between 15 and 20 years old; 69 participants (50.7%) and 67 participants (45.6%) in the non-addicted group were aged between 37 and 40 years old; and 18 participants (13.2%) and 10 participants (6.8%) in the non-addicted group were aged between 48 and 58 years old. In addition, in terms of education, 2 participants (1.5%) in the addicted group and one participant (0.7%) in the non-addicted group were illiterate; 19 participants (14.03%) in the addicted group and one participant (0.7%) in the non-addicted group held primary education; 40 participants (29.4%) in the addicted group and 12 participants (8.2%) in the non-addicted group had passed the sixth grade of primary school; 52 participants (38.2%) in the addicted group and 41 participants (27.9%) in the non-addicted group held diploma degrees; 11 participants (8.1%) in the addicted group and 31 participants (21.1%) in the non-addicted group held associate's degrees; 12 participants (8.8%) in the addicted group and 52 participants (35.4%) in the non-addicted group held bachelor's degrees; and 9 participants (3.2%) in the non-addicted group held master's degrees.

Instruments

1. **Addiction Potential Scale:** This scale has been developed by Weed, & Butcher (1992). In this regard, attempts have been made to determine its validity in Iran and the result has been the Iranian Addiction Potential Scale according to the psychosocial state of the Iranian community (Zargar, 2006). This scale has been composed of two factors and contains 36 items plus 5 lie detecting items. The items are scored on a continuum from zero (strongly disagree) to 3 (strongly agree). Two methods were employed to assess the validity of this scale. In terms of criterion validity, this scale has distinguished the two groups of addicts and non-addicts from each other. In terms of convergent validity, the scale scores have revealed a significant correlation of 0.45 with the 25-item scale of Clinical Symptoms. The reliability of the scale has been reported by Cronbach's alpha to be equal to 0.91, which is a desirable value (Zargar, 2006). In the present study, the reliability of the test was obtained equal to 0.7 through Cronbach's alpha. For the evaluation of validity, the correlation of each item with the total score was obtained within the range of 0.42 to 0.70. Two examples of the questions are: Comradeship with the individuals who use drugs is Okay; Drugs have beneficial effects.

2. **Spiritual Health Questionnaire:** This 20-item questionnaire was designed by Polotisen, & Ellison (1982). The items are scored based on a 6-point Likert from strongly disagree (1) to strongly agree (6); and the total score of spiritual health is the sum of scores of the three dimensions, i.e. cognition, action, and emotions. The score of the scale ranges from 20 to 120. The negative questions are scored in reverse. The level of spiritual health has been divided into three classes, i.e. low spiritual health (20 to 40), moderate spiritual health (41 to 99) and high

spiritual health (100-120). The validity and reliability of this tool have been confirmed by Fatemi's study (2006).

3. Self-efficacy Scale: This scale was developed by Sherer (1982) and contains 17 items. This scale has been designed to measure self-efficacy that is not dedicated to a particular success of the behavior. In fact, this scale measures the individuals' self-efficacy expectations at three levels, i.e. self-perception of behavior initiation, effort to try to complete the behavior, and persistence in the face of barriers. The scale's scoring is fulfilled based on Likert scale. Sherer (1982) has reported the Cronbach's alpha of 0.83 for this scale (Asgharnejad, 2006).

Results

Logistic regression analysis should be used to investigate the predictive role of spiritual wellbeing, self-efficacy and addiction susceptibility to distinguish between addicts and non addicts. But at first, homogeneity of groups should be studied according to demographic variables.

The mean age of addicted people was 34.46 and non-addicted people was 1033 years that results of independent t test showed the equality mean age groups ($P > 0.05, t = 1.50$). Also, Chi Square Test results showed that groups were matched based on education ($P > 0.05$, chi-square=3.12). So logistic regression was performed as follows;

Table 1: Summary of regression model based on group membership spiritual well-being, self-efficacy, and addiction susceptibility

<i>Likelihood Algorithm</i>	<i>Cox-Snell coefficient of determination</i>	<i>Nigel Kirk coefficient of determination</i>
345.80	0.15	0.20

As can be seen in the above table, the values of both the statistics about Piezo Coefficients (0.15 and 0.20) have been shown that predictors can explain 0.15 to 0.20 % to predict addiction susceptibility. Also omnibus test showed that model fitting is acceptable and meaningful ($P < 0.001$, Chi Square=46.08). Percent of accurate distinguish of predictor variables in two groups of addicts and normal were provided in the table below.

Table 2. Descriptive statistics predictors in the prediction accuracy group dissociation

<i>Groups</i>	<i>Addicted people</i>	<i>Non- addicted people</i>	<i>Accurate Percentage</i>
Addicted people	89	47	65.4
Non- addicted people	39	108	73.5
Total	128	155	69.6

As can be seen in the Table, 89 people with substance dependency (65.4%) and 108 unrelated individuals with substance dependency (73.5%) are properly allocated to their groups in such a way that the predictors have been able to allocate the participants to their groups with the accuracy of 69.9%. Table of spiritual regression coefficients has conducted the grouping based on spiritual well-being, self-efficacy and susceptibility to addiction.

Table 3. Table of regression coefficients based on a separation between spiritual well-being, self-efficacy and susceptibility to addiction

<i>Variables</i>	<i>B</i>	<i>SD</i>	<i>Static</i>	<i>Sig.</i>	<i>EXP</i>
Spiritual well-being	0.01	0.009	4.14	0.04	1.01
Efficacy	0.06	0.01	14.97	0.001	1.06
Susceptibility to addiction	0.02	0.01	3.18	0.03	1.03

According to the above table Spiritual well-being ($P < 0.05$), self-efficacy ($P < 0.001$) and a susceptibility to addiction ($P < 0.05$) have the ability to predict substance abuse. So according to the results, respondents who had higher levels of spiritual well-being and efficacy of 1.01 and 1.06 respectively are less dependent and respondents who had higher levels of susceptibility to addiction were more dependent as much as 1.03 percent.

Discussion and Conclusion

The aim of this study was to investigate the predictive role of spiritual health and self-efficacy in addiction potential among addicted and non-addicted and addicted people. Logistic regression results showed that the variables of spiritual health, self-efficacy, and addiction potential can predict the changes in the dependent variable, i.e., drug-dependence behavior. This finding is consistent with those of the studies carried out by Meraviglia (1999), Miller et al. (2003), Walton, Blow, Bingham & Chermack (2003), Moos & Moos (2006), Sterling et al. (2007), Dolan et al. (2008), Abulqasemi et al. (2012), Ibrahim, Kumar & Abu samah (2011), Razavi Nematollahi et al. (2012), Turiano et al. (2012), Khosroshahi Bahadori & Khanjani (2013), Gomes et al. (2013), Nadimi (2009), and Afshari et al. (2016).

Sterling et al. (2007) conducted a study, entitled Smoking-related self-efficacy, belief and intention: assessing factorial validity and structural relationships in 9th-12th grade current smokers in Texas and indicated that self-efficacy could directly influence the attentions to cigarette and can be used as a useful alternative for the prevention of cigarette smoking as well as for quitting smoking. Probably, the most effective treatment methods for drug addiction are the ones that increase self-efficacy (Mark, 2008). Razavi Nematollahi et al. (2012) showed that there is a difference in the degree of self-efficacy among opioid dependent people, stimulant addicted people, and normal people. Substance dependent people and stimulant dependent individuals were found to have a lower level of self-efficacy than normal people. Khosroshahi Bahadori & Khanjani (2013) found that problem-focused coping strategies, emotion-focused coping strategies, and self-efficacy are predictors of drug use tendency. The results of the research carried out by Afshari et al. (2016) showed that there is a significant difference in self-efficacy between opium users and non-dependent individuals. In other words, non-opioid dependent individuals have a higher self-efficacy than people with opioid dependence. Miller et al. (2003) reached the conclusion that the adolescents who are not religious and who have low scores in measured religious activity are reported to turn to higher levels of drug use

and abuse in comparison with the ones with a higher level of religious activity. In this regard, research has shown that having religious attitudes and beliefs and spiritual practices are associated with reducing psychological stress and prevention of high-risk behaviors, such as smoking and drug use (Meraviglia, 1999). Turiano, Whiteman, Hampson, Roberts, & Mroczek (2012) concluded that religious beliefs are effective in preventing drug addiction. Gomes et al. (2013) found that preventive and therapeutic religious commitment programs can be effective in the prevention of drug abuse. Nadimi (2015) concluded that religion and religious institutions can influence drug consumption and their treatment through the establishment of a moral order and discipline.

The explanation that can be presented is that the foundation of spiritual health is religiosity, and religiosity is a protective factor against high-risk behaviors, such as cigarette smoking, alcohol consumption, marijuana use, and the use of cocaine (Brown, Parks & Zimmerman, 2001). Religion can influence the consumption of substances and improve it through the establishment of a moral discipline. Religion contributes to the facilitation of spiritual experience. Spiritual experience can strengthen moral obligations, which, in turn, prevents the consumption of alcohol and other substances. In addition, religion can shape a system of meanings, including the purposefulness of life, self-worth, and self-respect. This system of meanings can prevent risk-taking and sensation-seeking behavior; hence, it can also lead to a reduction in drug use (Smith, 2003). Therefore, it can be concluded that if a person has a higher level of spiritual health, then the meaning s/he gives to him/herself and the world around him/her is accompanied by a sense of value and purposefulness. As a result, s/he is less likely to embark on doing actions like taking drugs because it damages his/her worthiness or prevents him/her from meeting his/her goals. On the other hand, the cognitive beliefs of the religious people, such as the belief that God helps human beings in difficulties or that God has put him/her responsible for his/her own behavior affect the individuals' response to psychological pressure. In addition, low self-efficacy leads to a greater tendency towards the use of narcotics and self-efficacy has a negative relationship with drug use and mental illness. People who fail to pursue their goals due to their inefficient sense in life affairs feel frustrated, and seek refuge in drug use to temporarily extricate themselves from this pain and forget this problem. This suggests that the people with poor social skills and low self-efficacy have a tendency to use drugs in order to cope with problems.

The statistical population of this research was limited only to drug addiction centers in Jiroft; therefore, the results should be generalized with cautions.

In this regard, it is suggested that the levels of self-efficacy and spiritual health in individuals be promoted through continuous training of skills and preparation of programs in the form of classes and workshops pertaining to self-efficacy and spiritual health.

Reference

- Abolqasemi, Abbas.; Pourkord, Mehdi and Narimani, Ahmad. (2009). Its social skills and self-efficacy tends to substance use in adolescents, *Journal of Sabzevar University of Medical Sciences and Health Services*, 4 (16), 88-181.
- Asghar nezhad, Tahereh; Khodapanahi, Mohammad Karim, and Heidari, Mahmoud (2006). Relationship between self-efficacy, Locus of Control with academic success, *Psychology*, 8 (31), 26-218.
- Badr, H.E.; & Moody, P.M. (2005). Self-Efficacy: A Predictor for Smoking Cessation Contemplators in Kuwaiti Adults. *International journal of behavioral*, 12(4), 273-7.
- Bandura, A. (1993). Cognitive processes in mediating behavioral change. *Journal of personality and social psychology*, 35, 125-39.
- Brown, T.; Parks, G.S.; Zimmerman, R.S.; & Phillips, C.M. (2001). The role of religion in predicting adolescent alcohol use and problem drinking. *Journal of Studies on Alcohol*, 62, 695- 705.
- Dolan, S.L.; Martin, R.A.; & Rohsenow, D.J. (2008). Self-efficacy for cocaine abstinence: Pretreatment correlates and relationship to outcomes. *Addictive Behaviors*, 33, 675–88.
- Franke, P.; Neef, D.; Weiffenbach, O.; Gansicke, M.; Hautzinger, M.; & Maier, W. (2003). Psychiatric comorbidity in risk groups of opioid addiction: A comparison between opioid dependent and non-opioid dependent prisoners. *Journal of Fortschritte der Neurologie-Psychiatrie*, 71(1), 37-44.
- Gendreau, P.; & Gendreau, L.P. (1970). The “addiction-prone” personality: A study of Canadian heroin addicts. *Canadian Journal of Behavioral Science*, 2(1), 18-25.
- Ghanbari Nasab, Mohammed, and Fouladchang, Mahboubeh (2015). The relationship between resiliency and mental vitality addiction talented students, research on addiction, 9 (34), 22-9.
- Gomes F.C.; de Andrade A.G.; Izbicki R.; Moreira Almeida A.; Oliveira L.G. (2013). Religion as a protective factor against drug use among Brazilian university students: a national survey. *Revista brasileira de psiquiatria*, 35(1), 29-37.
- Habibi, Rahim; Saleh Moghaddam, Amir Reza; Talaei, Ali; Ebrahimzadeh, Saeed, Karimi, Hasan. (2012). The effect of family-centered approach to problem solving adjusted, the self-esteem of patients addicted to narcotic drugs, the Faculty of Mashhad University of Medical Sciences, 55 (1), 9-52.
- Ibrahim, F.; Kumar, N.; & Abu Samah, B. (2011). Self-efficacy and relapsed addiction tendency, *Social sciences*, 6, 277 -82.
- Javadi, RahmKhora; Aqabkhshi, Habib,.; Rafiei, Hasan; Asgari, Ali; Memar, Ahmad & Abdi Zarrin, Sohrab. (2011). Relationship between Family Functioning and resilience against substance abuse. *Journal of Social Welfare*, 11 (41), 44-421.
- Kamali, Mahmoud (2005). Examine the role of the teachers, sources of information and features of individual self-efficacy in mathematics and mathematics performance of secondary school students in Yazd, PhD thesis, Kharazmi University.
- Keshvari, Ahmed (2009). Addiction bar to Matam-Kade, Tehran: Sami.
- Khosroshahi Bahaduri, Jafar, and Khanjani, Zeinab. (2013). The relationship between coping strategies and self-biased drug abuse among students. *Science and Research in Applied Psychology*, 4 (3), 90-80.
- Maisto, S.A.; Connors, G.J.; & Zywiak, W.H. (2000). Alcohol treatment, changes in coping skills, self-efficacy, and levels of alcohol use and related problems 1 year following treatment initiation. *Psychology of addictive behaviors*, 14(3), 257-66.
- Mark, A.L. (2008). Weight redacting for treatment of obesity –associated hypertension Nuance and challenges. *Current Hypertension Report*, 9, 368-72.

- Meraviglia, M.G. (1999). Critical analysis of spirituality and its empirical indicators, Prayer and meaning in life. *Journal of Holist nursing*, 17(1), 18-33.
- Merrill, R.M.; Folsom, J.A.; & Christopherson, S.S. (2005). The influence of family religiosity on adolescent substance use according to religious preference. *Social Behavior and Personality*, 33(8), 821-36.
- Miller, L.; Davies, M.; & Greenwald, N.W. (2003). Relationship between family religiosity and substance use and abuse among adolescents in the national comorbidity survey. *Journal of the American academy of Child and Adolescent Psychiatry*, 39, 1190-7.
- Minooei, Mahmoud, and Saleh, Mahdieh. (2003). Study of feasibility, reliability, validity and standardization of tests APS, AAS and MAC-R. *Research on addiction*, 1 (3), 108-77.
- Moos, R.H.; & Moos, B.S. (2006). Rates and predictors of relapse after natural and treated remission from alcohol use disorders. *Addiction*, 101(2), 212-22.
- Naar-King, S.; Wright, K.; Parsons, J.T.; Frey, M.; Templin, T.; & Ondersma, S. (2006). Tran's theoretical Model and substance use in HIV-positive youth. *AIDS Care*, 18(7), 839-45.
- Nadimi, Mohsen (2015). The role of religion and religious institutions in the prevention of substance abuse. *Journal of Social Health and Addiction*, 2 (6), 90-63.
- Naghbolsaddat, Seyed Reza, and Ghane, Mahsa (2013). Analysis of relationship between utilization of modern communication technologies and tendency to addiction in youth, *Journal of Sociology Youth Studies*, 2 (5), 28-113
- Nonnemaker, J.M.; McNeely, C.A.; & Blum, R.W. (2003). Public and private domains of religiosity and adolescent health risk behavior: Evidence from the National Longitudinal Study of Adolescent Health. *Social Science and Medicine*, 57(11), 2049-54.
- Paloutzian, R.; Ellison, C. (1982). Loneliness, spiritual well-being and the quality of life. D. Perlman D. *Loneliness: a sourcebook of current theory, research and therapy*. In: Peplau New York: John Wiley and Sons, 224-35.
- Parand, Akram; Izadi, Ahmed; Ebadi, Abbas; Ghanbari, Mojtaba (2011). The relationship between spiritual intelligence and organizational commitment in military hospitals, nursing managers, *military Psychology*, 2 (6), 78-69.
- Ramo, D.E.; Anderson, K.G.; Tate, S.R.; Brown, S.A. (2005). Characteristics of relapse to substance use in comorbid adolescents, *Addictive Behaviors*, 30, 1811-23.
- Razavi Nematolahi, Vida; Hosseini fard, Seyed Mehdi & Shamsodini Lori, Salwa (2012). Comparison of dependent on opiates, stimulants and ordinary people in the self-efficacy and self-regulation of behavior. *Journal of Psychology*, 4 (15), 93-81.
- Rezaei, Mahboubeh; Seyedfatemi, Naeimeh; Hosseini, Fatemeh. (2008). Spiritual health of patients in cancer patients undergoing treatment chemical, Tehran University Faculty of Nursing and Midwifery (life), 14 (3 and 4), 9-33.
- Seyed Fatemi, Naeemeh, Rezaei, Mahboubeh, Givari, Azam, and Hosseini, Fatemeh. (2006). The effect of prayer on spiritual health of cancer patients, *monitoring Journal*, 5 (4) 304 295.
- Shamsodini Lori, Salwi; Ahmadi, Armindokht; Babakhani, Nargers; Afshari, Maryam. (2016). Comparison of self-esteem, self-efficacy and self-regulation in opioid-dependent individuals, irritants and ordinary people. *Journal of Legal Medicine*, 22 (1), 22-15.
- Sherer, M.; Maddux, J.E.; Mercandante, B.; Prentice- Dunn, S.; Jacobs, B.; & Rogers, R.W. (1982). The self-efficacy scales: Construction and validation *Psychological Reports*. *Annual meeting of the southeastern association*, 150.