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Psychological Problems and its Effect on Spiritual Well-being among Substance abuse patients

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Abstract: **Drug addiction is a chronic disease that's often associated with other psychiatric disorders. Anxiety, depression and stress are the most common psychiatric problems in substance abuse which affect spiritual well-being.** ***Aim*** **of this study was to assess psychological problems and its effect on spiritual well-being among substance abuse patients .** ***Research design*****: A descriptive correlational design was utilized to achieve the aim of the study.** ***Setting:*** **This study was conducted at outpatient clinic of Psychiatric & Mental Health Hospital in Benha City .** ***Sample:*** **A convenient sample of 40 Substance abuse patients who were enrolled in outpatient clinic. Tools*:* Three tools were utilized in this study.** ***First tool*** **divided into two parts. Part (1): Socio-demographic of substance abuse patients. Part (2): Previous clinical history of substance abuse.** ***Second tool:*** **Depression, anxiety and stress (DASS) scale to assess psychological problems of depression, anxiety and stress.** ***Third tool:*** **Spiritual well-being scale *to* measure levels of spiritual well-being for substance abuse patients.** ***Results:*** **More than half of the studied substance abuse patients had severe psychiatric problems (depression, anxiety & stress). Nearly three quarters of the studied substance abuse patients had low level of spiritual wellbeing.** ***Conclusion*****: There was a highly statistical significant inverse correlation between spiritual well-being and psychological problems.** ***Recommendation:*** **Manipulate a program which enhances substance abuse patients to improve spiritual well-being with different life events.**

Keywords: **Psychological problems, spiritual well-being, substance abuse patients, nursing, Benha.**

1. INTRODUCTION

Substance abuse is problematic as it leads to addiction and causes people to act in unhealthy ways. This unhealthy behavior is contrary to the natural desire for good health that most people possess. The person suffering from addiction will act compulsively and continue to use substances despite negative consequences including damage to their health. Drug addiction is, "A chronic disorder characterized by the compulsive use of a substance resulting in physical, psychological, or social harm to the user and continued use despite that harm" **(Darvishi & Khorramabadi, 2014)**

Substance abuse involves the recurrent use of substances that lead to significant impairment or distress. Substance abuse can lead to substance dependence when a person shows tolerance to a drug, withdrawal symptoms when not receiving a drug, or compulsive use of the drug. Dependence is the first stage of addiction. Addiction is "a condition in which the body must have a drug to avoid physical and psychological withdrawal symptoms". The commonly abused substances that lead to addiction are marijuana, cocaine, and opioid drugs, including heroin and prescription pain medications ***(American Psychological Association, 2010).***

Person who use drugs has stressors that include not only the drug, but also the consequences of addiction, such as poor social, physical, psychological, and spiritual health. The person with addiction may also have poor psychological health lending to increased vulnerability. Depression and anxiety symptoms are among the most common psychological

symptoms of those who abuse drugs that may decrease the person's ability to be successfully treated **(Moalemi et al., 2010).**

Depressive symptoms are common people suffering from substance abuse or dependence to drug, about a third to half of people who are abuser once in a life time were diagnosed with the criteria for major depressive disorder. Researches have also shown that addiction has the most frequent co-morbidity with anxiety, stress and depression. That may play a role in patients' substance abuse. Numerous factors, including social stress, economic and psychological problems have effect of substance abuse Psychological aspects of stress include anxiety, distress which are an unpleasant emotional experience that can rise the instance of chronic illnesses over time in the family. Gradually those persons loss the sympathy from the family and friends and they are less likely to meet his needs and listen to his sorrows**(Harrell & Karim, 2008).**

Understanding spiritual well-being and how it relates to depression, stress and anxiety in the substance abuse patients, several studies revealed that strong religious faith and spiritual well-being are associated with many positive mental physical health outcomes. For example, spiritual well-being and depression have been found to be inversely related. Also, it illustrated that low levels of spiritual well-being and high levels of depression and anxiety are common among substance abuse patients **(Miller & Bogenschutz, 2007).**

Spiritual well-being including nursing, medicine, social work, psychology, education, and theology are successfully performs for better health. Most outcomes or consequences of spirituality are noted to be positive. The most commonly mentioned consequences of spirituality include power and strength, hope, coping, improved health and well-being. These consequences typically contribute to health and well-being **(Buck, 2006)**.

Negative consequences of spirituality can also occur which include fear, lack of control, guilt and inner conflict regarding faith. In this case the capacity to connect with a higher power can be impeded by negative feelings leading to impairment in health and well-being. Some with addiction say that they are less spiritual due to the guilt they feel while using. However, these feelings can lead to give over control to a higher power which helps in the search for the transcendent. Overall, spirituality most often has been noted to have a positive and not a negative impact on health. Spiritual nursing care is directed by the patients' reality **(Babb et al., 2009).**

Nurses must understand their on spirituality and world views understand how to provide care spiritual care to others. Nurses also need to be skillful in assessing spirituality of other to help them in identifying their personal spiritual perspective and identity and helping them to meet their spiritual needs such as finding purpose and meaning in life **(Creel, 2007).** It is important that mental health nurses understand a person's spirituality and respond to spiritual needs. Patients have commented that they want spirituality included in their addiction treatment. Nurses have noted a need to include spiritual assessment in their practice but they have not done so due to reasons such as discomfort discussing spiritual issues, lack of training about spirituality, and being in a science-based practice. **(O'Brien, 2008).**

Significant of the study:

Addiction is a prevalent problem in our society and contributes to other health problems; many substance abuse patients suffer from anxiety and depression which frequently untreated that affect their spiritual well-being. nurses often cope with substance abuse patients. Psychiatric and Mental Health Nurses need to be able to recognize and provide care to those who abuse substance. Recognizing addiction can lead to the prompt identification and treatment of withdrawal symptoms, prevention of complications related to withdrawal, and treatment for the addict patients. Recognizing and treating addiction can minimize complication during hospitalization as well as decrease the risk of chronic disease.

Aim of the study:

The aim of this study was to assess psychological problems and its effect on spiritual well-being among substance abuse patients.

Research questions:

1- What are the psychological problems among the substance abuse patients?
2- What is the spiritual well-being level among the substance abuse patients?
3- What is the correlation between psychological problems and spiritual well-being among substance abuse patients?

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Research design:

Descriptive correlational design was used in this study.

Setting:

This study was conducted at outpatient clinic of Psychiatric & Mental Health Hospital in Benha City.

Sample:

A convenient sample of 40 patients who were enrolled in outpatient clinic utilized in this study according to the last statistics of the hospital, including the following criteria: age were 20 or older, both sexes, in the recovery stage and able to answer the questionnaire independently, this inclusion criteria was necessary as the self-administer questionnaire, exclusion criteria were volunteers who had prior treatment less than three months ago and are now newly enrolled in current treatment (less than two weeks) and who have psychiatric co-morbidities.

2. TOOLS

This study used three tools:

1st tool: consists of two parts:

Part I: Demographic data: Age, sex, education level, employment, residence and income.

Part II: Previous clinical history: Age onset of addiction, type of substance, route, frequency, dose and recovery period.

2nd tool: Depression, Anxiety and Stress (DASS) scale:

Adopted by **Lovibond and Lovibond (1995).** The questionnaire consisted of 42 items in which the measurement divided into three subscales depression, anxiety and stress each one of them consists of 14 items..

The rating scale is as follows:

1- Did not apply to me at all.

2- Applied to me to some degree, or some of the time.

3- Applied to me to a considerable degree, or a good part of time.

4- Applied to me very much, or most of the time.

Scoring system of this scale:

1- Depression: mild (0 -13), moderate (14 – 20), severe (21-28).

2- Anxiety: mild (0 - 9), moderate (10 - 14), severe (15 – 20).

3- Stress: mild (0 – 18), moderate (19 – 25), severe (26 – 34).

The reliability of DASS was 90.1.

3rd tool: Spiritual well-being scale:

Adopted by **Paloutzian et al., (2012)** this tool aimed to measure levels of spiritual well-being, consists of 20 items divided into two ten items subscale, each of this items was scored on six point Likert -type scale. Using the following words strongly agree, moderately agree, agree, disagree, moderately disagree and strongly disagree. Some items were negatively worded and reverse scored. Possible scores ranged from 20 to 120 with higher scores indicating greater spiritual well-being.

Reliability of SWE includes the following:

a. The extension well-being subscales reliability was 0.78-0.86.

b. Religious well-being subscale reliability was 0.89-0.94.

c. Total reliability of SWB was 0.82-0.94.

Validity procedure:

The tools of the study were translated into Arabic and retranslated to English to ascertain from the right meaning of its items and then introduced to three expertise in the field of Psychiatric & Mental Health Nursing to test its clarity and feasibility, required modification were done.

Pilot study:

The tools of this study were applied on four (10%) substance abuse patients to ascertain the clarity, relevancy, applicability and time needed to accomplish the questionnaire. No modification were done after pilot study, so, that those patients in the pilot study were not excluded from the final sample.

Field work and procedure:

The researchers were present in the out-patient clinic an average of two days\week (Sunday and Wednesday) for nearly six months, which started from December 2016 to May 2017. The participants complete the self-administer questionnaires independently by assistance of the researchers, most participants take 15-30 minutes to complete the questionnaire. The researchers distribute questionnaire to the patients who fill it independently with a little clarification of the meaning of some questions.

- After receiving approval from Dean of Faculty of Nursing, Benha University and Permission from the Director of Psychiatric and Mental Health Hospital and the manager of the out- patient clinic, the researchers met the clinic's staff to explain the purpose of the study to facilitate data collection with minimal resistance.

- The researchers were present in the out- patient lobby to explain the purpose of the study to each patient individually, some patients were started friendly conversation with the researchers and tried to take private appointments for meeting to receive more information.

- Patients expressed their interest in the study's participation and choose to engage the researchers in conversation about the spiritual and religion issues in the study.

- The researchers didn't offer any advice to the study participants during the conversation to keep from influencing result, but after completing the questionnaire, the researchers provide the participants with all needed information.

Ethical consideration:

The researchers took oral consent from all the participants to be included in the study after explain the purpose of the study. The researchers informed the participants that they have the right to refuse or withdraw from the study if they want without fear of appraisal. The participants were encouraged to ask questions as needed and researchers respond to each of them individually and reassured them about the confidentiality and security of the given information. Participants were informed about the possible benefits as acquiring knowledge about the effect of addiction on spiritual wellbeing and physical consequences of addiction and risks of the study, the only identifiable risk to this study was possible emotional stress, when participants consider their life and spiritual aspects of it.

Data analysis:

Data were analyzed using SPSS windows statistical package version 20, in order to achieve the purpose of the study, descriptive statistics were utilized to examine the SWBS and DASS scales. The descriptive statistics included mean, standard deviation and range. Qualitative data were expressed as frequency and percentage.

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3. RESULTS

Table (1): Frequency Distribution of Socio-demographic Characteristics among Substance abuse Patients (n=40)

Socio-demographic characteristics	No	%
Sex		
Male	39	97.5
Female	1	2.5
Age (in years)		
20 < 30	17	42.5
30 ≤ 40	20	50.0
> 40	3	7.5
Mean ± SD	25.41 ± 4.31	
Marital status		
Unmarried	23	57.5
Married	17	42.5
Education level		
Illiterate	6	15.0
Basic education	24	60.0
High	10	25.0
Occupation		
Unemployed	12	30.0
Employed	28	70.0
Income		
Not enough	28	70.0
Enough	12	30.0
Residence		
Rural	14	35.0
Urban	26	65.0

Table (1): This table shows that, the highest percentage (97.5%) nearly to all of substance abuse patients' were males and only one of the m were female. As regard to age, the mean age was 25.41 ± 4.31 years, the highest group age between age thirty and forty years, and more than half them (57.5%) were unmarried.

Table (2): Frequency Distribution of Predisposing Factors among Substance abuse Patients (n=40)

predisposing factors	No	%
Family relation		
good relation	11	27.5
Disturbed relation	7	17.5
No relation	22	55.0
Family conflict		
Usually	22	55.0
Sometimes	13	32.5
Never	5	12.5
Smoking/ day		
<20	26	65.0
20-40	12	30.0
> 40	2	5.0

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Table (2): This table shows that, more than half of the studied substance abuse patients (55%) haven't relation with family and also, usually have family conflicts, as for smoking, around two thirds (65%) smoke less than 20 cigarette/ day.

Table (3): Frequency Distribution of Personal Characteristics among Substance abuse Patients (n=40).

Personal characteristics	No	%
Shame	24	60.0
Socially withdrawal	17	42.5
Motivated against Colleagues	12	30.0
Stubbornness	18	45.0
Sharp	17	42.5
Angry	17	42.5
Tendency for deviation	12	30.0
Rebellious	10	25.0
Avoid responsibility	14	35.0

Table (3): This table shows that, shame, stubbornness, sharpness and anger were that most common personal characteristics among substance abuse patients (60%, 45% & 42.5) respectively.

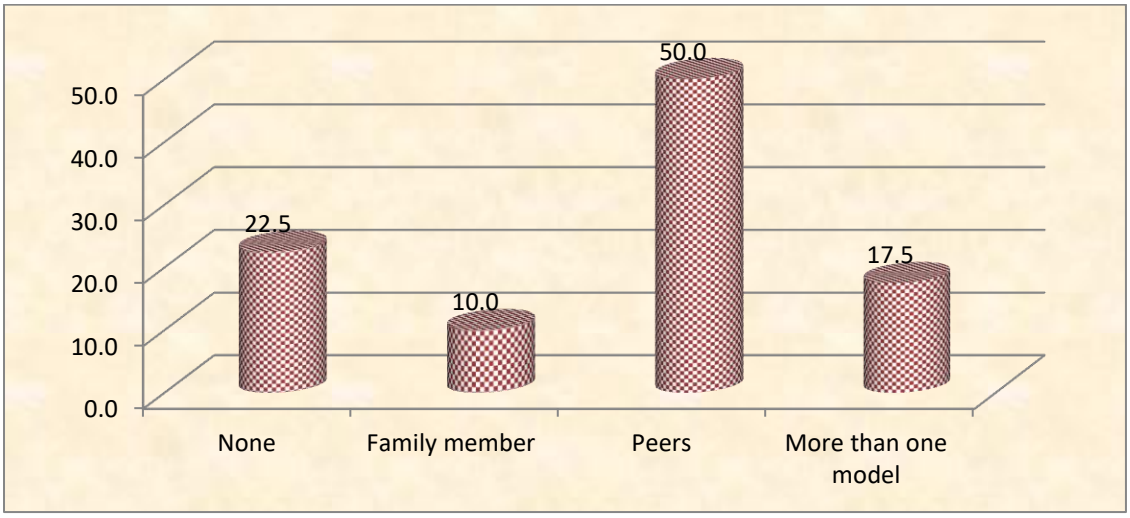

Figure (1): Frequency distribution of model of addiction among Substance abuse patients.

Figure (1): This figure illustrated that, half of studied substance abuse patients (50%) became addict by their peers' model. Compared by family member who represent the minority (10%) of studied substance abuse patients' model.

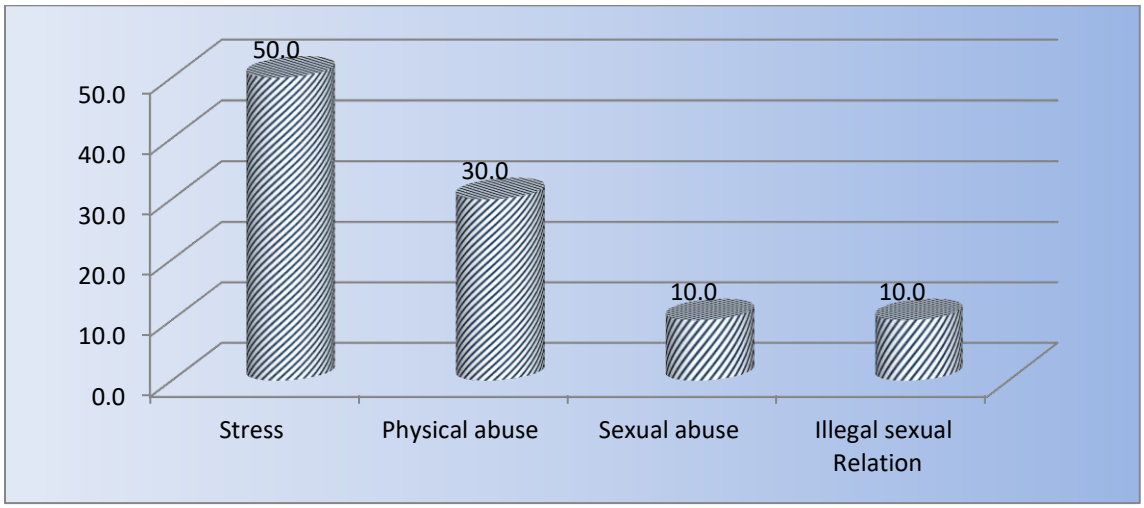

Figure (2): Psychiatric risk factors of substance abuse among substance abuse patients.

Figure (2): This figure illustrated that, the most common psychiatric risk factors of addiction among studied substance abuse patients was stressful events (50%), while the illegal sexual relation constitute 10% of them.

Table (4): Frequency Distribution of previous clinical history among substance abuse patients (n=40)

Previous clinical history	No	%
Age onset of addiction		
< 14	24	60.0
14 - 21	9	22.5
> 21	7	17.5
Mean ± SD	12.51± 2.71	
Type of substance		
Opiate	6	15.0
Hypnotics and Tranquilizer	2	5.0
Stimulus group	8	20.0
Mix Addict, More than one in the different group	3	7.5
Hallucinated group	2	5.0
More than one in the same group	19	47.5
Route		
Oral	13	32.5
Nasal	1	2.5
Smoking	7	17.5
Injection	5	12.5
more than one route	14	35.0
Frequency		
Little days or week	7	17.5
Daily	25	62.5
More than one time /daily	8	20.0
Dose		
1-3	26	65.0
4-6	9	22.5
More than 6 times	5	12.5
Recovery		
<6 months	34	85.0
6 < 9 months	5	12.5
9 to 12 month	1	2.5

Table (4): This table shows that, the mean age was 12.51± 2.71years, the highest group age less than 14 years old, as regards to the type of substance abuse, around half of substance abuse patients (47.5%) were use more than one substance

in the same group, as fore, frequency, more than three fifth of them (62.5%) take their addict substance daily, while the majority of them (85%) were recovered since less than six months.

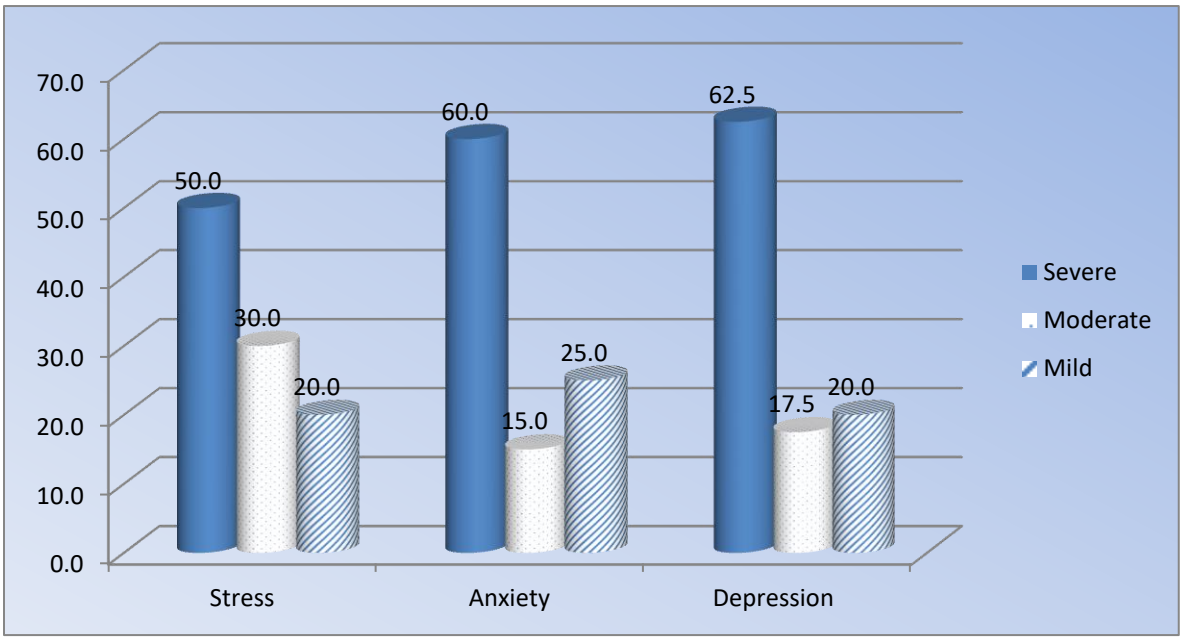

Figure (3): Frequency Distribution of Total Score of Depression, Anxiety and Stress among Substance abuse patients

Figure (3): This figure clarified that, the psychological problems associated with follow up stage/recovery stage were severe depression, anxiety and stress (62.5%, 60% & 50%) respectively.

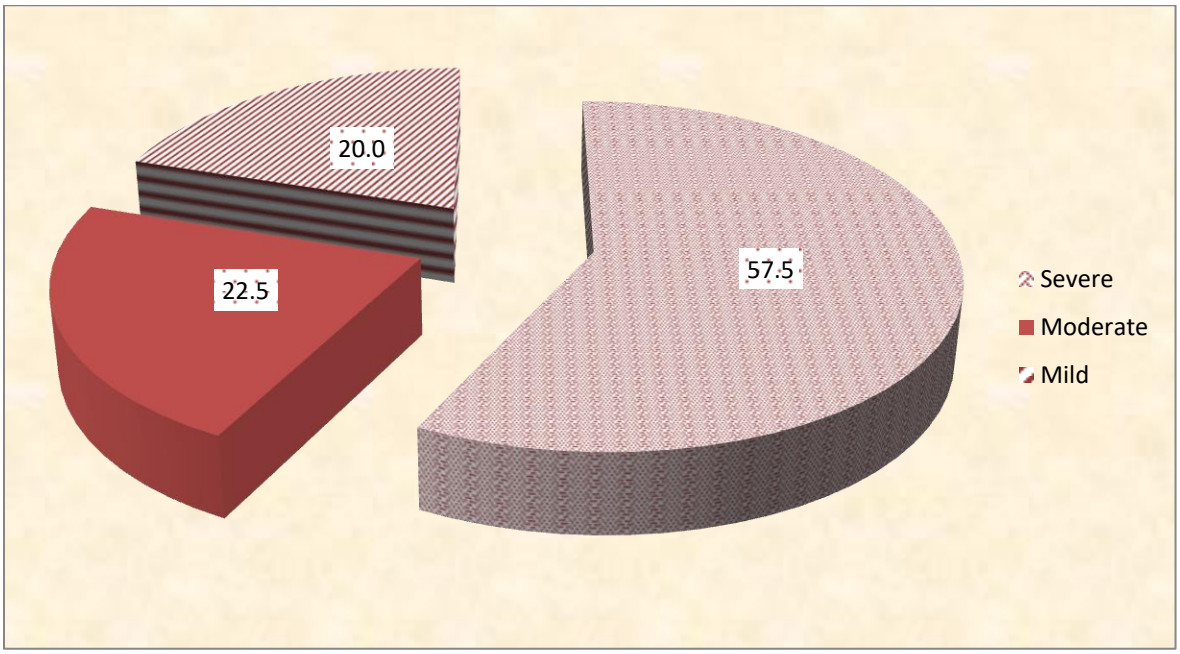

Figure (4): Frequency Distribution of Total Depression, Anxiety and Stress (DASS) among Substance abuse patients.

Figure (4): This figure demonstrated that, more than half of substance abuse patients (57.5%) were had severe psychiatric problems (depression, anxiety & stress).

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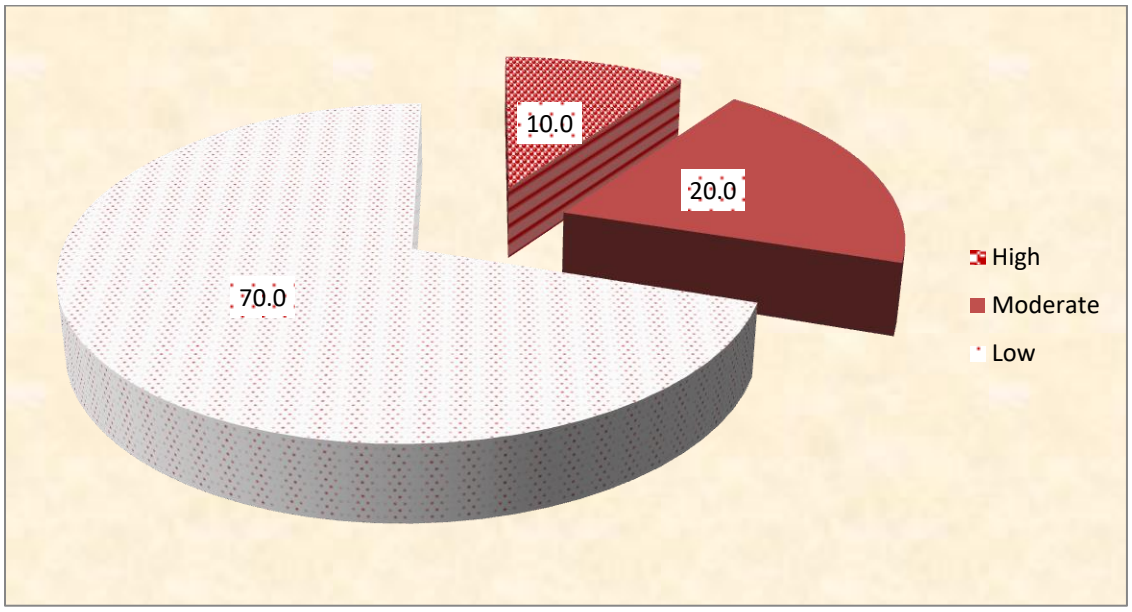

Figure (5): Frequency Distribution of levels of Spiritual Well-being among Substance abuse Patients

Figure (5): This figure illustrated that, less than three quarters of substance abuse patients (70%) had low level of spiritual wellbeing. Compared by 10% only having high spiritual well-being**.**

Table (5): Relation between Family Conflict and Depression, Anxiety & Stress (n=40).

Psychological problems	Family conflict						X^2	p-value
	Never (n=22)		Sometimes (n=13)		Usually (n=5)			
Stress	No	%	No	%	No	%		
Mild	2	40.0	0	0.0	6	27.3	16.00	0.019
Moderate	1	20.0	6	46.2	5	22.7		
Severe	2	40.0	7	53.8	11	50.0		
Anxiety								
Mild	2	40.0	4	30.8	4	18.2	11.8	0.03
Moderate	1	20.0	2	15.4	3	13.6		
Severe	2	40.0	7	53.8	15	68.2		
Depression								
Mild	2	40.0	2	15.4	4	18.2	13.82	0.02
Moderate	0	0.0	4	30.8	3	13.6		
Severe	3	60.0	7	53.8	15	68.2		

Table (5): This table shows that, there is statistical significant relation between family conflict and depression, anxiety and stress as P. value < 0.005.

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Table (6): Relation between Family Conflict and Spiritual Well-being.

Spiritual well-being	Family conflict						X^2	p-value
	Never (n=22)		Sometimes (n=13)		Usually (n=5)			
	No	%	No	%	No	%		
Low	6	27.3	0	0.0	2	40.0	27.58	0.000
Moderate	15	68.2	11	84.6	2	40.0		
High	1	4.5	2	15.4	1	20.0		

Table (6): This table shows that, 40% of usually family conflict having moderate spiritual well-being compared by 68.2% on never family conflict also having moderate spiritual well-being. The table showed also, highly statistical significant relation between family conflict and spiritual well-being.

Table (7): Correlation between Total Depression, Anxiety & Stress (DASS) Scale and Total Spiritual Well-being

Spiritual well being	DASS scale	
	R	p-value
	-0.56	0.04

Table (7): This table shows that, there is statistical significant relation between spiritual well-being and depression, anxiety & stress.

4. DISCUSSION

The results of the current study revealed that the mean age of studied substance abuse patients was 25.41 ± 4.31 years with the highest group age between age thirty and forty years,. This study result was in accordance with **Abdel-Azim (2001)**, who found the mean age related to his study was 27.1±6.8 years. Regarding marital status, the current study revealed that nearly to three fifth were unmarried and the majority of his study sample were unmarried, as well as, similarity with **El-refaey (2012)**, who found that three fifth of his study subject were unmarried. This is may be due to stigma associated with addiction and loss of ability to tolerate responsibility of forming family.

The present study finding revealed that only one quarter of the studied substance abuse patients with highly education, and also, it revealed that 70% of the study subject was employed and hadn't have enough income while 30% only unemployed. These findings were incongruent with **El-refaey (2012)**, who stated that the percentage of the substance abuse was highly educated and more than half of them were not working. It could be due to the incessant need to have continuous work to have money to be able to get the substance.in addition drug abuse give them power to continue working as stated by studied substance abuse patients.

The present study revealed that more than half of the studied substance abuse patients didn't have family relation and had family conflicts usually, these findings were congruent with **Brook et al., (2000),** who stated that half of the study subject have disturbed family relation, that may be due to presence of relationship between home atmosphere including family conflict and disturbed relationship between family members and addiction which result come from poor communication between family members. It also may be due to absence of father or mother or both either physically or psychologically from the home, as the unavailability either physically or emotionally of one parent especially the father may lead to lack of appropriate supervision, harsh or inconsistent punishment, lack of monitoring, absence of positive healthy adult role modeling and lack of secure attachment which are considered the leading factors of abuse. Therefore, the mothers play a vital role in conveying sense of love and security to their children which affect the way of their thinking and behavior.

Regarding the model of addiction the current study reported that, half of studied substance abuse patients become addict by their peers' model. This finding contradicted with **Ronald et al., (2007)** and **El refaey (2012)**, who stated that more

than half of the subject model of addiction was within the family. This may be due disturbed family relationship with increasing conflicts, family instability and inability to express emotion freely within the family, which in turn led to escape to peers who had attractive image in the person's eyes from family troubles and facilitate the effect of peer pressures on them. Bad peers became the model for addiction to those persons.

Regarding the risk psychiatric risk factors of addiction, the present study illustrated that, the most common psychiatric risk factors of addiction among studied substance abuse patients was stressful events; this may be due to inability to cope with stress and lack of problem solving skills. As for personal characteristics of studied substance abuse patients, the current study revealed that, three fifth of them were suffering from shame, followed by stubbornness, sharp, angry and social withdrawal. While, impaired communication, aggressive behavior, shyness, social isolation and temper were the common characteristics of the substance abuse patients as stated by previous studies as **Brook et al., (2000) and El refaey (2012).**

As for first research question, the current study revealed that the psychological problems associated with follow up stage/recovery stage were severe including depression, anxiety and stress respectively. This finding was consistent with **Harrel and Karem (2008)**, who stated that anxiety, depression and stress were the most frequent comorbidity with addiction, this also congruent with **Sadock and Sadock, 2007)** and **Hasin (2002)** who stated that 70% of addicts to drug suffer from anxiety and depression, this may be due to changes occurred in the substance abuse patients's life including behavior, self-esteem, mood, nutrition ,work and social relationship, aggression and lack of trust which in turn lead to inability to adapt with life stressors.

Regarding the second research question, the current study revealed that, nearly to three quarters of the studied substance abuse patients had low level of spiritual wellbeing. This finding in congruent with **Ellison (2009)** and **Piacentine (2010)** who found the study sample had a moderate level of spiritual well-being. The researchers noted that, the majority of participants felt substance abuse had negatively impacted their spiritual life and spiritual well-being. The participants believed in God or a higher power and prayed frequently, but were not regularly sharing in formal practices. This aspect has not been documented in previous studies. The physical and psychological aspects of addiction have impacted the spiritual factors, weakening the person.

However, the current study reported that, there was highly statistical significant relation between family conflict and depression, anxiety and stress, this illustrate the negative impact of family conflicts on the person's life and coping strategies, and moving toward addiction which precipitate psychological problems.

As regard third research question, the current study showed that , there was a highly statistical significant inverse correlation between spiritual well-being and depression, anxiety & stress. This result is consistence with **Piacentine(2010)** who revealed that, there was the strong inverse correlation between spiritual well-being and depression, anxiety & stress

5. CONCLUSION

Based on the finding of the current study, it can be concluded that:

More than half of the studied substance abuse patients had severe levels of depression, anxiety and stress with low spiritual well-being. It also, concluded that, there was a highly statistical significant inverse correlation between spiritual well-being and psychological problems (depression, anxiety and stress). So, Understanding the substance abuse patients' needs will help in planning addiction treatment. Strengthening the spiritual factor will reinforce the physiological, psychological, sociocultural, and developmental factors. For example, treating spirituality could help treat the whole client because increased spirituality is related to less depression and anxiety and also to less negative drug consequences.

Recommendation:

- Conducting group therapy in each hospital to express their fear, anxiety, rage, helplessness and hopelessness in dealing with stressful situation.

- Manipulate a program which enhances substance abuse patients in improving spiritual well-being with different life events.

- Recommending the religious schedules and programs to be an essential part of therapeutic programs (inpatients & outpatients) in all psychiatric hospitals.

- Conducting psycho-educational program for students in schools and university to be aware about dangers of smoking, illegal sexuality and drug use/abuse through mass media and hotline dealing with specialists.

Further research:

- An interventional study using spiritual techniques such as being present and listening to a patient, prayer, or meditation in an attempt to affect spirituality and help the person towards transcendence would be useful.

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REFERENCES

[1] Abdel-Azim, K. A. (2001). Psychosocial correlates of substance abuse. A study in an Egyptian sample. Unpublished thesis for Doctoral Degree in P;sychiatry, Faculty of Medicine, Ain Shams University.

[2] American Psychological Association. (2010). Addictions. Retrieved July 29, 2010, from http://www.apa.org/topics/addiction/index.aspx

[3] Babb, B., Danziger, G., & Moran, J. (2009). Guest editors' introduction to special issue on substance abuse and addiction in family courts. Family Court Review, 47 (2), 204-208.

[4] Brook, J. S., Whiteman, M., Finch, S., & Cohen, P. (2000). Longitudinal foretelling drug use in the late twenties: Adolescents personality and social-environmental antecedents. J. Genet Psychol.; 161 (1), 37-51.

[5] Buck, H. G. (2006). Spirituality: Concept analysis and model development. Holistic Nursing Practice, 288-292.

[6] Creel, E. (2007). The meaning of spiritual nursing care for the ill individual with no religious affiliation. International Journal for Human Caring, 11

[7] Darvishi, M. and Khoramabad, Y. (2014). Impact of Music Therapy or Reducing Addiction and Depression in Narcotic Addict in Hamedan City. Iran. Reef Resources Assessment and Management Technical Paper, 8(2):201-205.

[8] El refaey, S. R. (2012). Correlation between Satisfaction with Life and Social Readjustment among Substance abuse patientss in Different Levels of Treatment. A study in an Egyptian sample. Unpublished thesis for Doctoral Degree in Psychiatry and Mental Health, Faculty of Nursing, Benha University.

[9] Ellison, K. (2009). Medical Marjuana: No longer Just for Adults. New York Times.

[10] Harrel, Z.A.T. & Karim, N. M. (2008). Is gender relevant only for problem alcohol behavior? An examination of correlates of alcohol use among college students. Addictive Behaviours, 33, 395-365.

[11] Hasin, X., Liu, E. Nunes, S., and Mac Cloud, S. (2002). Effects of Major Depression on Remission and Relapse of Substance Dependence. Arch Gen Psychiatry, 50. Pp. 375-380.

[12] Lovibond, P. F., and Lovibond, S.H. (1995). The structure of negative emotional states: Comparison of the Depression Anxiety Stress Scales (DASS) with th Beck depression and anxiety inventories. Behav a Res Ther, 33(3): 335-42.

[13] Miller, W. R., & Bogenschutz, M. P. (2007). Spirituality and diction. (3), 14-21.

[14] Moalemi, S. Raghebi, M. and Salari,.D. (2010). Comparison of emotional intelligence and mental health in addicts and non-addicts. Journal of Matyr Sadoghi Yad University of Medical sciences, 18(3),242-235.

[15] Nurco, D., & Learner, M., (1996). Vulnerability to narcotic addiction: Family structur and functioning. Journal of Drug issues; 26(4), 1007-1025.

[16] O'Brien, M. E. (2008). Spirituality in Nursing: Standing on Holy Ground (3rd ed.). Sudbury, Massachusetts: Jones and Bartlett.

[17] Paloutziam, R. F., Bufford. R. K., and Wildman, A. J. (2012). Spiritual wwll-being Scale Mental and Physical Health Relationships. Section IV. Chapter 48, 353-358.

[18] Piacentine, L. B. (2010). The Association of Spirituality, Religiosity, Depression, Anxiety, and Drug Use Among Persons Undergoing Methadone Maintenance Therapy". M.S., R.N., ACNP-BC. Faculty of the Graduate School, Marquette University.

[19] Ronald, F., Kaplan, D. W., & Kaplan, D. W., & Martin, M. (2007). Care of adolescent parents and their children. Pediatrics, Feb. 107, 2.

[20] Sadock, B. J. & Sadock, V. A. (2007). Kaplan and Sadocks Synopsis of Psychiatry. Behavioural Sciences/Clinical Psychiatry, 10th Edition", Lippincott Williams & Wilkins. Southern Medical Journal, 100 (4), 433-436 doi: 10.1097/SMJ.0b013e3180316fbf