

Determinants of Life Meaningfulness among Recovering Substance Users

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This study is based on whether the perceived social support and spiritual wellbeing determine meaningfulness of life among recovering substance users. It is a social survey and the sample of which consisted of 232 recovering substance users who were contacted at hospitals in Multan city, Pakistan. A booklet consisting of four scales was administered on the respondents. The data analysis indicated life meaningfulness to be positively correlated with perceived social support and spiritual wellbeing; however, it appeared to be having an adverse relationship with anxiety states. Hierarchical regression analysis suggested that social support from family and religious wellbeing were more beneficial than that of from friends and existential wellbeing respectively in explaining meaningfulness of life of the respondents. The results further demonstrated that depression, anxiety, and stress did not predict life meaningfulness among the respondents. It was concluded that perceived social support and spiritual wellbeing have positive effects and determine the meaningfulness of life among the respondents.

Keywords: social support, spiritual wellbeing, substance users, depression

Substance use is a social problem. It negatively affects physical as well as mental health of the victim and brings a stigma to the family. All family members including children suffer a lot in their social life due to this stigma. The substance user exhibits deviant behaviours and s/he is not considered to be trustworthy. Generally, the society as well as the health professionals demonstrates a negative attitude towards substance users (Doukas, 2011). They use substance on the cost of their social life and become unproductive in the society. Different other problems including criminal activities, mental as well as behavioral problems, and inability to cope with social life (Gotay, 2014; Bota, 2006) in family and in the society are common.

The substance use means taking one or more psychoactive substances while perceiving their benefits and overlooking health or behavioral problems caused by them to harm user(s) and/ or others. The perceived associated benefits of using substances include promoting conviviality, improving mental and physical performance, and lessening psychological and physical discomforts. Changing perceptions, moods, thinking, attitudes, and different physical and psychological functions also appear to be associated with the use of substances. However, substances also cause reactions in the body of the user(s) varying widely according to their respective nature and properties to harm the

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user(s). Observably, excessive use of psychoactive substances may result in health problems with negative effects on social lives of the users (Rickwood, Magor-Blatch, Mattick, Gruenert, Zavrou, & Akers, 2008; World Health Organization, 2016), their families and concerned people.

Paradoxically, substance use seems to be linked with its positive effects perceived by the user(s). However, they may cause hazardous effects which initially seem to be denied or overlooked by the users; and they believe in outweighing these effects by their own or self-perceived benefits. The users usually keep in view their overall supposed and perceived positive effects of the substance use; and the more the user perceives the overall positive effects, the more s/he is at risk of using a substance even during early age.

Determinants of Substance Use

Naturally, individual differences are common among people; and hence their perception, selection and tolerance of the substance use are also different. Also, the type and quantity of substance use varies from individual to individual. Some of the individuals start using a particular substance during their early ages, some during adolescence and some abstain completely. There may be different factors which seem to be responsible for such differences. These include availability of the substance, type and quantity of the substance used by friends, social circles, ideals and role models, demographic and genetic variables of the users, perceptions and beliefs about positive and negative effects of substance use, and personal inclination of user(s). However, sometimes they start using substance due to lack of meaningfulness (Harlow, Newcomb, & Bentler, 1986) of life or hopelessness in life which creates an existential vacuum (Frankl, 1962, 1959) in their lives.

Apparently, the more is the existential vacuum in one's life, the more s/he is stirred towards substance use. Therefore, increased existential vacuum results in compulsive substance use and it is becoming life threatening. It seems a serious issue and demands attention of the social circles, relatives and psychologists in particular and the society in general. These people like the patients of fatal diseases need proper care and special attention to make them realize the importance of life and enjoy its pleasures. They may be recovered through proper coping strategies to become responsible and productive citizens. Generally, the substance users appear to having a blend of hope and despair among themselves (Chen, 2006). However, limited literature and studies are available on meaningfulness of life among substance users (Jim, Purnell, Richardson, Kreutz, & Andersen, 2006; Shaikh & Gosh, 2010).

The substance use occurs due to biological and psychological factors and encompasses through social processes. It is a behavioral phenomenon often related with situations and contexts; and its determinants seem to be associated with social life of the users. Different coping strategies can be used to help them get rid of it. Among others, family appreciation, recognition and acknowledgement and social support appear to be more significant factors to encourage substance users towards life activities. Social support significantly affects behavior (Caplan & Caplan, 2000) in positive way. It facilitates substance users in improving their physical and mental wellbeing by preventing stress (Taylor, 1995) among them. Generally, it helps individuals in solving their social problems and other life related issues to live a productive and happy life. The relationship of social support with prolonged wellbeing, hope and happiness among substance users appears to be affirmative (Berkman & Glass, 2000) for such people.

Apparently, the substance users are ignored in the society even by their family members and they feel isolation and detachment. Seemingly, they feel lack of sufficient needed social support to live a happy life; whereas, increased social support would raise their life expectancy. Different studies

found that less social support potentially results in poor health (Havassy, Hall, & Wasserman, 1991); whereas, the more social support affirms abstinence from substance use (Rumpf, Bischof, Hapke, Meyer, & John, 2002). Social support of family members and social circles plays an important role in other related areas of the people like stress, anxiety and other psychological problems. Its connection with personal satisfaction among substance users as well as people with psychological disorders is significantly affirmative (Brennan & Moos, 1990; Nelson, Hall, Squire, & Bowers, 1992). It helps them to become independent, useful and beneficial individuals of the society.

The social circles play an important role in promoting wellbeing (Beattie & Longabaugh, 1997) which appears to be associated with different domains and orientations. Recovery oriented support by friends and social circles may develop high level of self-efficacy towards abstinence in the drug dependence domain and it works as persuasive coping strategy (Finney, Noyes, Coutts & Moos, 1998) for recovering substance users. Such recovery oriented support in reducing the use of substances is significantly acknowledged (Ribisl, 1997). The perceived social support can be used as a coping strategy as it promotes satisfaction, confidence meaningfulness of life among substance users. A study conducted in Indian perspective demonstrated that one's sense of the support of his/her family and one's self-restraining were the fundamental socio-psychological factors to determine the meaningfulness in one's life (Shaikh & Ghosh, 2010). The perceived social support enhances self-efficacy and enables substance users to become socialize and interact with people around them.

Religion, Spirituality and Substance Use

Religious beliefs and spirituality seem to be important in developing better feelings of and/or about life and confidence which help patients and substance users in getting well soon. Apparently, religious beliefs or religiosity and spiritual wellbeing nurtures meaningfulness in ones' life. It is generally believed that religiosity and spirituality improve overall wellbeing and quality of one's life through proper adjustment (Brady, Peterman, Fitchett, Mo, & Cella, 1999) in one's environment and/ or society. Religious practices may provide an unseen confidence, motivation and hope for life. It plays an important role to abstain from negative activities including substance usage. There is an inverse relationship between religious practices and tendency of substance use over one's life span (Benson, 1992). Seemingly, religiosity promotes meaningfulness of life among the believers and followers. It motivates people towards pro-social and positive activities and reduces the tendency of negative activities including using substances. The religiosity has reported effects on [meaningfulness of] life and plays an important role in reducing life stress among initial level substance users by accelerating the level of improvement among such youth and adolescents (Wills, Yaeger, & Sandy, 2003). It gives direction to the attention of individuals towards such activities which are good for individuals and society rather using substances.

Spirituality is considered to make people the true followers of the up-righteousness. The spiritual people are expected to be the signs of goodness. Spirituality is matter of faith and decreases substance use among such people (Leigh, Bowen, & Marlatt, 2005) i.e. the substance users. Believing in God and being hopeful, practicing religious and spirituality lowers the risks of substance use among adolescents and adults (Columbia University, 2001). The religious people always try to live their lives according to the religion code of conduct. They consider religious beliefs and practices important for their lives and they appear to be less likely to use substances (Gerdes, 2005) in their life spans.

Generally, some of the psychological disorders like depression and anxiety can be observed commonly among the substance users. There exists a close relationship between psychological disorders including depression, anxiety, stress and substance use (Ventegodt, Merrick & Andersen, 2003). Furthermore, the undesirable effects of substance use like high level of distress, poor physical

& mental health and wellbeing; economic problems, loneliness, involvement in immoral activities, and alienation from family and social circles are also found commonly. Anxiety and distress particularly the mental distress may create loneliness. The mental distress as a factor causing gaps and lapses in lives of substance users and which compels them use substances is also found (Titus, et al., 2002; Laudet, Magura, Vogel & Knight, 2004). It also leads to some other social, psychological and physical problems which disturb not only the life of the substance users but their families and friends also.

It is evident from the above discussion that one study was conducted (Shaikh & Ghosh, 2010) in Indian perspective that demonstrated that one's sense of the support of his/her family and one's self-restraining were the fundamental socio-psychological factors to define meaningfulness in one's life (Shaikh & Ghosh, 2010). But most of the studies are exploratory and limited in scope. Therefore, it seems necessary to investigate the meaningfulness of life among recovering substance users regarding their psychological determinants, social support and religiosity and spirituality. However, the present study aimed at to analyzing the role of the comprehended social support, spirituality and religiosity in life meaningfulness among recovering substance users.

Hypotheses

The researchers formulated the following hypotheses in view of the literature reviewed and nature of study.

1. H_a psychological factors (depression, anxiety, stress, and spiritual wellbeing) and social factors (support of friends and family) are correlated with life meaningfulness of recovering substance users;
- i. H_a social support (of family and friends), and spiritual wellbeing affect the life meaningfulness positively;
- ii. H_a psychological states –depression and its related conditions in recovering substance users do not foresee their life meaningfulness.

Method

The Respondents

The respondents consisted on 232 male recovering substance users of 27- 49 years of age (mean age=34.33, SD=6.87). They were selected through convenient sampling technique from different public and private hospitals in Multan city, Pakistan. The participants belonged to rural (n=111) and Urban (n=121) areas with varying educational qualification -121 were undergraduates, 73 graduates, and 38 postgraduates and above.

Instruments of Data Collection

The following scales were adopted and used as research tools/ instruments for the study. All of the tools were translated in Urdu language using *Back Translation Method* before administering these. For the purpose of translation the following steps were followed and then the psychometric properties of all the tools/scales were also tested.

The translation method was completed within four steps; the relevance of all tools was evaluated in the first step by requesting four educationists to examine the scales whether all of the items were relevant according to the culture of the respondents/participants. They reported that items of the scales were according to the (Pakistani) culture of the respondents i.e. participants' cultural values and background. The educationalists carefully examined each item in every measure and reported that all the items on all scales are fairly relevant to the participants' culture.

In the second step in accordance with APA Back Translation Method, four bilinguals were contacted for Urdu translation of statements in all the scales. They translated the statements with full essence of the language to communicate and develop real meaning as that of the original version(s).

In the third step a single Urdu-version was derived from the translated all Urdu-versions with the help of two other bilingual experts. In this way the finalized Urdu-versions were again back translated into English by four other bilinguals. Again it was translated into English for authenticity and accuracy. It reduces translation errors, conveys equivalent points and pinpoints discrepancy (if any) between the two versions. It maintains accuracy of meaning of the translation and translated text.

Finally, original versions and translated versions were compared in a way whether items provide the same meanings as in the original version. The similarities and dissimilarities in the back translated versions (from Urdu into English) of scales were checked according to frequencies. The suitable version(s) was/ were adopted. Two language experts helped the researchers in all such process of translation and back translation. They finalized Urdu version(s) of the scales which were administered.

In the last step, split-half reliability and content validity were determined by administering the tools on a sample of 50 participants. All the scales were found valid and reliable described under their respective description.

The MLS –The Meaning in Life Scale

This scale (by Steger, Frazier, Oishi & Kaler, 2006) examines two areas of meaning in one's. It has (ten 10) items on a scale of seven point. Its measures range between "Absolutely True" and "Absolutely Untrue". It has two subscales i.e. the "Presence of Meaning" and "Search for Meaning". Former one estimates one's feelings about his/her life as being meaningful; whereas, the later one determines one's involvement in efforts and interest and/ or motivation in searching for meaning of one's life or expanding his/her awareness about it. The items are simply scored –the points 1, 4, 5, 6, & 9 were added to former scale; and the point 2, 3, 7, 8, & 10 were added later scale. The values/ points were and reversely coded. The split-half reliability of the scale was 0.73.

The PSSS –The Perceived Social Support Scale

It is multidimensional scale (by Zimet, Dahlem, Zimet & Farley, 1988). It has twelve (12) items on seven (7) points' rating scale. It judges one's perception of his/her family, friends and others important individuals. The scale items divide different factors into support-wise groups i.e. "Family (Fam), Friends (Fri) and the Significant Others (SO)". The scores values range between 1 and 7. The higher values demonstrate higher perceived support. Its split-half reliability was 0.71.

The SWB –Spiritual Well-Being Scale

It –the SWB (by Paloutzian & Ellison, 1982) estimates one's awareness about quality of his/her life in line with one's spirituality. Twenty (20) items on six (6) points' rating scale are included in it. The scale ranges between "strongly agree" and "strongly disagree". It has no mid-point. Two types of spiritual well-being are estimated by it i.e. "the Religious Well-Being (RWB) and Existential Well-Being (EWB)". The former measures one's belief in God; whereas, the later estimates his/her sense of meaning and objective(s) of life. Both of the subscales consist of minimum ten (10) and maximum sixty (60) scores. The main SWB scale (has values between 20 and 120) depicts total scores of the both scales. Split-half reliability of SWB was found to be 0.77.

The DASS –Depression, Anxiety and Stress Scale

This scale (by Lovibond & Lovibond, 1995) estimates symptoms of psychological states i.e. anxiety, stress and depression. It has twenty-one (21) items. The scale values lie between zero (0) and three (3). Zero indicates “don’t apply” and three shows “applies most of the time”. The respondent is asked to tick on the relevant value according to his/her choice or appearance of the symptoms during the last week. The [indicated] values or scores are summed up; and the sum of scores or values is multiplied by 2. The split-half reliability of the scale was 0.89.

Procedure of the Study

The researchers prepared a set of guidelines and/ or instructions on the process of filling-in the questionnaires properly before data collection. By using convenient sampling technique, the recovering substance users were contacted in public and private hospitals of Multan city in Pakistan. They contacted after obtaining institutional permission and affirmative consent of the respondents to participate in the survey. For the purpose, first of all the researchers established rapport with the substance users and then collected data by using the above mentioned scales. They (the researchers) also noted their overt behaviors and narrations. In overall one participant took 20-30 minutes to provide the information on scales. Before, data collection, the researchers explained the study and process of filling-in the tools to the respondents. They also provided guidelines to the respondents. They guaranteed the respondents about secrecy and objectivity of their information and/ or responses. Keeping in view hypotheses of the study, the descriptive and inferential analyses were computed through SPSS-20.

Ethical Considerations

The current study was conducted on recovering substance users in a context/ society where the substance usage is perceived negatively. Therefore, leaking information or revealing the identity of the respondents could leave a negative effect on them and their families as well. Hence, the confidentiality of the information, and those of the respondents was fully observed according to the research ethics. There was no conflict of interest with respondents, their therapists and /or any institution(s).

Results

Table 1

Inter-Correlation among MLS, PSSS, FAM, FRI, SWB, RWB, EWB, DASS, DEP, ANX, and STR (N=232)

Scales	MLS	PSSS	FAM	FRI	SWB	RWB	EWB	DASS	DEP	ANX	STR
MLS	1.00	.77**	.78**	.63*	.63*	.81**	.72**	-.72**	-.75**	-.68*	-.71**
PSSS	-	1.00	.71**	.60*	.79**	.65*	.64*	-.64*	-.62*	-.61	-.64*
FAM	-	-	1.00	.59	.64*	.37	.67*	-.58*	-.42*	-.31	-.49*
FRI	-	-	-	1.00	.46	.33	.60*	-.51*	-.46*	-.33	-.57*
SWB	-	-	-	-	1.00	.79**	.67*	-.66*	.67*	.40	.37
RWB	-	-	-	-	-	1.00	.65*	-.61*	-.56*	-.61*	-.53*
EWB	-	-	-	-	-	-	1.00	-.51*	-.45	-.51*	-.32
DASS	-	-	-	-	-	-	-	1.00	.70**	.73**	.69*
DEP	-	-	-	-	-	-	-	-	1.00	.60*	.48
ANX	-	-	-	-	-	-	-	-	-	1.00	.65*
STR	-	-	-	-	-	-	-	-	-	-	1.00

“MLS = Meaning in Life Scale, PSSS = Perceived Social Support Scale, FAM = Family, FRI = Friends, SWB = Spiritual Well Being, RWB = Religious Well-being, EWB = Existential Well-being, DASS = Depression, Anxiety, Stress Scale, DEP = Depression, ANX = Anxiety, STR = Stress”.

*“*p < 0.05, **p < 0.01”*

Table 1 indicates significantly correlated results of all scales.

Table 2

Regression Analysis Showing Impact of PSSS, SWB, DASS, DEP, ANX, and STR on MLS (N=232)

Predictor	<i>B</i>	Std. Error	Beta	<i>T</i>	<i>P</i>
(Constant)	48.47	1.85		26.13	.000**
PSSS	.45	.08	.18	1.96	.003**
SWB	.37	.09	.21	2.98	.001**
DASS	-.15	.42	-.09	6.33	.416
DEP	-.13	.21	-.09	0.44	.230
ANX	-.12	.27	-.07	0.47	.187
STR	-.17	.29	-.08	0.62	.263

$R^2 = 0.62$, Adjusted $R^2 = 0.31$, ($F(5, 394) = 36.64$, $p < 0.001$)

*** $p < 0.001$, ** $p < 0.01$

According to table 2, the *F* value ($F(5, 394) = 36.64$, $p < 0.001$) is highly significant for multiple regressions. It is explained social support and spiritual-wellbeing to predict psychological states significantly. The results ($\beta = .18$; $p < 0.003$) and SWB ($\beta = .21$; $p < 0.001$) are found to be significant indicating the life meaningfulness.

Table 3

Prediction of Life Meaningfulness among Recovering Substance Users from PSSS, FAM, FRI, SWB, RWB, EWB, DASS, DEP, ANX, and STR (N=232)

Variables	Psychosocial Predictors		
	Model 1	Model 2	Model 3
Perceived Social Support	.45**	.33*	.30*
Family Support	.31*	.12*	.13*
Friend Support	.22	.09	.07
Spiritual Well-Being		.24*	.18*
Religious well-being		.13*	.11*
Existential well-being		.15*	.13*
Depression, Anxiety, & Stress			-.19*
Depression			-.13*
Anxiety			-.12*
Stress			-.17*
R^2	.52**	.68**	.77*
Adjusted R^2	.43	.27	.11
ΔR^2		.36**	.19*

* $p < 0.05$, ** $p < 0.01$

Table 3 determines Ordinary Least Squares (OLS) regression analysis to get individual and interrelated effect(s) of independent variables on dependent variable. This analysis also provided the notions for the confirmation of hypothesis 2 and 3 related to the impact of psychosocial factors on meaningfulness of life.

Discussion and Conclusion

The present study focused on knowing the psychosocial predictors of meaningfulness of life of the respondents. It was hypothesized that psychological and social factors to be correlated with life meaningfulness. Findings of the present study fully supported this hypothesis. Results pertaining to psychological predictors; depression, anxiety, and stress given in table 1 indicated psychological states to be adversely connected with meaning of life of the respondents. These are in line with the findings of Harlow, Newcomb, and Bentler (1986) who indicated that depression anxiety and stress often leads to negative coping behaviors such as lacking in life meaningfulness. Wolf, Katz and Nachson (1995) also investigated the link between psychological factors and life meaningfulness among substance users and explored that recovering substance users usually experienced the depression and anxiety that in turn leads them to experience the meaninglessness in their lives.

Findings of the present study also supported the hypothesis 1 stated about spiritual wellbeing. The results revealed that meanings of life of respondents were significantly associated with spiritual well-being. Among recovering substance users, their meaningfulness of life was found significantly positively related with spiritual well-being ($r = .63^*$) as indicated in table 1. The religious well-being appeared to be more significantly associated with life's meanings than existential well-being. In line with these findings, the literature review has provided studies on spiritual wellbeing and life meaningfulness. One of them is the study by Carroll (1993) who evaluated spirituality, aim of life and recovery from alcoholism. The spiritual wellbeing and purpose of life appeared to be having affirmative relationship. The author further found that alcoholism recovery enhances the spiritual wellbeing to promote purpose in life of the patients.

The findings presented in table 1 have also supported the hypothesis which was also about the relationship of life meaningfulness with social support. Similarly, social support was also found significantly correlated ($r = .77^{**}$) with life meaningfulness leaving positive effects on substance users. It implies that perception of substance users about social support getting from their friends and family members reflected level of meaningfulness in their lives. However, the perception of substance users about social support from their family members was more correlated ($r = .78^{**}$) with life meaningfulness than that provided by their friends ($r = .63^*$). These findings are in line with that of the Chen (2006) that demonstrated the positive association among social support, spiritual program, and addiction recovery. The existing literature describes process of social support for enhancing one's physical and mental health by minimizing his/her psychological stresses (Taylor & Aspinwall, 1996). The less social support (Havassy, Hall & Wasserman, 1991) potentially predicts relapse among substance users, however greater social support lessens the use of drugs among users (Rumpf, et al., 2002). Findings of the present study can also be justified as it appears to be linked with life styles of substance users and individuals having mental disorder(s) (Nelson, et al., 1992). Obviously, the quality of life and life styles have correlation with subjective health of recovering substance users (Laudet, Morgen, & White, 2006; Laudet, Magura, Vogel & Knight, 2000).

The hypothesis 2 regarding the effects of psychological and social factors on life meaningfulness was also found to be supported by this study. The Multiple Regression (Table 2) demonstrated social support and spiritual well-being to be predict meaningfulness of life significantly. The social support appeared to be a robust predictor than that of spiritual wellbeing. It leads to the conclusion that social support helps substance users to make their live meaningful. It is in accordance with findings of the studies of Christo and Franey (1995); and Morjaria and Orford (2002) which affirmed positive relationship of social support with meaningfulness of life.

The claim made in hypothesis 3 was also affirmed and supported by the findings pertaining to psychological predictors. Substantially, depression, anxiety and stress did not appear to enhance meaningfulness of life among the substance users. The Multiple Regression strengthened it as given in table 2. The table 3 determines the Ordinary Least Squares (OLS) regression analysis for describing individual and interrelated effects of variables. This analysis also provided the notions for the confirmation of hypothesis 2 and 3 related to the impact of psychosocial factors on meaningfulness of life.

The Limitations of the Study

Though it generated significant findings but there were some limitations: the participants were selected through convenience sampling. Therefore, its findings may be generalized very carefully.

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