Determining the Contribution of Quality of Life for Addicts based on Family Communication Pattern and Spiritual Intelligence

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ABSTRACT

Aims Quality of life is a variable that can be related to a variety of psychological variables. The present study aims to investigate the relationship between the family communication model and spiritual intelligence and quality of life among addicts, as well as predict their quality of life based on family communication model and spiritual intelligence.

Instruments & Methods This study is correlational. The study population consisted of all addicts of Tehran. The sample size was 150 addicts who were studying in 2019. They were selected by a purposive sampling method. Data were collected by King's Spiritual Intelligence Questionnaire (2008), World Health Organization Quality of Life Scale (WHO) and family communication patterns questionnaire (Fitzpatri & Ritchi, 1994). For data analysis, correlation and regression have been used. Data were analyzed using software SPSS 22.

Findings The findings indicated that there is a significant relationship between family variables or family patterns, spiritual intelligence, and their components with quality of life and its components. 16.8% of the variance in quality of life variables is explained by two variables of family communication patterns and spiritual intelligence.

Conclusion It is possible to predict the quality of life of students through two variables of family communication patterns and spiritual intelligence. Many of the psychological, environmental, and family factors are related to the quality of life of students and one of the most important ones, as the results of this study suggest, is family communication patterns and spiritual intelligence.

Keywords Family Communication Pattern; Spiritual Intelligence; Quality of Life

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Introduction

Quality of life (QOL) has a complex structure and dimensions, and various factors are involved in determining it. The quality of life in the World Health Organization (WHO) is "people's perceptions of their place of life in terms of their cultural content and the value of the system they live in and in relation to their goals, standards, and concerns" [1]. Accordingly, for the quality of life, six areas are defined that include physical health, mental status, levels of autonomy, social communication, environmental communication, and spiritual interests [2]. Quality of life is a multidimensional concept, which includes physical, psychological, and social dimensions that provide a normal life for a person [3].

One factor that related to QOL is family and the connections within it. In another word, the elemental meaning of family relationship is that children learn from others within the family, interpret other people's behaviors, experience feelings and communicate with others [4]. Fitzpatrick with the conceptualization and critique of McLeod and Chaffee 's theory, has identified two dimensions of the orientation of dialogue and the alignment of orientation in family communication patterns [5]. Four types of patterns, or four types of families, are derived from a combination of high or low status on the continuum of two dimensions of the orientation of dialogue [6] and the alignment of orientation: the conditional family, the pluralist family, the supportive family, and unconditional family (easygoing) [7].

Spiritual intelligence can mediate QOL. Spiritual intelligence is all that people believe in, and it includes the role of beliefs, norms, beliefs, and values in the activities they take [8]. Spiritual intelligence has at least five efficiencies that can lead to adaptive behaviors with the environment: 1- The transcendental capacity means the attention to the integrity of the creation world, 2- Experiencing a high level of self-awareness, 3- Examining and refining the daily experience in relation to a person with religious and spiritual senses, 4- Using spiritual resources in solving life problems, 5- Performing good-natured acts such as passing, sacrificing and the like [9].

The relationship between quality of life, family communication patterns, and spiritual intelligence has been studied in various samples in previous studies. For example, Ardalan et al. indicated that spiritual intelligence and maturity indexes of the teachers were above the average levels, and their quality of work life was moderate [10]. In another study, Haditabar et al. showed that spiritual intelligence training had effects on all dimensions of quality of life (as general health, physical role limitations, understanding the patient's body pain, physical function, mental health, mental problems,

social functioning, and vitality) [11]. There is also a meaningful relationship between adolescents' quality of life and their family relationship patterns [12]. Spiritual intelligence and quality of life are related to personality dimensions [13]. In a study, there is a meaningful relationship between the communication model of dialogue and quality of life [14]. The results of another study depicted that there is a significant relationship between spiritual intelligence and quality of life in both groups [15]. Muller et al. indicated factors associated with poorer QOL among other healthy and addicts, such as impaired social and physical well-being and psychological distress, were also seen associated in substance users [16]. A study showed positive relationships between emotional intelligence, spiritual intelligence, self-esteem, and substance abuse self-control [17]. On the other hand, substance use disorders negatively affect emotional and behavioral patterns from the inception of the family, resulting in poor outcomes for the children [18].

The results of various studies show that intelligence gives a person overview of life, experience and events, and new insight and leads to self-esteem and self-knowledge. Spirituality is also highly correlated with physical and mental health Including increasing social function, reducing psychological stress power to deal with drugs, pains and failures, ability to refrain from self-control, high self-awareness and preventing high-risk behaviors as smoking, drinking alcohol, and other drugs. Besides, religiosity and spirituality reduce the impact of life pressures on drug use and over time, it creates this power in people which would be easier to reduce the amount of drug intake and faster start the crack process [19]. In this regard, several substances have been studied in psychological fields and several questionnaires have been used. Some studies have tried to explain the psychological factors cause the QOL decrease in substance users. But it seems that QOL in substance use is not explained as enough as other somatic and psychiatric conditions [20]. There is a lack of data in this field, especially regarding the QOL of substance users from developing countries with different pattern of use and other variables as spiritual intelligence and family status and their relationship. Regarding the sensitivity of the subject and according to the mentioned issues, the present study seeks to answer the following basic question: Is it possible to predict the quality of life of addicts based on spiritual intelligence and family communication pattern?.

Instruments and Methods

The method of this study was descriptive-correlational and it was cross-sectional in 150 addicts who were referred to addiction treatment centers (25-55 years).
The statistical population was selected through

purposive method.

Instruments are as follows:

1- A demographic questionnaire: that includes gender, age, the duration of drug use, and so on.

2- The world health organization's quality of life quality score: The World Health Organization has developed a WHO.QOL-100 test for the quality of life due to the need for an international quality assessment tool. In the conceptual framework for the construction of this scale, these 24 dimensions were placed in 6 domains and for each dimension, 4 questions were considered. This scale studies the four domains of quality of life of individuals including physical health, mental health, living environment, and relations with others. For health evaluation, 7 items, mental health, 6 items, social relationships, 3 items and the living environment, 8 items are considered. Nasiry Zarrin Ghabaee *et al.* used a narrative method to determine the validity of the scale. The relationship between the total score of the test and the score of the subjects in the subscales of the scale with the total score and subscales of the general health questionnaire (GHQ) were measured through correlation coefficient [21]. The calculated reliability and validity (GHQ) were reported by Taghavi at a desirable level [22].

3- Spiritual intelligence questionnaire: Spiritual intelligence self-reporting inventory was developed by King in 2008, which has 24 questions and is 5 Likert options [9]. Using exploratory factor analysis in a sample of 619 students from the University of Toronto, Canada in 2007, Cronbach's alpha was 95% and the reliability was 84%. In another study, using confirmatory factor analysis, Cronbach's alpha and standardized alpha were 92 and 92%. In the study of Raghibi *et al.*, the Cronbach's alpha coefficient of the questionnaire (89%), the reliability coefficient of the spiritual intelligence questionnaire through a retest in a sample of 70 individuals, with an average of 2 weeks, was 67%. It is calculated [8].

4- Family relationship patterns questionnaire (Fitzpatrick & Ritchie, 1994): This tool is a self-assessment scale that measures the degree of consent or disagreement of the respondent in a 5-degree range on 26 family-related statements. The score of 4 is "I totally agree" and the score of zero is "equivalent" to "completely disagree." This tool measures the dimensions of dialogue and consistency, so that the first 15 statements related to the dimension of dialogue and the 11 subsequent propositions are related to the dimension of congruity. Thus, the post-scoring scores range from 0-60 and the next is 0-44. According to Koerner and Fitzpatrick (2002b), this tool has content validity given that this tool takes into account all the two-dimensional behaviors of dialogue and congruence. In addition, Fitzpatrick and Richie (1994) have shown that the dimensions of the revised family communication model with the dimensions of the old tools of the McLeod and Chaffee Family

Communication Model [23]. The correlation between the dimensions of this tool and other related concepts is theoretically confirmed in other studies [23]. In Iran, Korosh Nia, factor analysis and internal consistency were used to verify the construct validity. Factor analysis confirmed the existence of two factors of communication pattern and the result of correlation coefficient of the factors of orientation of dialogue and matching with total score was reported to be 0.75 and 0.44, respectively. In contrast to the subscale of the coincidence status, the subscale of the dialogue situation has always shown more stability. In Iran, in Korosh Nia, the reliability (Cronbach's alpha coefficient) of this scale was 0.87 for the conversation dimension and 0.81 for the dimension has been consistent. A revised family-based communication model was developed based on the McLeod and Chaffee Family Communication Model [24].

Data were analyzed by using SPSS 22. To test the hypotheses, in addition to descriptive statistics such as mean and standard deviation, Pearson correlation and multiple regression were used.

Findings

In this study 150 addicts (131 men and 19 women) were studied. Their average age was 34.49. Regarding the distribution of participants' scores in communication patterns tests (and 2 components of dialogue orientation and alignment orientation), spiritual intelligence (and 4 components of critical existential thinking, production of personal meaning, the development of personal, and consciousness) and quality of life (and 4 components of physical health, mental health, living environment, and social relationships), descriptive indexes such as mean, standard deviation, slope and stretch indices indicate that the distribution of the sample groups has a normal distribution (Table 1).

To test sub-hypotheses of the study, using the Pearson correlation coefficient method, the correlation between predictor and criterion variables was first evaluated and the coefficients obtained in Table 2 show a simple correlation between the predictor variables and the criterion. For more correlations, there is a significant relationship between the variables of family communication patterns, spiritual intelligence and their components with quality of life and its components ($p<0.05$; Table 2).

To test the main and specific hypotheses of the study, that is, family communication patterns (and 2 dimensions of dialogue and reconciliation), spiritual intelligence (and 4 components of critical existential thinking, the production of personal meaning, the development of personal, and consciousness) and the criterion variable, that is, the quality of life (and 4 components of physical health, mental health, environment, and social relationships), multiple

regression analysis was used and the results showed that the obtained R^2 value (0.168) means that 16.8% of variance of quality variable life is explained by two variables of family communication patterns and spiritual intelligence. In other words, 16.8% of the observed dispersion in the quality of life variable is explained by these variables. The observed R value (0.410) also indicates that the linear regression model can be used for prediction. Additionally, the calculated F ratio (17.532) is significant at a confidence level of 99%. Therefore, it can be concluded that there is a significant correlation between the variables studied and the quality of life

variable. As a result, evidence is sufficient to accept the main hypothesis of the study. By referring to t statistics and meaningful levels, it can be concluded that both variables of family communication patterns and spiritual intelligence with quality of life variable have a significant correlation. The sign of β coefficients showed that two variables of family communication and spiritual intelligence have a positive and significant correlation with quality of life. Finally, according to these explanations and coefficients, the regression equation can be calculated based on the not standardized regression coefficients (Table 3).

Table 1) Summary of statistical indicators related to participants' scores in family communication patterns and its two components, spiritual intelligence and its four components and quality of life and its four components (N= 150)

Variables	Mean	Slope	Stretch
Family communication patterns			
Dialogue orientation	19.27±3.92	-0.383	-0.471
Alignment orientation	17.20±4.06	-0.547	0.006
Spiritual intelligence			
Critical existential thinking	18.81±4.49	0.415	-0.355
Production of personal meaning	13.16±3.24	0.381	-0.433
Development of personal	20.38±3.41	0.553	-0.525
Consciousness	14.00±3.07	1.004	0.693
Total score	66.38±12.30	0.651	-0.551
Quality of life			
Physical health	12.66±2.89	0.376	0.759
Mental health	10.88±3.92	-0.159	0.372
Living environment	4071±1.77	-0.078	-0.100
Social relationships	10.93±3.33	-0.724	1.554
Total score	39.19±9.25	-0.189	0.882

Table 2) Summary of Pearson correlation coefficient test results among variables (N= 150)

Variables	Quality of life				
	Physical health	Mental health	Social relationships	Living environment	Total score
	r	R	R	r	r
Dialogue dimension	0.317**	0.250**	0.275**	0.280**	0.359**
Alignmentdimension	0.274**	0.422**	0.297**	0.397**	0.465**
Total family communication patternsscore	0.381**	0.302**	0.171*	0.248**	0.370**
Critical existential thinking	0.259**	0.320**	-0.002	0.136	0.265**
Production of personal meaning	0.393**	0.393**	0.310**	0.246**	0.438**
Development of personal	0.018	0.355**	0.165*	0.311**	0.300**
Consciousness	0.220**	0.133	0.097	0.011	0.148*
Total spiritual intelligence score	0.265**	0.360**	0.160*	0.179*	0.331**

*: Significant at the level of 0.05; **: Significant at the level of 0.01

Table 3) Summary of regression analysis for predicting quality of life based on family communication patterns and spiritual intelligence (N= 150)

Predictors	Dependent variable: Quality of life			
	Standardized coefficients	Not standardized coefficients	t	p
Constant number	-	14.623	3.480**	0.001
Family communication patterns	-	0.230	3.485**	0.001
Spiritual intelligence	-	0.150	2.543**	0.012

R= 0.410; R^2= 0.168; Adjusted R^2= 0.158; F= 14.532; *: Significant at the level of 0.05; **: Significant at the level of 0.01

Discussion

The purpose of the present study was to investigate the relationship between spiritual intelligence and family communication patterns with the quality of life of addicts, and accordingly predict the quality of life based on spiritual intelligence and family communication patterns. The results of the first hypothesis showed that there is a significant correlation between the dimensions of spiritual intelligence and dimensions of quality of life and communication patterns of students in addicts. These results are almost consistent with the findings

of Ardalan *et al*. that there are relationships between spiritual intelligence and their quality of work life [10], Haditabar *et al*. that showed spiritual intelligence training increased all dimensions of quality of life [11] and the results of Shahraki Sanavi *et al*. that indicated there is a meaningful relationship between adolescents' quality of life and their family relationship patterns [12]. Hence, the evidence is sufficient for this assumption.

In explaining this finding, it can be said that there is a significant positive relationship between dialogue as a family communication model, high spiritual

intelligence and a rise in quality of life, and this has been proven in many internal and external studies [25]. The possibility of dialogue within the context of the family provides the potential for the growth of many characteristics and can affect the future development of children and solve individual and interpersonal problems, and this is accompanied by having spiritual intelligence at the appropriate level with the quality of life everyone is related [26]. Therefore, the family members of loved ones with addiction can take advantage of a bad situation to make it better by promoting positive communication skills, hope and peaceful resolution to difficult dynamics [27]. From the findings of various studies, one can conclude that religious issues and the potentialities of religious beliefs are very effective in the quality of life of human beings, and even among religious people, these factors can promote the dimensions of their quality of life. But without making more detailed and systematic studies on different instances, such a decree cannot be issued definitively [28]. A research concluded that spiritual awakening reduces the craving for alcohol [29].

Another result of this study is that 16.8% of the variance in quality of life variables is explained by two variables of family communication patterns and spiritual intelligence. In other words, 16.8% of the observed dispersion in the quality of life variable is explained by these variables. Also, in addition to the significant relationship between the three variables of quality of life, family communication patterns and spiritual intelligence, it can be predicted on their quality of life based on family communication patterns and spiritual intelligence of the addicts. These results are almost consistent with the findings of Ardalan *et al*. that there are relationships between spiritual intelligence and their quality of work life [10], Haditabar *et al*. that showed spiritual intelligence training increased all dimensions of quality of life [11] and Shahraki Sanavi *et al*. that indicated there is a meaningful relationship between adolescents' quality of life and their family relationship patterns [12]. Therefore, the evidence is sufficient for this assumption.

The findings of the present study are theoretical implications and important applications. Because spiritual intelligence as the basis of individual beliefs and communication patterns, as the basis of the initial education of every human being (here, the addicts), plays an essential role in various fields, in particular, promoting and providing mental health and quality of life [30]. A study showed that training students in spiritual intelligence are effective in changing their attitudes towards addictive substances and these changes will remain constant [31].

On the other hand, attention to internal communication patterns and spiritual intelligence, and how they relate to quality of life and its explanation can help addicts to understand the value

and meaning of life, solve problems in association with oneself, others and the world [27].

Many psychologists believe that half of the variables related to mental health quality of life in addicts are explained by religious beliefs and family communication patterns. Moreover, this study is not without limitations, including that this variable has not been investigated in larger samples and the sampling method was purposive. So, it does not show any causal relationship between variables. It is recommended that future studies provide a more comprehensive study with higher sample size and probabilistic sampling in order to generalized the findings and finally, teaching addicts how to improve their quality of life can help them to drug withdrawal and to enhance spiritual intelligence and family communication patterns.

Conclusion
Based on the results of the present study and previous studies, it can be concluded that there is a relationship between spiritual intelligence and family communication patterns with the quality of life of addicts, and accordingly predict the quality of life based on spiritual intelligence and family communication patterns among them.

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