

EFFECTIVENESS OF MINDFULNESS TREATMENT ON SELF-ESTEEM AND QUALITY OF LIFE OF QUITTING ADDICTS

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ABSTRACT

The purpose of this study was evaluation of the effectiveness of mindfulness treatment on self-esteem and quality of life of quitting addicts in the city of Ilam. This was an experimental study with a pre and post test design with a control group. Among individuals seeking help in the centers for quitting addiction in the city of Ilam, 32 people were selected randomly and placed in two 16 member groups of experiment and control. The mindfulness program was presented to the experimental group in 8 sessions each 90 minutes. Cooper Smith's self-esteem questionnaire and quality of life questionnaire were used for data collection. Data was analyzed and synthesized using analysis of variance. The results showed that the treatment intervention of mindfulness increased self-esteem and quality of life among quitting addicts. As a result, it can be stated that mindfulness treatment is effective in improving self-esteem and quality of life among addicts.

KEY WORDS: *Mindfulness, Self-Esteem, Quality of Life, Addiction*

INTRODUCTION

Substance abuse is one of the most important problems of the present era which has expanded across the world. It is a tragedy that disrupts millions of life and allocates huge national capital to battling with it or compensating for its resultant damages. Every day, the number of victims of substance abuse increases and its side effects including physical, psychological, familial, cultural, economic and social dysfunctions threaten the health of humanity (DehghaniFiroozabadi et al, 2013). In Iran also the number of substance users has been estimated to be near 1/8 to 3/3 million individuals and opiates constitute the most abused substance (McRay, 2002).

Self-esteem is evaluation of self which happens based on particular individualized criteria. Every individual considers the role of those criteria very important in determining his or her human value. Excessive use of substances and addiction can be the reason for and consequence of loss of self-esteem. Under these conditions, taking refuge in psychotropic substances is a wrong decision; because, even though in short terms it can make the person feel better, its consequences in the long run usually worsens the problem (Azar and Noohi, 2010). The theory of vulnerability towards the judgment of others states that every individual is vulnerable in response to opinions and beliefs of people, unless he or she has strong belief in his or her abilities and values. These individuals are convicted to a life where they constantly try to attract people's approval. Alcohol and psychotropic substances are commonly used for the purpose of providing a fleeting and immediate sense of wellbeing (Azar and Noohi, 2010). People with weak self-esteem are easily influenced by stimuli and the environment. According to Wright, Crawford & Castillo (2009), having high self-esteem is necessary for a healthy and strong self-efficacy. High self-esteem and self-efficacy leads to increased effort, perseverance and motivation and are among the most effective factors determining people's performance particularly regarding , control, supervision and follow up of treatment programs for treatment seekers dependent to psychotropic substances (Habibi *et al.*, 2011). Low self-esteem is correlated in a significant way with many problems and difficulties related to psychiatric health and most individuals with psychiatric health issues suffer from low self-esteem (Silverstone and Salsali, 2003).

Now a day, health is known as a human right and a social goal in the world. Its meaning has also expanded among specialists and in their research; they take advantage of a biological and psycho-social approach in which interaction between these factors has particular importance. In this approach, the concept of quality of life has a central role (Shirsavar et al, 2013). Quality of life has various dimensions and includes the physical, psychological, social and spiritual situation of individuals. Quality of life in sick people refers to a state of wellness which has two constituents: ability to perform daily activities which reflects the individual's physical, psychological and social situation and the person's satisfaction regarding control of the disease and side effects of treatment. Chronic and long term diseases and

disorders such as AIDS and addiction, by themselves or together, constantly create crisis in the lives of the sufferers and can lead to decreased quality of life for them in various psychological and physical dimensions. Those afflicted with addiction or AIDS have biological, psychological, social and emotional needs which are different compared to the needs of healthy individuals (Shirsavar *et al*, 2013).

Considering the quality of the concept of mindfulness, one can consider the quality of taking advantage of this cognitive structure as an effective factor in the quality of life of individuals. Considering health equivalent to complete physical, psychological and social wellbeing further than the lack of illness as evident from the definition of health by the World Health Organization, a concept under the title of wellbeing which has two contents of cognition and dynamicism emerges (Olive, Peter & Keith, 1997). Cognitive refers to a definition by the individual and not based on the opinion of another individual and dynamic means that it changes with passage of time (Hagerty *et al*, 2001; Cummins *et al*, 2005). Considering the definition of quality of life by the World Health Organization which is not observed by others and is based on people's perception of various aspects of life and in other words, it refers to quality of life and psychological well-being. This issue shows the presence of numerous similarities in the definitions of health and quality of life; although the cognitive nature of the dimensions of quality of life is not considered sufficient by some experts. According to the logic of this group, quality of life should have the ability to be measurable cognitively and objectively (Burkhart and Anderson, 2003).

Mindfulness is defined as a moment to moment awareness of the experience achieved through purposeful attention along with acceptance without judgment of existing experiences (KabattZinn, 2003). Studies show that treatments based on mindfulness are effective in decreasing psychological stress, chronic pain, anxiety, prevention of recurrence of depression and general anxiety disorder, post-traumatic stress disorder and other disorders (Witkiewitz, Marlott & Walker, 2005). Studies show that in treatment and prevention of recurrence of addiction, positive and negative emotional states, desire and obsession are among the most important risk factors for recurrence (Marlott & Gordon, 1980: Cited in Marlott and Witkiewitz, 2005). Some researchers believe that using mindfulness, due to its hidden mechanisms such as: acceptance, increased awareness, desensitization, presence in the moment, observation without judgment, confrontation and letting go in combination with traditional cognitive behavior therapy techniques, due to affecting these processes, can at the same time of decreasing signs and consequences of quitting increase effectiveness of treatment and help in prevention of recurrence of substance use (Witkiewitz, Marlott and Walker, 2005; Breslin, Zach and Mc Main, 2002). Urki, Bayat and Khodadoost (2013) in comparison of effectiveness of cognitive-behavioral treatment based on Marlott's model and cognitive therapy based on mindfulness in psychological health of treatment seekers dependent on crack have reported that the latter is more effective than the former. Results of the study by Nejati and colleagues (2011) showed that mindfulness is an effective factor on the quality of life of blind veterans. Dabaghi and colleagues (2008) in a study titled "Effectiveness of prevention of recurrence based on mindfulness," reached the conclusion that taking advantage of the treatment modality of recurrence prevention based on mindfulness greatly increases the effectiveness of medical treatment and cognitive behavior therapy in treating dependency on narcotics and increasing psychological health of patients. Hamed, Shahidi and Khademi (2013) found out that the method of mindfulness is effective in prevention of recurrence of substance abuse. Suti (2005) showed that mindfulness has positive effect on prevention of recurrence of substance abuse disorder.

Witkiewitz, Marlott and Walker (2005) in evaluating the effect of mindfulness in recurrence of substance and alcohol abuse reached the conclusion that mindfulness is effective for treatment of substance abuse. Kieviet-Stijnen and colleagues (2008) showed that mindfulness leads to increased quality of life in ill people. Nakamura and colleagues (2011) reached the conclusion that short term teaching of mindfulness has no effect on the quality of life of individuals with PTSD. As a result, the present study was performed with the purpose of evaluating effectiveness of mindfulness treatment in improvement of self-esteem and quality of life in quitting addicts in the city of Ilam.

MATERIALS AND METHODS

In this study, research methodology was quasi experimental with pre and post test design with a control group. Statistical population included all addicted men seeking treatment at the Addiction Treatment Rehabilitation Center in the city of Ilam in the year 2014. Selection of study sample from the statistical population was by order of attendance, such that 32 people were selected and randomly divided into two groups: experimental and control. The experimental group received 8 sessions each 90 minutes of training in mindfulness including combination exercise treatment based

on mindfulness and cognitive theories, but the control group did not receive any teaching. Data analysis was performed by use of descriptive and inferential statistical tests (analysis of covariance). The contents of the mindfulness intervention, cognitive therapy based on mindfulness have been designed by Segal and colleagues (Segal William and Teasdale, 2002) in the form of 8 weekly group sessions. First session: establishment of communication and terminology, use of mindfulness teaching and familiarity with the method of body relaxation by considering the aspect of privacy and personal lives of participants. Second session: Teaching of confrontation with obstacles and evaluation of sad feelings, mental wandering and repeating habits of the mind and exercise in the real world. Third session: mental awareness of breathing, conscious sitting as an exercise of mental awareness, facing thoughts by controlling them, re learning of automatic thought models, generalizing the exercise of 3 minute breathing space.

Fourth session: staying in the present time, discovery of experience, attachment and abhorrence, limiting and extending attention, attention to disordered cognitions and replacing them. Fifth session: creation of a different relationship with experience, method of creation and use of breathing space. Sixth session: thoughts are not reality, facing thoughts, mental awareness as treatment modality, preparing for the future. Seventh session: how can we take care of ourselves in the best way, attention to the relationship between activity and mood, self-signs, program of activity for facing risks and prevention of recurrence? Eighth session: review of past topics and looking ahead, program of activity for prevention of repeating recurrence.

The Cooper Smith Self-esteem Test: Cooper Smith (1967) prepared and formulated his self-esteem scale based on revising the scale of Reger and Dymond (1954). The Cooper Smith self-esteem test has 58 items. Scoring is zero or one and the minimum score for an individual is zero and the maximum score is 50. In the study of Shokrkon and Neisi (1994) which was performed with participation of students in years one to three of high school in Najaf Abad, validity coefficients were calculated using correlation of their test scores with end of year grade point average. Coefficients obtained were 0/69 for boys and 0/71 for girls which was meaningful at a 0/001 significance level. Additionally reliability coefficients were reported by the test-retest method for boy and girl students at 0/90 and 0/92 respectively. Pour Faraji (2001) found reliability coefficient for the Cooper Smith scale using Cronbach's alpha method at 0/52 which is psychometrically acceptable. Behpajhouh and colleagues (2007) found a value of 0/79 for this test. In this study, for determination of reliability of the self-esteem questionnaire two methods of Cronbach's alpha and halving the questionnaire were used with results of 0/60 and 0/70 respectively. In numerous studies, it has been referred to high reliability and validity of the Cooper Smith self-esteem questionnaire (Watkins & Astilla, 1980; Ahmad et al, 1985; Chi, 1985; Brinkmann et al, 1989).

World Health Organization Quality of Life Questionnaire: Includes 26 items that evaluates quality of life in four domains of physical health, mental health, social relations and social life environment (World Health Organization, 1994). The questions have 5 choices and are scored between 1 to 5. WHO has evaluated the reliability and validity of this questionnaire in various countries and cultures since 1996. Bonomi and colleagues in evaluation of internal reliability of this test have reported coefficients between 0/83 and 0/95. Additionally, Natalie in a group of chronic disease patients has obtained reliability of 0/90 and in a group of healthy individuals of 0/86 (Williams, 2000). In Iran, Rahimi (2003) found a reliability coefficient for the test equal to 0/89. In this study, initially 3 items of the questionnaire were omitted by approval of specialist professors due to lack of connection with the topic of research. Next, preliminary evaluation with participation of 30 people was performed and Cronbach's alpha was calculated. The instrument reliability under the condition of omission of the 3 questions was equal to 0/86 which is appropriate statistically.

RESULTS

Descriptive data on self-esteem and quality of life scores in the pre and post test and in the experimental and control groups, results of the test of equality of gradients hypothesis and results of analysis of covariance tests on the means of the scores of the pre and posttests of the experimental and control groups on self-esteem and quality of life have been presented below.

Table 1: Mean and standard deviation in pre and post tests

Variable	Groups	Pretest		Post-test	
		Mean	Standard deviation	Mean	Standard deviation
Depression	Experiment	21/50	2/92	32/62	3/99
	Control	23/13	3/36	22/93	3/60
Well being	Experiment	71/50	5/15	80/81	6/07
	Control	69/93	6/30	69/56	6/37

The scores for self-esteem and quality of life were compared between the experimental and control groups using analysis of covariance. Results of this analysis are shown in Table 2 which shows that meaningful difference exists between scores of the experimental group and control. This finding shows that mindfulness intervention leads to increased self-esteem and quality of life.

Table 3: Results of univariate analysis of covariance on the mean of scores of self-esteem and quality of life in the experimental and control groups, with pre-test control

	Source of change	Sum of squares	Df	Mean squares	F	Significance level
Self-esteem	Pre-test	22/31	1	22/31	1/57	0/001
	group	766/30	1	766/30	53/89	0/001
	error	412/38	29	14/22		
Quality of life	Pre-test	911/33	1	911/33	147/44	0/001
	group	739/16	1	739/16	112/20	0/001
	error	191/05	29	6/59		

As shown in Table 3, results of one way analysis of covariance shows that mindfulness intervention has meaningful effect on self-esteem and quality of life. In other words, mindfulness intervention leads to increased self-esteem at a significant level (F=53/89, P=0.001). Also quality of life has increased at a meaningful level (F=112/20, P=0/001).

Table 4: Results of univariate analysis of covariance in the context of MANCOVA on the mean of post-test scores for self-esteem and quality of life in the experimental and control groups

Dependent variable	Sum of squares	Df	Mean squares	F	Significance level
Self-esteem	750/78	1	750/78	51/82	0/001
Quality of life	1012/50	1	1012/50	96/13	0/001

CONCLUSION

The purpose of this study was evaluation of effectiveness of mindfulness intervention on self-esteem and quality of life of quitting addicts. Results of the study showed that mindfulness intervention is effective on self-esteem and quality of life of quitting addicts. These results agree with the findings of Urki, Bayat and khodadoost (2013), Hamed, Shahidi and khademi (2012), Dabaghi and colleagues (2008), Nejati and colleagues (2011), Suti (2005), Wietkewitz, Marlott and Walker (2005) and Kieviet-Stijnen and colleagues (2008).

In explaining the possible reasons for effectiveness of mindfulness on prevention of recurrence of substance use, various factors can be involved. As found in the theoretical bases of mindfulness, it is founded on three basic

hypotheses accepting awareness and free of judgment of what is presently happening. Since part of the problem with substance use is hidden in these factors, improving mindfulness is an important step in prevention of recurrence of substance use, such that increased attention and awareness of thoughts, emotions and acting desires are positive aspects of mindfulness (Brown, Ryan and Creswell, 2007) and lead to coordination of adaptive behaviors and positive psychological states and improvement in personal ability to participate in individual and social activities and can be effective in decreasing recurrence of substance use. In this framework, it has been reported that mindfulness by way of improving an individual's acceptance and awareness of his or her experiences can prevent recurrence of substance abuse (Wietkewitz *et al*, 2013). Overall, low quality of life and self-esteem is one of the personal factors effective on addiction and can even present as an obstacle in way of quitting and lead to recurrence of psychotropic substance use after quitting. As a result, methods of increasing self-esteem and quality of life in addiction are important. In fact, mindfulness challenges negative thoughts and strengthens planning for reaching goals and increases quality of life and self-esteem. Small number of variables in the study, shortness of the treatment duration, lack of follow-up with use of one therapist is among the limitations of this study which need to be paid attention to in future research. Larger samples and disorders of dependency on other substances among various groups can lead to increased generalization of the findings.

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