

The Correlation between Life Satisfaction and Psychological Adjustment among a Group of Illicit Drug Addicts under Residential Treatment in Al-Amal Hospital in Jeddah, Saudi Arabia

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Abstract: Background: Substance dependence in Saudi Arabia is a wide-spread problem and is destroying the lives of many individuals and families. Furthermore, authorities in Saudi Arabia consider this problem a threat to the Kingdom's national security and to its economic stability. In the Kingdom, crimes of smuggling and/or distributing illicit substances subject the perpetrators to the death penalty. Based on Islamic law (sharia'), the Country prohibits all intoxicants of any kind and applies various serious penalties on any level or form of consumption. In order to encourage seeking treatment and rehabilitation by afflicted individuals, the government allows hospitals, both private and public, to provide treatment for those who seek it without having to report their information. Aim :This study aims at finding the level of life satisfaction and its correlation to psychological adjustment among a group of male illicit drug addicts who are in residential treatment at Al-Amal hospital in the city of Jeddah, Saudi Arabia for the hope of finding ways to enhance the level and speed of recovery and prevent relapse among rehabilitated individuals in the future. Method :The researchers applied a multi-item satisfaction with life scale that is based on Hubner's Manual for the Multidimensional Students' Life Satisfaction scale (2001). This scale was translated into Arabic and adjusted for use in the Arab culture by Abdel Maqsood (n.d.). In addition, the researchers used the Psychological Adjustment Scale in Arabic. The two scales were administered to a sample of illicit-substance male addicts seeking treatment in Al Al-Amal Hospital in Jeddah, Saudi Arabia. Results The participants' group number is 54 male inpatients whose ages ranged from 17-31 with the Mean of 25, and Standard Deviation of 2.35 years. The Study found that a statistically significant correlation exists (0.05) between the level of life satisfaction and both personal and familial adjustment. The study, however, did not indicate the existence of correlation between satisfaction with life and other factors such as health, social, and overall adjustments among the study group. The researchers discuss the results in light of earlier studies and present some recommendations for both, prevention and rehabilitation of illicit-drug users.

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1.Introduction

The Kingdom of Saudi Arabia

The Modern Saudi Arabia was founded in 1932 by King Abdul Aziz, the father of all succeeding kings since his death until this time. It is a member of the Gulf Council, the Arab Organization and the United Nations. It is a Gulf, oil-rich, country that is located in both Asia and the Middle East. The country's Arabian identity predates Islam and most of its nationals, except for the few expats who earned citizenship in the Country, affiliate themselves to historically rooted Arabian tribes. The Kingdom also takes pride in its Islamic identity which is strengthened by virtue of being the birth place of Islam as well as the birth place of the Prophet of Islam and where he spent all his life, housing the two holiest Islamic places of worship (Mosques) in the entire world, and by having the sites for all the rites

of Hajj (the Muslim pilgrimage)². Hence, the King of Saudi Arabia adopted the title "The Custodian of the Two Holy Mosques".

Geographically, Saudi Arabia covers 2,149,650 sq. km where the inhabited areas represent only 10 % of the entire Country and the rest is deserts with high extremes and harsh weather³. The Country's population reaches 26, 534,504 including 5, 576,076 non-Saudis according to the July 2012 estimate⁴ The Country is bordered by Jordan (744 km), Iraq (814 km), and Kuwait (222 km) from the North, Oman (676 km), United Arab Emirates UAE (457 km) and Qatar (60 km) from the East, and Yemen (1, 458 km) from both East and South⁵.

Life in Saudi Arabia, unlike the stereotypical images of camels and camel riders portray, combines both the modern and traditional in a very close proximity to each other. Near the holiest Mosques in

both Mecca and Medina, you can easily see Western brand name hotels such as Hilton, Marriott, Sheraton and Hyatt to mention only a few. You can also see fast food outlets (e.g. McDonalds, Burger King, KFC), coffee shops (e.g. Starbucks, Dunkin Donuts, etc.), restaurants (e.g. Chilies, TGI, Applebee's, etc.), and ice cream places (e.g. Baskin Robins, London Fog, etc.). Near the very traditional and religious places and in one of the sunniest places on earth, you struggle to see the sun in the middle of many sky scraping towers. Furthermore, you can find the largest flat screen in the world covering the sides of an entire tall building and hear about the plans to build the world's tallest tower.

Great efforts are underway toward modernization including providing scholarships to hundreds of thousands of Saudi Students to study and train in the U.S., Canada, Europe, Japan, Australia, etc.

Jeddah, Saudi Arabia, with a population of 3 million and 234 thousands, is the second largest and most important city in the Kingdom after Riyadh, the Nation's capital. It has one of the busiest airports, sea ports, and the largest university in the Kingdom. It is the access city to the holiest Islamic sacred Mosque and the Prophet's Mosque in both Mecca and Medina respectively.

The Kingdom of Saudi Arabia prohibits all forms of intoxicants based on the Islamic law which is the law of the land. Therefore, alcoholic beverages such as wine and beers are prohibited to sell, consume or distribute at all times and at any level. They are restricted from importation by individuals and corporations. Alcohol drinking is not acceptable at all levels and, therefore, there is no proper social drinking or social use of alcohol or illicit drugs.

Drug Addiction Rehab in Saudi Arabia

In the Kingdom of Saudi Arabia, there are two types of drug rehab services: Public and Private. Al-Amal Hospital is a public institution that is operating under the supervision of the Saudi Ministry of Health. It has branches in various regions of Saudi Arabia. This research's sample was taken from the AL-Amal Hospital in Jeddah city. It has a 276 bed capacity. It provides treatment around the clock to patients suffering from addiction. It has four wings (A,B,C &D) for admission through outpatient clinics. It also includes well developed departments and facilities such as the Medical Dept., Psychological and Mental Health Dept., Social Work Dept., Religious Counseling Dept., Recovering Counseling Dept., Nursing Dept., Lab, Treatment through Work Dept., Sport's court, Swimming Pool, Gym, Lecture Hall, Library, Dining Hall, Kitchen and other supportive service departments⁶ Al-Amal hospital has four units: a unit that is supervised by the Anti-Drug

Administration (an affiliate of the Ministry of interior security and policing dept. for combating drug related crimes), a unit that is designed for detoxification, a third unit for behavioral treatment, and the fourth unit is for rehabilitation⁷. The treatment stages include:

The first stage is for evaluation and lasts for 1-3 weeks, the second stage is for essential behavioral and psychological therapy and lasts minimum of 6-8 weeks, the third stage is for recovery and rehabilitation.

It has been well documented that drug addiction affects negatively the quality of life for the addicts⁸. Addiction prevents the individual from having goals and in-depth meaning for life, and consequently experiences everything at the superficial level with rapid changes. In summary, the addict loses interest in life, self-esteem, and devalues what others value⁹.

Illicit Drugs in Saudi Arabia:

Most countries in the world are challenged by trafficking, trade and consumption of illicit drugs. In addition to health, social, economic, legal, spiritual and moral negative effects, on individuals and societies, the production, trafficking, distribution and consumption of illicit drugs destroy the environment and threaten the national security of countries. According to U.N.'s Secretary General, Ban Ki-moon's on the International Day against Drug Abuse and Illicit Trafficking:

*"Drugs are a threat to the environment. Coca cultivation destroys vast swathes of Andean rain forest - the lungs of our planet - as well as national parks. Chemicals used to make cocaine poison local streams. The illicit drug trade also undermines governance, institutions and societal cohesion. Drug traffickers typically seek routes where the rule of law is weak. In turn, drug-related crime deepens vulnerability to instability and poverty"*¹⁰.

The problem of illicit-drugs in Saudi Arabia is phenomenal and unprecedented. In the year 2008, for instance, "the Middle East and particularly Saudi Arabia accounted for almost two thirds of all amphetamine seized globally". According to the United Nations Office on Drug and Crime (UNDOC) 2010 World Drug Report, Saudi authorities confiscated 12.8 metric ton of amphetamine in 2008 which is more than 50% of the amphetamine seized worldwide that year (24.3 metric ton) and approximately 83% of what was seized in the whole Middle East (15.3 metric ton).¹¹ Knowing the level of threat to individuals, the society, the environment, the governance and the stability of the entire region, mandates a shift from traditional combating of the drug problem and, of course, concerting scientific research on enhancing effectiveness of prevention and treatment.

Life Satisfaction:

Satisfaction is derived from the Latin word "Satisfaction" which meant initially doing enough. Comfort, enjoyment, pleasure & gratification are among the synonyms of satisfaction¹².

In this sense, it could mean "contentment or acceptance of one's life circumstances or the fulfillment of one's wants and needs"¹³. This concept of "life satisfaction" has been the subject of attention in the last few years in the fields of Psychology and Mental Health simply because it is an essential indicator for adaptability and good mental health¹⁴. Furthermore, life satisfaction can also serve as an indicator of emotional well-being including both positive and negative effectiveness.

Life Satisfaction is a multidimensional psychological framework that is linked to several psychological important variables such as stressors, self-esteem, and hope. This framework is considered the essential indicator for success in adapting to the changing life conditions. Life satisfaction is defined as the feeling of the individual and his/her cognitive evaluation of the quality of life which may reflect general evaluation of certain life aspects such as family, self and society¹⁵.

Satisfaction is also an internal condition that manifests in the person's behaviors and responses in various situations. It also indicates the person's level of acceptance to past and present life, the level of optimism about the future, the interaction with the various aspects of the environment and society and the level of acceptance of self and others.

While some may take life-satisfaction as synonymous to happiness, other researchers differentiate between the two on the basis that happiness is an emotional state that is sensitive to the sudden changes in the mood of the person while life satisfaction is a cognitive state that depends on the individual's judgment of self¹⁶. This means that life satisfaction is the judgment which a person makes on the quality of life based upon his/her own personal evaluation and not as determined by others¹⁷.

Life satisfaction can be related to either life in general or very specifically to some area or aspect of life such as family, career, etc.¹⁸.

Life satisfaction can enhance the person's abilities and effectiveness in both social and professional spheres as well as in adjusting to difficult life situations.

Satisfaction with life can be also considered the person's judgment or approval of the quality of life. Quality of life has been defined by the World Health Organization (WHO) as "the 'individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations and concerns"¹⁹. It is both

complex and broad concept and process. According to Torrens (2008), "it presupposes six dimensions. These dimensions are: (1) physical, (2) psychological, (3) degree of independence, (3) social relationship, (4) environment, and (6) spirituality" (p.33)²⁰. I must caution, however, that cultural values in Saudi Arabia and in Arab societies in general, may value family support and family dependence more than individual's independence. Children remain living in parents' homes until they are married and in many cases for boys they don't leave parents' home even after marriage. Instead, parents designate a quarter or an apartment or a residential area for their married boys to continue to live with the larger families. Also, aging parents are not left alone or admitted to a nursing home or elders' care facility. Instead, male children take pride in taking care of their old parents by bringing them to their own homes to live with their children and spouses. If they fail to do so, it can be a source of shame and embarrassment and, consequently be looked down upon in the society.

Psychological Adjustment:

Adjustment is a dynamic and functional process that aims at achieving balance and congruence between the various aspects of internal and external aspects of the individual, which in turn can help in solving conflicts between various internal forces on the one hand, and between the personal motives and the environmental forces on the other, thus reducing tension and leading to positive results such as actualization of, and satisfaction with, self. Furthermore it boosts the positive attitude and flexibility in dealing with society. Psychological adjustment includes all dimensions which are personal and emotional, physical, familial and social adjustments.²¹

The Study problem

In the effort to reach a high degree of rehabilitation among drug addicts who are seeking treatment, we thought that the higher level of life satisfaction they achieve, the more interested in treatment they become, the fuller rehabilitation they seek and achieve, the more capable in adjusting to life they become, and the less likely for them to suffer relapse in the future. In our own assumption, life satisfaction is considered as an essential element of the treatment and rehabilitation program. Such life-satisfaction must, therefore, reflect upon the patient's personality, thinking, handling life's affairs and dealing with feelings and emotions, and responses. This area may have been examined and proven in places not in Saudi Arabia. Manning *et al.* (2012) for example concluded that addiction treatment must also include areas of life where patients have reported less satisfaction²². McClellan

et al. (2007) asserted that recovery does not mean drug treatment alone where it would not be sufficient. Recovery rather must include the improvement of personal health, social functions and for the reduction of personal threats to public safety.²³ Similar conclusions were also made by Laudet (2011)²⁴.

Based on the above, we can conclude that this study seeks to answer the following questions:

1. Is there a relationship between the level of life satisfaction and the psychological adjustment among the research participants?
2. Is there a relationship between life satisfaction and the dimensions of psychological adjustment (i.e. personal, physical, familial, and social) among the research participants who are illicit-drug addicts seeking treatment?
3. Is satisfaction with life important in the rehabilitation of drug addicts?

Objectives of the Study:

- To know the level of life satisfaction among the study participants from among illicit drug addicts seeking treatment
- To know the level of psychological adjustment among the study participants
- To know the relationship between the degree of life satisfaction and psychological adjustment in its various dimensions to help this group of people in the healing process
- To enhance the treatment programs and the rehabilitation process of drug addicts under treatment.

The importance of the study:

Research found that individuals who have developed a clinical dependence on drugs and/or alcohol often report that they sought help because they were “sick and tired of being sick and tired”²⁵. It is ironic that most research have focused on the substance-abuse and co-occurring disorders and outcomes (Laudet & White, 2008; Pharr, 2010) while little research has been done on the substance-dependents and other variables in their lives that may affect positively or otherwise the outcome of their dependency and treatment. The lack of such studies hinders the development of integrated treatment programs for substance-dependents which can be aided by understanding their feelings and evaluation of themselves, their environment as well as by evaluating their psychological adjustment to various life situations. The results of this and similar studies can help create improvements in the ways we see and treat drug addicts towards creating the positive desired change in their lives. In addition, this study can facilitate the inclusion of positive psychology among substance dependents seeking treatment and various segments in Saudi Arabia as well as in the

whole Arab world in order to enhance cooperation and speed up the recovery process²⁶.

Consequently, we can demonstrate the importance of this study in its both theoretical and practical aspects in the following:

1. Addressing certain variables for the first time that have not been addressed before in the Saudi culture particularly in relation to the area of drug addiction rehabilitation
2. Providing new perspectives in relation to the rehabilitation of drug addicts who are seeking treatment through the illustration of the role of life satisfaction which serves as a good indicator for adaptability and psychological adjustment whereas the lack thereof can signal the appearance of variety of problems that may hinder the process of rehabilitation and may cause relapse.
3. Providing professionals and policy makers with counseling and preventive programs that can lessen the lack of satisfaction feeling among this particular population
4. This study may prove to be of great benefit to drug addiction rehabilitation centers, addicts’ families, and mental health hospitals in their dealing with drug addicts and the recovered ones.

Literature Review:

Although a great attention has been paid by many researchers to the area of life satisfaction on a wide range of issues and groups, research and studies on life satisfaction among substance dependents seeking treatment are very few in general and is very rare in the Arab world which can be attributed, in part, to the social and religious stigma and condemnation of substance dependence, related behaviors and people. First: Studies focusing on life satisfaction among substance dependents and/or among their relatives:

Among these studies are:

- Swain *et al.* (2012)²⁷, Examined the associations between substance abuse/dependence symptoms and life satisfaction, before and after adjustment for fixed and time-dynamic sources of confounding. Data were drawn from a 30year longitudinal study of a birth cohort of 987 individuals. Associations between alcohol abuse/dependence symptoms, cannabis abuse/dependence symptoms and life satisfaction were examined using repeated measures regression models. There were significant associations between alcohol abuse/dependence and life satisfaction and between cannabis abuse/dependence and life satisfaction. After adjustment for time-dynamic sources of confounding there were no significant

associations between alcohol abuse/dependence and life satisfaction or cannabis abuse/dependence and life satisfaction. These findings suggested that associations between life substance abuse/dependence and life satisfaction can be explained by time-dynamic factors, such as employment, life events and comorbid mental illness that are associated with reduced life satisfaction. When due allowance is made for confounding, alcohol and cannabis abuse/dependence are not associated with reduced life satisfaction.

- Tracy *et al.* (2012): studied the Quality of Life patterns and correlates among women in substance abuse treatment. They recognized the quality of life as central to the broad construct of recovery in substance abuse services. They also suggest and recommend the use of WHOQOL (World Health Organization Quality of Life Measure) as a useful tool that can supplement more objective symptom measures as indicator for functioning in substance abusing populations. They also recommended further studies on the longitudinal relationship between QOL and substance use patterns.²⁸
- Flora, K. & Stalika, A. (2012): Concluded that the effective therapy of substance abuse is attributed to a wide range of factors including self-efficacy, expectation about the therapy outcome, satisfaction by the therapy treatment, perceived social support and the way in which clients realize the meaning of life. The study of 157 clients and with the use of four measurements in all three basic stages of treatment (counseling center, residential phase and social re-integration) showed increase in factors including the perceived social support and meaning of life²⁹.
- Manning *et al.* (2012): examined Quality of Life (QoL), specifically subjective well-being in three different addiction populations (260 alcohol-dependent, 282 drug-dependent, and 132 pathological gambling outpatients) at their first visit to treatment, using the Personal Well-being Index (PWI). They concluded that treatment services should pay close attention and target the specific life domains where poor satisfaction is reported by the different addiction populations³⁰.
- Laudet and Stanick. (2010): sought to identify predictors of commitment to abstinence at treatment end to guide clinical practice and to inform the conceptualization of motivational constructs. Commitment to abstinence is found to be a strong predictor of reductions in drug and alcohol use. Level of commitment to abstinence at treatment end predicts sustained abstinence, a requirement for recovery³¹.
- Livingston (2009), attempted to understand how the drinking of one member affected the rest of the household using data from a population survey of households in which all adult household members provided alcohol-consumption, life satisfaction, and quality-of-life measures for analysis. The analysis focused on the satisfaction levels and health-related quality of life of 3,110 couples living in partner relationships (either married or de facto) based on the alcohol consumption of both partners. The analyses found that ex-drinkers and high-risk drinkers generally had lower life satisfaction and health-related quality of life but that the partner's drinking pattern had little effect on these measures. Although heavy drinking appears to reduce the drinker's own health-related quality of life and life satisfaction, it appears to have very little effect on the drinker's spouse. This finding may be the result of limitations in the data and measures used in the current study but is in line with the results of some previous qualitative research in this area³².
- The study of Luty and Arokiadass (2008) on the Substance Abuse Treatment, Prevention and Policy: Satisfaction with life and opioid dependence to assess general life satisfaction among treatment-seeking people (105 participants) with substance dependence through the administration of the Satisfaction With Life Scale to a sample of opioid-dependent receiving substitute medication. The researchers found a high rate of dissatisfaction among the participants compared to that of the general population³³.
- The study of Zullig, Valois, Huebner, Oeltmann & Drane (2008) explore the relationship between perceived global life satisfaction and selected substance use behaviors among 5032 public high school students. The authors used 1997 South Carolina Youth Risk Behavior Survey substance abuse and life satisfaction variables. The study found that use and misuse of cigarette, tobacco, alcohol is associated with reduced life satisfaction among white and black males and females³⁴
- The study of Shealy *et al.* (2007) investigated the relationship between motivation and alcohol use and life satisfaction. Participants were 49 undergraduate students who were referred to a university-based clinic to participate in a brief alcohol intervention. All participants completed measures assessing readiness to change drinking, frequency of alcohol use and related problems, and life satisfaction. It was found that higher levels of motivation to change drinking were related to higher frequency and quantity of alcohol use, alcohol-related problems, and lower

levels of life satisfaction. Results indicate the importance of assessing motivation in students referred to receive alcohol interventions³⁵.

- Murphy et al. (2005): examined the impact of alcohol use and alcohol-related problems on several domains of life situation in a sample of 353 college students. Alcohol use was associated with lower general satisfaction and anticipated future satisfaction among women. Female abstainers reported higher general and anticipated future satisfaction than did female heavy drinkers. Female students' alcohol use was unrelated to their academic, family, dating, or social satisfaction. Drinking among men showed a positive, curvilinear relation to social satisfaction but was unrelated to other domains of life situations. Alcohol related problems were associated with decreased life situations among both men and women. The study suggests that alcohol use by young adults is gender specific and is associated with both positive and negative outcomes that may be gender specific.³⁶
- Zullig et al. (2001)³⁷: Explored the relationship between perceived global life satisfaction and selected substance use behaviors among 5032 public high school students. It used the 1997 South Carolina Youth Risk Behavior Survey substance abuse and life satisfaction variables. An adjusted polychotomous logistic regression analysis revealed a significant race/gender interaction. Subsequent multivariate models were constructed individually for four race/gender groups. Adjusted odds ratios and 95% confidence intervals were calculated to assess the magnitude of risk for selected substance abuse behaviors and their association with reduced global life satisfaction. Cigarette smoking, chewing tobacco, marijuana, cocaine, regular alcohol use, binge drinking, injection drug, and steroid use were significantly associated with reduced life satisfaction for specific race/gender groups (white males; black males; white females; and black females). In addition, age (< or = 13 years) of first alcohol drink, first marijuana use, first cocaine use, and first cigarette smoked were also significantly associated with reduced life satisfaction.
- Sirgy et al. (2000): developed and tested a method for assessing resident's satisfaction with community-based service using four samples. The method is based on the theoretical notion that consumer satisfaction with government services, business services and non-profit services affect satisfaction with the community at large. This community satisfaction along with satisfaction with other life domains affect global life

satisfaction. The study showed that residents' overall satisfaction with a community can be decomposed into a variety of subdomains, each of which contributes to the overall feelings about community³⁸.

Literature in Arabic is mostly focused on life satisfaction in general among specific groups of the population (e.g. high school students) and is not related to substance abuse or addiction. The only study that the Researchers found related to this group of population is the that of Alhazmy (2008) aimed at finding the relationship between psychological adjustment and its relation to addiction among a sample of residential clients in psychological clinics in Saudi Arabia as well as its relations to other variables. The study revealed negative correlation between addiction and family adjustment and positive correlation between personal adjustment and addiction which was referred to by the Researcher the physical and bodily adaptation to the substance³⁹.

Measuring Life Satisfaction and Psychological Adjustment:

Researchers relied on self-reporting and used two scales. These two scales are:

- a. The multidimensional Life Satisfaction Scale which was originally developed by Hubner (2001)⁴⁰, and was translated and modified for use in the Arab culture by Abdel Maqsood (n/d)⁴¹. This SWL scale is an extensively validated 5-item self-completion instrument for the areas of family (7 items), friends (9 items), school (8 items), living environment (9 items), and self (7 items) totalling 40 items. Each item is evaluated on 4 levels from 1-4 (40-160 for all items)⁴².
- b. The Psychological Adjustment Scale by Shuqair (2003)⁴³. This Psychological Adjustment Scale includes four dimensions that are seen by the Author as the most relevant and essential indicators for psychological adjustment. These areas are (1) personal-emotional, (2) health-physical, (3) family, and (4) social adjustments. Each dimension includes 20 items thus totaling all items into 80 where each items is evaluated into three levels from 2 representing the highest in adjustment to 0 for the lowest in adjustment⁴⁴.

The reasons for choosing multi-item scale over single-item scale are summarized in the following:

- a. The correlation between life satisfaction and variables such as age, gender, education, income, etc. have been found to be significantly reduced when single-item scales are used rather than multi-item scales⁴⁵.

- b. The multi-item scales have demonstrated greater reliability and validity overall than the single-item scales according to Diener (1984)⁴⁶.
- c. Multi-item scales are less susceptible to social desirability biases than single item ones because the former ones require “wider range of information with more specific”⁴⁷.

Study Hypotheses:

1. A statistically significant correlation exists between life satisfaction and the overall psychological adjustment among the participants of the study
2. A statistically significant correlation exists between Life satisfaction and the personal psychological adjustment among the participants of the study
3. A statistically significant correlation exists between Life satisfaction and physical psychological adjustment among the participants of the study
4. A statistically significant correlation exists between Life satisfaction and family adjustment psychological among the participants of the study
5. A statistically significant correlation exists between Life satisfaction and the social psychological adjustment among the participants of the study

The Study participants:

The number of participants (n= 54) are from among the residents of Al-Amal Hospital in Jeddah, Saudi Arabia (a brief description of Al-Amal hospital was provided earlier in this paper). Participants ages ranged between 17 and 31 years with M=25 and S.D. = 2.35 years. All participants were males.

Process:

The hospital’s director was contacted and secured his consent and willingness to facilitate the research. In a subsequent meeting with the residents, the project was introduced and the residents’ questions and concerns were addressed and the schedules of administering the scales were agreed upon. Residents were informed that participation is voluntary and that each participant can withdraw from participation at any time and at any stage. Furthermore, participants were assured of confidentiality protection. In addition, the distributed scales did not require any specific personal information that could identify any participant. The two scales were administered separately. Participants expressed enthusiasm as they received the scales and all participants returned the reports. The scales’ questions were rewritten to further simplify them for ensuring better understanding.

Participants’ characteristics:

Participants were classified according to age, level of education, social status, and profession and dependence years.

The Variable	Participants	Total	%
Age	17-20	20	37.04%
	21-24	22	40.74%
	25-28	10	18.52%
	29-32	2	3.70%
	Total	54	100.00%
Level of Education	Reads and writes	14	25.93%
	Middle School	9	16.67%
	Secondary School	15	27.87%
	College degree	16	29.62%
	Total	54	100.00%
Social Status	Unmarried	33	61.11%
	Married	17	31.48%
	Divorced	4	7.41%
	Total	54	100.00%
Profession	Free professions	19	35.19%
	Without work	12	22.22%
	Government employee	23	42.59%
	total	54	100.00%
Dependence years	1 year -5 years	39	72.22%
	6-10 years	13	24.08%
	11-15 years	2	3.70%
	More than 16 yrs	-	-%
	total	54	100.00%
Number of visit	First time		62.96%
	من 2 : 3		33.33%
	More than 4		3.71%
	Total		100%

Study findings:

1. The first hypothesis states that: a statistically significant correlation exists between life satisfaction and the overall psychological adjustment among the participants of the study. In order to validate this hypothesis, the researchers calculated Pearson's Correlation Coefficient as indicated in table 2. The correlation between life satisfaction and the overall psychological adjustment is not indicative statistically among participants thus disproving the first hypothesis. The results indicate the existence of low psychological adjustment but of not indicative value among participants points to the fact that they are still suffering complex psychological and social effects of addiction with high possibility for improvement. This finding is common among drug addicts and is supported by other studies as well such as the study of Luty & Arkoiadase (2008)⁴⁸ which found low satisfaction with life among Opioid addicts. The study of Luty and Arkoiadase (2008) suggests that addiction causes problems within one's own personality, with family and relatives, in relationship with significant other, in social expectations, and employment, business or study⁴⁹. Unemployment among Saudi citizens is very high at the rate of 10.70 % in 2012 estimate⁵⁰. The finding indicates that participants continue to suffer social and psychological complex effects of drug addictions. Furthermore, participants may also have the fear that the history of drug addiction will continue to haunt them even after completing the treatment thus reducing if not eliminating their chances for good employment, marriage and acceptance within the family in the society at large. With the awakening of religious sense and moral consciousness in treatment, a feeling of regret, sorrow, guilt and shame may develop and intensify thus causing more feelings of the lack of psychological adjustment and satisfaction with life.

Table (2):Title: Life Satisfaction and Overall Psychological Adjustment among Participants

N	Correlation Coefficient	Indication
54	0.252	Indicative at the level of 0.05

2. The second hypothesis states that a statistically significant correlation exists between Life satisfaction and the personal psychological adjustment among the

participants of the study. By calculating the coefficient Correlation between the level of life satisfaction and the level of personal adjustment as indicated in table three, the validity of this hypothesis has been confirmed at the level of .310. This the higher the level of personal adjustment leads to enhanced level of life satisfaction and vice versa.

Table (3):Title: Life Satisfaction and Personal Psychological Adjustment

N	Correlation Coefficient	Indication
54	0.310	Indicative at the level of 0.05

3. The correlation between life satisfaction and the Physical (health) adjustment is non-indicative statistically. In order to confirm the hypothesis, the researchers calculated the coefficient correlation between the two aspects as indicated in the table three. The results indicated that no correlation exists among participants between life satisfaction and health adjustment which is due mainly to the negative effects of addiction and other associated illnesses on health as in table (4):

Table (4): Life satisfaction and Physical adjustment

N	Correlation Coefficient	Indication
54	0.031	Non-indicative

4. The correlation between life satisfaction and the family psychological adjustment is indicative statistically at the level of 0.05. The researchers confirmed this hypothesis and found indicative correlation between the two factors as in table (5)

Table(5) Life Satisfaction and Family Psychological Adjustment

N	Correlation Coefficient	Indication
54	0.296	Indicative at the level of 0.05

The results indicate the strong support which families of illicit drug addict participants have been receiving from their families while seeking rehabilitation.

5. The correlation between life satisfaction and the social adjustment is non-indicative statistically. When calculating the coefficient correlation between the two factors among participants of the study, the researchers confirmed that such

correlation is indicative but low as can be seen in table (6).

Table (6): Life Satisfaction and Social Adjustment

N	Correlation Coefficient	Indication
54	0.215	Indicative at the level of 0.05

4. Discussion:

As for the first hypothesis, the Pearson's correlation coefficient (r) between life satisfaction and overall psychological adjustment was found to be 0.252 which is indicative statistically but low meaning that the correlation between life satisfaction and overall psychological adjustment among participants does exist but very low. The weakness of such correlation indicates that participants (and perhaps others in the same population although such conclusion cannot be generalized) are still suffering from negative social and psychological effects of substance dependence with the possibility for improvement. In order to help the rehabilitation process for such individuals, families and others need to recognize and appreciate the courage of these individuals to seek treatment and move beyond the blaming stage in order to boost their morale, self-esteem and help them develop a positive attitude towards life.

As for the second hypothesis, the Pearson's Correlation Coefficient (r) was found to be at 0.310 among the study participants ($n=54$), which is above the indicative level (0.05) between life satisfaction and the personal adjustment. This indicates that the increase in life satisfaction leads to increase in personal adjustment and vice versa. Focusing on the personal needs of the person in treatment can help them develop a better level of life satisfaction thus enhancing their interest and acceptance of treatment programs and demands.

As for the third hypothesis, the correlation between life satisfaction and the physical adjustment was found to be non-indicative at 0.031. This indicates that life satisfaction level among participants was very low as a result of deteriorating health perhaps as a result of substance abuse. Improving physical and mental health would, therefore, reflect positively on improving the level of life satisfaction.

As for the fourth hypothesis, the correlation between life satisfaction level and the psychological adjustment is established. This finding highlights the importance of family support as part of the treatment and rehabilitation process.

As for the fifth hypothesis, the correlation 0.215 indicates low social adjustment level in relation to the level of life satisfaction. Such finding indicates that

participants were negatively affected by the social stigma and low regards shown by the Society to (former) drug addicts. Improving life satisfaction level would require improvement of the Society's treatment to such population through the recognition of their humanity, their courage in seeking treatment and their gradual achievement in recovery.

Conclusion:

Addiction to drugs is a global phenomenon and is costing the world huge resources that are hindering the attention to fighting other epidemic problems such as poverty and diseases. Costly programs such as "war on drugs" and slogans such as "say no to drugs" have not proven very effective. More comprehensive and humane approaches to rehabilitation are needed. Simultaneously, more resources need to be dedicated to the effective prevention and rehabilitation more than what is being spent on the incarceration. McLellan et al (2005) proposed concurrent recovery monitoring (CRM), to help clinicians pinpoint areas of impairment and newly arising issues on an ongoing basis throughout treatment. In CRM, clinicians would monitor substance abuse, personal health, social function, and behaviors that constitute threats to public health and safety at regular intervals during treatment.

Substance dependents in the Arab world and in Saudi Arabia remain excluded from serious and comprehensive scientific research despite the alarming figures of trafficking, distribution and dependency. Women who are also subjected to substance dependence are excluded from studies and research which can be attributed to multiple layers of stigma and strong pride tradition. The reality is that unless studies are made, effective therapy and rehabilitation would not be known.

Furthermore, effective strategies for creating awareness among the population to lessen or erase stigma that prevents seeking treatment and hinders reporting is very much needed. Such strategies must include governmental, private and new media, schools and their guidance staffs, universities, hospitals, social institutions and security agencies. The focus should be on the humanitarian tolls of dependence and on the positive ways for recovery and how to seek them.

It has been found that low life satisfaction is an indication of possible indulgence in alcohol and substance use and dependency.

The inclusion of life satisfaction, psychological adjustment and quality of life measures in the assessment of substance dependents and addicts would lead to the development of an integrated recovery programs.

Treatment services should pay close attention and target the specific life domains where poor satisfaction and low functionality are reported by the addicts and under treatment population.

Studies and research should also target people on drugs and substance dependents who are not seeking treatment to understand causes, factors of continued dependence and obstacles to treatment. Many researchers have complained that the most research is focused on people who are already under treatment.

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