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Investigating the Relation between Religious Orientation and Locus of Control with Tendency toward Substance Abuse, Case study: Addicts and Non-Addicts Men, Isfahan, 2018

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ABSTRACT

Introduction: Drug addiction, is one of the major challenges in human societies. This study aimed to investigate religious orientation, locus of control, and the tendency toward substance abuse in addicts and non-addicts in Isfahan, 2018.

Methods: A case-control method was used, and the study population was 200 men who participated in Isfahan. Cases were selected from drug-dependent using cluster sampling method. Allport's Religious Orientation Scale, Rotter's Locus of Control Scale, and Scale of Tendency toward Substance Abuse were used for data collection. The mean ± SD age of addicts was 34.8 (±4.35) years. Most addicts were illiterate 33% (33), and about 30% (30) had academic degrees. Finally, data analysis was done by SPSS version 16 and confidence Level was 95%.

Results: The groups were homogeneous in terms of income, number of children and residential area. The mean ± SD of religious orientation was in normal group 60.39 ± 3.26, addicted group 40.25 ± 7.8 and locus of control was in normal group 59.13 ± 3.17, and addicted group 45.45 ± 1.33 that findings of t-test showed that there was a significant difference in religious orientation (t= 5.40, p<0.003), and locus of control (t= 4.37, p<0.001) between addicts and normal individuals. There was a significant relationship between religious orientation (r=-0.328, p<0.04) and locus of control (r= -0.365, p<0.01) in addicts with a tendency toward substance abuse. confidence Level was 95%.

Conclusion: Poor religious orientation and lack of internal locus of control are important causes of the tendency toward substance abuse, which demands measures to be urgently taken.

Keywords: Religious orientation, Locus of control, Substance abuse, Addict

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Introduction

Recently, addiction has transcended healthcare and treatment boundaries and has become a social crisis and a scary and malevolent phenomenon. Drug abuse is a highly controversial debate that has attracted the attention of psychology and sociology experts. It can certainly be said that the increasing use of addictive substances has become one of the major and complex problems in human societies (1,2).

Addiction is the most important social injury rooted in psychosocial factors that affect individuals and society's psyche (3). Addicts neither are productive nor feel responsible for their family members; they never trust others and consider satisfying their needs ahead of other people's real needs. Using alcohol, drugs, or gambling relieves pain or fear for a while, but eventually, it becomes problematic. A problem that often disrupts relationships and families. In Iran, eleven million people struggle with their own or their families' addiction (4).

Religion has been an integral part of human life throughout the ages (5). Spirituality and religion are complex, multidimensional, and interrelated structures. Spirituality refers to the mental, empirical, and personal dimensions of transcendence, while religion emphasizes its objective and social dimensions and provides a cultural framework that helps make laws. It also constructs spiritual experiences by providing culturally-acceptable explanatory and enlightening models (6,7). Spirituality is defined as the search for the sacred, and religion is the social context for this search, while religion and spirituality are represented as a broad and wide-ranging instrument with specific and diverse domains (8). However, spirituality is a psychological quality that goes beyond religious beliefs, motivates humans, and creates emotions such as understanding the divine solemnity and respect for creation in the person (9,10).

Allport describes the distinction between two types of religious orientation; a person with an extrinsic religious orientation uses his/her religion, while a person with an intrinsic religious orientation lives with his/her religion (11). Having religious orientation influences all aspects of life (12). A study on the relation of religious orientation with old age and death concluded that intrinsic religious orientation, which implies deep religious commitment, leads to a sense of purposefulness in life and a favorable confrontation with the process of aging. In contrast, extrinsic religious orientation lacks this function (13). Religion plays a key role in human health (14). Many studies have examined the relationship between the widespread concept of religion and spirituality and substance abuse and see religion and spirituality as a protective factor against addiction (15).

Hajjarian and Ghanbari (2013) study demonstrated a significant negative relationship between religious orientation and substance abuse and a positive relationship between substance abuse and addiction (16). The study by Makarem and Zanjani (2013) showed that having religious beliefs about substance abuse consequences plays an effective role in reducing substance abuse [4]. Miller and Greenwald (2000) found that adolescents who were not religious and scored low in religious activities had higher substance abuse than adolescents with higher religious activity levels (17). Brown et al. (2001) showed that religiosity is a protective factor against high-risk behaviors such as smoking, alcohol, marijuana, and cocaine abuse (18).

However, their impact on mental health, religiosity, and religious orientation, create certain personality and mood traits in individuals, including their control locus (19). The locus of control focuses on human's ability to control environmental conditions and events, and according to this theory, people are divided into two categories: first, individuals with an internal locus of control controlling themselves over their emotions, behaviors, and living conditions, actively seek to change and attribute their success and failure to their internal factors (20).

They are more proactive and confident with life events and more self-confident. Second, individuals

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with an external locus of control do not find themselves in control of living conditions and circumstances and attribute their life events to external factors such as luck, destiny, and others' power (21). They seem not to rely on their abilities and efforts, have lower self-esteem, and a more passive position in the face of life events. The locus of control is defined as how an event is interpreted and whether the individual views it as an act of self or an external factor out of control (22). Thus, another factor associated with spiritual well-being is the locus of control. Control over individuals' lives has beneficial effects, resulting in greater psychological adjustment and reducing physical, psychological, and behavioral problems (23).

Therefore, in recent decades, positive psychology has emphasized the importance of personal resources and protective factors in promoting mental health (24). A concept such as locus of control is one of the factors that help individuals cope with stressors. Assessment and promotion of these factors are more important in groups at higher risk for psychological problems, such as addicts (23). A review of the available literature shows that few studies have been conducted examining religious orientation and locus of control and the tendency toward substance abuse in addicts and healthy individuals (11). Given the lack of research on the mentioned variables, especially in addicts and normal individuals, this study was designed and conducted to investigate religious orientation, locus of control, and the tendency toward substance abuse in addicts and non-addicts in Isfahan city.

Methods

This research was a case-control study with a sample size of 200 men (100 addicts and 100 normal individuals) who participated in the study from July to September 2018 in Isfahan. The sample size was calculated using the following formula (25). d=0.8, $\sigma^2 = 4$ $\alpha_{0.05} = 1.96$ $\beta_{0.20} = 0.84$

$$n = (z_{\alpha/2} + z_{\beta})^2 * 2 * \sigma^2 / d^2$$

Participants were selected from the drug-dependent population using cluster sampling method and normal men using a convenience sampling method. Initially, three private rehab centers were selected from three regions in Isfahan, and 100 people were randomly selected from those who visited these centers for casing files and initiating treatment. Normal participants were recruited from patients' companions or staff, and rehab centers or people were available. After obtaining permission from rehab centers' authorities, the study's aim was explained to all participants, and their verbal consent was obtained.

Inclusion criteria of each group consisted of willingness to participate in research, being addicted to opium and heroin for one year or more. In the case of non-addicts, they should not have experienced addiction during their lifetime, and exclusion criteria were non-cooperation in research.

Research tool

The research instrument consisted of Allport's Religious Orientation Scale (26), Rotter's Locus of Control Scale (27), and the Scale of Tendency toward Substance Abuse (8).

Allport's Religious Orientation Questionnaire

This questionnaire was developed by Allport and Ross (1967). The questionnaire consists of 21 four-option multiple-choice questions that measure individuals' religious orientation on a Likert scale ranging from 1 (Strongly Disagree) to 5 (Strongly Agree); items 1 to 12 measured extrinsic and items 13-21 measured intrinsic religious orientation. Many findings confirmed the questionnaire's validity and reliability, while Jan Bozorgi (1999) reported the internal consistency of 0.73 based on Cronbach's alpha (26). In this study, internal consistency was 0.87 based on Cronbach's alpha.

Rotter's Locus of Control Scale

The scale was developed by Rotter (1996) with 29 items. They contain a pair of questions (a and b) and five of which were false positives. The test was designed to measure the locus of control in adults and the elderly. Twenty-three items of this questionnaire's material have been developed with a specific purpose, to clarify individuals' expectations about the source of control and

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questions 24, 19, 14, 8, 1 and 28 are questions that distract the subject from the main or purpose of the test. The subject's scoring is based on the sum of the scores obtained from the number of multiplications that the subject has identified in response to the questions. Each person's total score indicates the degree and extent of his control. This scale had face and content validity, and its reliability was evaluated in some research. Rotter reported the reliability of the Locus of Control Scale using Cronbach's alpha of 0.86 (26). In this study, Cronbach's alpha coefficient of reliability was 0.85.

The scale of the tendency toward substance abuse

Zarger developed this scale according to the psychosocial conditions of the Iranian community (8). The scale consists of two factors and 36 items plus five false positive items. Its eight factors are related to the readiness for active addiction, and nine factors are related to passive addiction readiness. Score each question on a continuum of zero (absolutely disagree) to 3 (totally agree), and it has two factors active and passive readiness. The first factor (active readiness) of most factors related to antisocial behaviors, the desire to use drugs, a positive attitude towards drugs, and excitement are in the second factor (passive readiness). Most factors deal with a lack of assertiveness and depression (8). This instrument has face, and content validity and reliability were measured by Zarger et al. to calculate this scale's validity using two methods. In criterion validity, the scale of a tendency toward substance abuse distinguished addicts from non-addicts. The scale's construct validity was calculated by correlating it with the 25-item Clinical Clinical Symptoms Scale of 0.45, which was significant. The scale's reliability was calculated as 0.90 based on Cronbach's alpha, which was desirable (8). In this study, Cronbach's alpha coefficient of reliability was 0.85.

After data collection, they were coded and analyzed in SPSS 16 using descriptive statistics (mean, standard deviation, frequency, and percentage) and inferential statistics (independent t-test and Pearson correlation coefficient, $p < 0.05$).

Results

In this study, 100 addicts and 100 healthy individuals were studied. The mean (sd) age of addicts was 34.8 (±4.35) years, where the youngest was 15, and the oldest was 78 years old, and the mean (sd) age of healthy individuals was 31.27 (±4.02), where the youngest was 13, and the oldest was 69 years old. Most addicts were illiterate 33%, and about 30% had academic degrees.

Investigation of the hypotheses research

Independent t-test and Pearson correlation coefficient were used to survey the hypotheses of the research. An independent t-test was used to evaluate the first hypothesis that the results are shown in Table 1.

Table 1. The mean and standard deviation of t-test in religious orientation and locus of control in normal and addicted people

Variables	Group	Mean	sd	t-test	p
Religious orientation	Addict	40.25	7.8	5.40	0.003
	Normal	60.39	3.26		
Locus of control	Addict	45.45	1.33	4.37	0.001
	Normal	59.13	3.17		

Table 1 shows a significant difference between the variables (religious orientation and locus of control) between addicts and normal individuals. Therefore, the first hypothesis of the research was confirmed. As the results show, the mean score for religious orientation and locus of control is higher in normal people than in addicted people. The Pearson correlation coefficient was used to evaluate the second hypothesis that the results are shown in Table 2.

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Table 2. Relationship between religious orientation and locus of control with a tendency toward substance abuse in addicts and non-addicts

Variables	Group	Religious orientation		Locus of control	
		r	p	r	p
The tendency toward substance abuse	Addict	-0.328	0.04	- 0.365	0.01
	Normal	0.58	0.01	0.478	0.01

In response to the second research hypothesis, according to the results of Table 2, there was also a negative correlation between religious orientation and the tendency toward substance abuse according (r= -0.328); therefore, there was a significant relationship between these two variables (p=0.04), and there was also a negative correlation (r= -0.365) between the tendency toward substance abuse and locus of control according (p=0.01) in addicts. Also, according to the results of Table 2, there was a positive correlation between religious orientation and tendency toward substance abuse, according to non-addicts (r=0.58). Therefore, there was a significant relationship between these two variables (p=0.01). According to normal people, there was a positive correlation between the tendency toward substance abuse and locus of control (r=0.478). Thus, there was a significant relationship between the tendency toward substance abuse and locus of control (p = 0.01). Overal,l based on the results obtained, the second hypothesis of the study was confirmed.

Discussion

Addiction can have serious and long-term consequences, including physical and mental problems, relationships, employment, and the law. Various factors are effective in starting addiction. This study aimed to investigate religious orientation, locus of control, and the tendency toward substance abuse in addicts and non-addicts in Isfahan.

Results showed a significant difference between religious orientation in addicts and non-addicts, while the religious orientation of addicts was lower than non-addicts. Findings were consistent with other studies' results (4, 16, 17, 18). They believed that religious beliefs could act as a barrier to addiction. To explain this finding, it can be argued that religious orientation can influence substance abuse and recovery by establishing a moral code. Besides, religion provides individuals with specific ethical guidelines or rules for controlling themselves, such as refusing to use substances. When a person has a higher level of religiosity, the meaning that he/she gives to him/herself and the world around them is both purposeful and valuable, so they are less likely to take actions such as substance abuse. In other words, through its role of coping with psychological stress, religion can have implications for substance dependence or repeated use of it because cognitive beliefs of religious individuals influence their reaction in coping with stress (13).

On the other hand, having a religious orientation makes people happier and more satisfied with their lives, and these beliefs help them cope with life problems and less likely to use drugs during times of stress. Having a religious orientation prevents adolescents from being under peer pressure to use substances because religiously low people are passively directed toward substance abuse under peer pressure (28,29). However, having a religious orientation adds to people's immunity against substance abuse.

According to the findings, religious orientation in addicts and non-addicts and the locus of control of addicts was lower than non-addicts. This finding is consistent with past research (21, 22,23,24). People who have a source of internal control have more adapted skills about society and can be seen as less self-destructive behaviors such as smoking and addiction. The higher the emotional attitude toward religion is, the greater is the locus of control (26). Therefore, one of the effective factors in preventing addiction is strengthening religious beliefs and increasing the source of internal control (24).

Based on the results obtained, there is a relationship between religious orientation and a low tendency toward substance abuse when the

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findings were compatible with other studies (17,18,30). Religion can be an enormous and unique source of inspiration for one's system of meaning because it is at the center of what is perceived as sacred. Religious-influenced components of the meaning system, including beliefs, attachments, expectations, and goals, serve as the focal point of one's emotions and actions. Therefore, it is concluded that a person with a higher level of religiosity gives more meaning to him/herself and the world around them associated with a sense of worth and purpose. Therefore, they are less likely to engage in substance abuse actions that may harm their sense of worth or prevent them from achieving their goals (31).

The present study results showed that there is a negative relationship between locus of control and tendency toward substance abuse. Some similar studies support this finding (22,23). Individuals who have an external source of control, because of their behavioral characteristics that attribute their successes, failures, and deprivations to external and environmental factors, are far more likely to become addicted than individuals with an internal source of control. Factors such as family relationships, not being accepted in the family and the social environment, being influenced by friends and evaluating the social environment's reaction are among factors leading people to be addicted (24). Addiction leads to physical and spiritual problems for the addict.

Moreover, it causes economic, social, and cultural problems for society (32). The more the contribution of environmental conditions is seen in this regard, and the less our own decisions and choices, the more our control center tends to be outward. People with an external control center think their current situation functions out of their control (23,30).

Drug addiction is one of the common problems in today's society. Identifying the effective factors in increasing the tendency to addiction is effective in its treatment. The present study showed that locus of control and religious orientation in a tendency toward substance abuse is effective.

The policymakers and planners, welfare organizations, and training centers are recommended to reinforce religious beliefs in people at risk by adopting community-based approaches to reduce their risk of substance abuse. Besides, based on this study's findings, emphasizing cognitive and religious aspects of religion and its emotional and attitudinal aspects can have a more effective role in the tendency toward substance abuse and other risky behaviors, and research in this area is essential. The effect of attributional teaching styles can be examined on reducing the tendency to use drugs.

This study's major limitation was the failure to generalize its results to other societies, and some people tried to show themselves to be more religious. Imperfect completion of some questionnaires results in a reduced sample size. Another limitation was the reluctance of some addicts to participate in the study.

Conclusion

Overall, lack of beliefs and religious orientation and lack of internal locus of control is one of the causes of tendency toward substance abuse, leading to decreased self-esteem and mental health. Religion can be an important source of meaning in one's life and prevent one from becoming addicted. Also, having a higher source of control in people affects healthy behaviors and less tendency to use drugs.

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Conflicts of Interests

The authors declare no conflict of interest.

Author contribution

H.Z.M developed the theoretical formalism, R.H, and F.R did the investigation and performed the analytic calculations and the numerical simulations. H.Z.M supervised the project. L. A contributed to the final version of the manuscript. All authors read and approved the final manuscript and are responsible for questions related to the article.

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