Efficacy of training life skills on reducing depression and increasing life expectancy in of the addicts

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**ABSTRACT**

The present paper was done with the aim of the efficacy of training life skills on the reducing depression and increasing life expectancy of the people addicted. The universe under study included the addicts referring to one of the methadone treatment centers in the city of Ghorveh (Nikoosalamat) in 2013. A sample size of 20 people, referring to one of the drug abandonment clinics was selected through the simple random sampling. The method applied in this research is semi empirical with two groups of experimental and control. The experimental group was placed under 8, 120 minute sessions of training life skills whereas the control group did not receive any training. To collect data, a 21 question Beck depression questionnaire and the Snyder's Life Expectancy were used. To analyze data, the covariation analysis was applied. Findings revealed that training life skills will strengthen the life expectancy of the addicts in the experimental group compared to the control group, hence it is concluded that training life skills are effective in promoting the reducing depression and increasing life expectancy of the addicts.

**INTRODUCTION**

Addiction is thought to be one of the social problems of the modern world, in particular, in countries like Iran with its special young, social and geographic conditions. The addict due to the fact that he has trespassed social norms and values is considered perverse. He is a patient that is subject to economic, social and cultural conditions and in fact he is a perverse whose pervert way of life leads him to other pervert conducts. Addiction is a social crisis for Iran that is not attended to; it will result in all kinds of deviations, diseases and social problems in a near future [1]. Addiction threatens human societies. Despite dangers and side effects of addiction, more and more people fall victims to it on daily basis. Observing its horrible scenes has not yet been regarded as a serious warning for the peoples' avoidance especially the younger generation [2]. Addiction as a phenomenon is a global issue that has involved all countries and any of them have chosen new strategies to tackle it in accordance with their socio-economic and cultural infrastructures [3]. It has been for years that man has been striving to make use of narcotics to reduce his pains and woes and to change conscious states differently [4].

In recent decades while investigating the behavioral disorders and social deviances, psychologist have concluded that most problems and disorders take roots in the people's debilitation to properly analyze personal issues, lack of feeling of control and sufficiency to encounter tricky situations and unpreparedness to solve life problems and issues appropriately [5]. On this basis, in early Botwin(1997), released an effective program titled as training life skills. This program included social skills and self- management skills like decision making, problem solving, and coping with anxiety and awareness of the narcotics. The term life skills refers to a larger group of social-mental and interpersonal skills that could aid people adopt their decisions consciously, communicate effectively, expand their coping skills as well as the personal management and have a healthy and fertile life. Life skills could guide the personal conducts and those of others as well as those related to the environment so far that they lead to more health and more health means more physical, mental and social comfort. Life skills are a set of abilities that increase the power of adaptability and efficient a positive conducts
According to a definition by the WHO (1994), life skills are "abilities and competencies for a positive and adaptive behavior that would enable people to effectively deal with life challenges while rousing such skills could empower people, to have appropriate choices and behaviors during their lives"[7].

Consequently, the person is able to accept responsibilities related to his social role and effectively face daily life challenges and problems without hurting himself and others. Life skills are abilities that could lead to establishing effective interpersonal relations, fulfilling social responsibilities, making proper decisions, solving problems and strives without resorting to conducts that could harm the person and others [8].

Life skills are promotional-preventive programs in the area of mental health designed by the WHO [9]. According to the statistics released by the WHO currently as many as 340 million people are suffering from depression and given the estimated done it is foreseen by the year 2020 this disease will become the second most common disease in the world [10]. Based on some research done at the University of Harvard, depression was the fourth cause of illnesses in 1966 and it is predicted that by 2020 depression would become the first cause of illnesses in the world [11].

The extent of the outbreak of clinical depression symptoms will rise as age goes up. But in most cases, depression symptoms remain unknown in the elderly and hence, personal depression (in men specifically) are not diagnosed. The undiagnosed depression and indefinite depression symptoms could follow negative consequences for the people, their families and the society as a whole. One of the grave repercussions of depression feeling among the elderly is high rate of suicide among the people above the age of 65. Depression is a salient case of over decision and over definition about thoughts. Periods of fear that is not based on reality whatsoever including fear of being left out by his family members [12]. Menacing factors linked with the drug abuse are personal, interpersonal and social factors [13]. Drug abuse has been on the rise among the adolescents population of the world so that it constitutes one of the most prevalent psychiatric disorders in the adolescents and young years of life; In the United States 76% of the adolescents have drunk alcohol, 72% have smoked cigarettes and 47% have consumed narcotics. The WHO’s report indicates that there are nearly 200 million addicts in the world where the highest rate of addiction is in Iran with 2/8% and this has signified the necessity for different research to be done in this area [14]. Depressions one of the most prevalent mental diseases and might be an influencing factor in addiction. To treat and avoid the relapse of this disease it is imperative information in relation with the behavioral-cognitive treatment methods be identified. Beck, has defined the clinical depression (unipolar) as a patience disorder that includes changes to the five emotional, motivational, behavioral, cognitive and physical areas. Depression is a state of cramp, unhappiness and tiredness and diagnostically speaking it involves a broad spectrum of temporal disorders with various subsets.

The hope theory raised by Snyder was a combinational theory based on purpose that was a one dimensional traditional and developed model, paving the way for the first time for the measurement of variables and the hope being reliable. It is believed that hope is not a passive feeling that only happens in dark moments of life; rather it is a cognitive process by which people follow their purposes. Hopeful adults enjoy a distinct mental profile [15]. They in their own lives experience setbacks in as much as others, but they have developed this belief that they can adapt to challenges and can get along with the adversities of life. They always adopt a continued, positive and internal talk, including expressions like “I can do it; I'm not going to give it up”. When faced with obstacles in reaching their valuable goals, they experience negative emotions with a lesser extent. Presumably it is for this fact that when they face with failures, they create alternative courses to achieve their goals or choose more accessible goals with more suppleness. People having little hope, when faced with insurmountable obstacles, their emotions follow a rather predictable sequence of hope to anger, anger to despair and despair to apathy. People with higher levels of hopefulness, when faced with issues in the adulthood life; tend to narrow down great and important issues to small, clear and manageable issues [16]. It looks hopefulness is a necessity in all dimensions of life. Hope means as the ability to have a better feeling in the future. Hope with its influential force is in itself a motivating factor of the personal activity so that he acquires new experiences and newer forces are created in him [17].

Hope gives a person the ability to create ways toward ideal objects and to stimulate motivation to make use of these ways. Hope is powerful when it includes valued objects. In spite of challenging obstacles but resolvable, it is possible to be achieved in the long term. When hope is achieved, it becomes an asset [18].

The hope theory which was introduced by Snyder et al (1991) is a combined theory based on an object that was the expanded form of the traditional one-dimensional model and for the first time makes it possible to measure the hope variable in a reliable way. The theory says that hope is not a passive sense that only happens in the dark times of life, but it is a cognitive process by which individuals seek their goals [19]. Hopeful adults have a distinct psychological profile [20]. Hope is considered one of the human resources in dealing with problems and even incurable disease. Also, hope can be described as a healing, multi-dimension, dynamic and powerful factor that plays an important role in privation adaptability [21].

Main features of depression are declined willingness to enjoyable daily life activities like companionship, recreation, sports, food, and sexual intercourse. Inability to indulge has a sustainable and reliable state and its intensity depends on number of symptoms and their influence levels [22]. Encountering some problems will
create a sort of depression in which being left out, vacuum, and shocking separation memories are revived once again. Depression based on being left out is seen among adolescence whose profile of their lives is indicative of premature shortage in the is of motherhood cares [23]. Wais and Alyson (2004) have considered shortage of social skills necessary for reinforcement form the social environment among the depressed people as the depressing factor [24]. Generally speaking, most social-mental problems like depression, addiction, delinquency, and interpersonal problems are correlated with weak life skills and establishing social communication [10]. Various research have shown that training life skills are effective in increasing mental and physical health, enhancing self-confidence and self-respect, aiding interpersonal communication, preventing the mental, behavioral and social problems, reducing depression and anxiety [25]. Results by Kakia (2010), with the subject of the training life skills on the reduced addiction of the female students at the pre university level in Tehran indicated that social life skills will reduce addiction, reduce the preparation to addiction and preen t addiction among the juveniles [26]. Wichroski (2000) has maintained that training life skills will lead to increased self-esteem and flexibility against changes and promote positive attitudes in the direction of the feeling of self-sufficiency [27].

As a result, the aim of the present research is to determine the efficacy of training life skills on reducing depression and increasing life expectancy among the addicts and the research attempts to answer the question of: is training life skills effective on reducing depression and increasing life expectancy of the addicts? The research strives to answer the questions of depression and life expectancy in a scientific process on two groups of control and experimental using the training life skills program in the city of Ghorveh.

**Methodology:**

This research is quasi-experimental based on pretest and posttest with a control group. The population under study includes addicts referring to methadone treatment centers for drug addiction in the city of Ghorveh (Niko Salamat) in 2013. The sample size of 20 addicts referring to drug addiction clinic was selected based on the simple random sampling. Then they were randomly divided into two experimental groups and the control group. The experimental group was placed under 8, 120 minute sessions of training life skills (Klinge) while the control group didn't receive any training[28]. To analyze data, the descriptive statistics (average, standard deviation,…) as well as inferential statistics (covariance analysis) were applied.

**Tools:**

1) **Depression questionnaire** is a revised Beck's BDI-II depression form with 21 self-report items designed for evaluating depression. Each question group includes 4 choices and sentences scores that vary between zeros to 3. The trainee should mark a choice adaptable with its present status. The overall score is from zero to 63. Beck has performed an investigation with relation to the revised form and states this tool shows the presence and intensity of depression signs among the patients and the normal people well as adults and adolescents. The internal consistency of this tool is 0/73 -0/92 with a 0/86 average and a 0/86 alpha coefficient for patients and 0/8 for non patients [29].

2) **Life expectancy inventory** that was made by Snyder et al (1991), for assessing hopefulness has 12 expressions which are responded self-reportedly. From these expressions, 4 of them are specialized for assessment of factorial thought, 4 of them for the assessment of strategic thought and the last four assessments contrived to be deviant ones. Therefore, this inventory measures two subscales of factor and strategy[19]. The average of admissibility and reliability coefficient of the device reported as 91%. The internal consistency of the whole test is from 74% to 84% and the reliability of the test-retest is 80%. But this percentage in the periods between 8 to 10 weeks is still higher than mentioned rate [16]. In addition, there are lots of data about the simultaneous credit of the hopefulness inventory and the cases that it can predict. For example this inventory has a correlation of 50% to 60% with inventories of optimism, expectation of achieving your goal and self-esteem [30].

**Summary of sessions:**

- First session: Preparation and goal setting, familiarity with the members of the group
- Second session: Expressing problems, discussing the life skills, and talking on addiction effects on mental disorders
- Third session: Training self - empathy
- Fourth session: Training communication-interpersonal relationship (with emphasizing on interpersonal skills and expressing oneself)
- Fifth session: Training decision making-problem solving
- Sixth session: Training creative thinking –critical thinking
- Seventh session: Training containing emotions –coping with stress
- Eighth session: Summary and summing up of the session s and ending, speaking of what has been learned, reviewing the life skills training.
Findings:

Table 1: Descriptive information of depression scores and life expectancy in the pretests and posttest of the control and experimental groups

<table>
<thead>
<tr>
<th>Group</th>
<th>Stage</th>
<th>Depression</th>
<th>Life expectancy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Mean</td>
<td>SD</td>
</tr>
<tr>
<td>Experimental</td>
<td>Pretest</td>
<td>39/50</td>
<td>4/69</td>
</tr>
<tr>
<td></td>
<td>Posttest</td>
<td>27/8</td>
<td>3/62</td>
</tr>
<tr>
<td>Control</td>
<td>Pretest</td>
<td>40/5</td>
<td>4/95</td>
</tr>
<tr>
<td></td>
<td>Posttest</td>
<td>39/8</td>
<td>5/78</td>
</tr>
</tbody>
</table>

The content of the table (1) shows the descriptive information in the pretest and posttest with regards to depression among the control and experiment groups. The average depression of the people in the experimental group in the pretest is 39/5 and 27/8 in the posttest while the same number for the people addicted depression in the other group are 40/3 and 39/8 respectively. Also the content of the table shows the descriptive information in the pretest and posttest with regards to life expectancy among the control and experiment groups. The average life expectancy of the people in the experimental group in the pretest is 14/7 and 24/2 in the posttest while the same number for the people addicted life expectancy in the other group are 15/2 and 15/3 respectively.

Table 2: The results of the homogeneity of slopes assumption test

<table>
<thead>
<tr>
<th>Variables</th>
<th>Sum of Squares</th>
<th>d.f</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group</td>
<td>.011</td>
<td>1</td>
<td>.011</td>
<td>.002</td>
<td>.967</td>
</tr>
<tr>
<td>Pretest</td>
<td>303.057</td>
<td>1</td>
<td>303.057</td>
<td>47.31</td>
<td>.000</td>
</tr>
<tr>
<td>Pretest group</td>
<td>7.794</td>
<td>1</td>
<td>7.794</td>
<td>1.217</td>
<td>.286</td>
</tr>
<tr>
<td>Error</td>
<td>102.490</td>
<td>16</td>
<td>6.406</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Findings of table (2), indicate that the homogeneity of slopes with the value of F (1, 16)=1/21 for mental health has not been significant, hence, the homogeneity assumption of the regression slopes has not been fulfilled for the variable of depression. Given the above data, to examine the hypothesis in question the covariance was used whose results have been provided in the following table (3).

Table 3: Results of the covariance analysis on the average pretest and posttest averages in the control and experimental groups with regards to depression

<table>
<thead>
<tr>
<th>Variables</th>
<th>changes sources</th>
<th>Sum of Squares</th>
<th>d.f</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig</th>
</tr>
</thead>
<tbody>
<tr>
<td>depression</td>
<td>Pretest</td>
<td>308.916</td>
<td>1</td>
<td>308.916</td>
<td>47.619</td>
<td>.001</td>
</tr>
<tr>
<td>Group</td>
<td>635.038</td>
<td>1</td>
<td>635.038</td>
<td>97.889</td>
<td>.001</td>
<td></td>
</tr>
<tr>
<td>Error</td>
<td>110.284</td>
<td>17</td>
<td>6.487</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The content of table (3), indicates that the F value (F=97.889) and significance level of (0/001) in the variable of group shows that there is difference between the two groups in the posttest. Based on the results, training life skills are effective on the depression in addicts.

Table 4: The results of the homogeneity of slopes assumption test

<table>
<thead>
<tr>
<th>Variables</th>
<th>Sum of Squares</th>
<th>d.f</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group</td>
<td>0.952</td>
<td>1</td>
<td>0.952</td>
<td>0.334</td>
<td>0.572</td>
</tr>
<tr>
<td>Pretest</td>
<td>44.398</td>
<td>1</td>
<td>44.398</td>
<td>15.568</td>
<td>0.001</td>
</tr>
<tr>
<td>Pretest group</td>
<td>2.750</td>
<td>1</td>
<td>2.750</td>
<td>0.964</td>
<td>0.286</td>
</tr>
<tr>
<td>Error</td>
<td>45.629</td>
<td>16</td>
<td>2.852</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Findings of table (4), indicate that the homogeneity of slopes with the value of F (1, 16)=0.97 for mental health has not been significant, hence, the homogeneity assumption of the regression slopes has not been fulfilled for the variable of depression. Given the above data, to examine the hypothesis in question the covariance was used whose results have been provided in the following table (5).

Table 5: Results of the covariance analysis on the average pretest and posttest averages in the control and experimental groups with regards to life expectancy

<table>
<thead>
<tr>
<th>Variables</th>
<th>changes sources</th>
<th>Sum of Squares</th>
<th>d.f</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig</th>
</tr>
</thead>
<tbody>
<tr>
<td>life expectancy</td>
<td>Pretest</td>
<td>50.820</td>
<td>1</td>
<td>50.820</td>
<td>17.857</td>
<td>.001</td>
</tr>
<tr>
<td>Group</td>
<td>435.838</td>
<td>1</td>
<td>435.838</td>
<td>153.147</td>
<td>.001</td>
<td></td>
</tr>
<tr>
<td>Error</td>
<td>48.380</td>
<td>17</td>
<td>2.846</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The content of table (5), indicates that the F value (F=153.15) and significance level of (0/001) in the variable of group shows that there is difference between the two groups in the posttest. Based on the results, training life skills are effective on the life expectancy in addicts.

**Discussion:**

The aim of the present research was to ascertain whether training life skills is effective on reducing depression and increasing life expectancy among the addicts where in accordance with the findings of the research we can say that yes, they are. These data are in concert with those of research by Amiribarmakoo[10], Wais and Alyson[24], Nikparvard[25], Kakia[26], and Wicherosky[27].

It can be said that , command over life skills will render the man to exactly recognize himself, comprehend others, create effective relations with them, identify negative emotions and his daily stresses, bring them under his control, solve his problems , adopt his decisions , not to have cliché thoughts, and reject information without processing [9]. To explain the data we can also say that The term life skills refers to a larger group of social- mental and interpersonal skills that could aid people adopt their decisions consciously, communicate effectively, expand their coping skills as well as the personal management and have a healthy and fertile life. Life skills could guide the personal conducts and those of others as well as those related to the environment so far that they lead to more health and more health means more physical, mental and social comfort. Life skills are a set of abilities that increase the power of adaptability and efficient a positive conducts. According to a definition by the WHO (1994), life skills are "abilities and competencies for a positive and adaptive behavior that would enable people to effectively deal with desires a life challenges while raining such skills could empower people, to have appropriate choices and behaviors during their lives” Consequently, the person is able to accept responsibilities related to his social role and effectively face daily life challenges and problems without hurting himself and others [7]. The results of the present research are of help for the clinical psychologists, counseling psychologists, clinics for drug abandonment, deputyship of the Medical Sciences University, and the families.

If people find better stability, they feel they contribute more to the society by playing good roles and importantly they'll have an internal satisfaction. In this regard, in case a more appropriate and disciplined program is established in their lives, no feeling of vanity and idleness will ever grip them and all of this will contribute to their mental well being and life expectancy. It seems that in today's world, the more people engaged in the fields of activity, vitality and mobility as well as safe efforts, the easier they will retain their own physical and psychological health and confront most of mental disorders and diseases [31]. When man uses no drug or, his body receives no drug, he is deprived in a sense and he shows a lack of mental health. A salient trait of this situation is aggression, impulsivity and interpersonal relationships become disrupted. Depression and anxiety are among main and known repercussions of drug abuse or dependence to it, rendering in the creation of a chain of disorders. It also can be said that normal people could function better in the milieu. These people are motivated by the self actualization which is an internal need. To describe this point it can be said that since addicts are unable to meet their financial needs, struggling to find money they need, their general health and their life expectancy will be affected. Given the fact that drug use is on the rise, it is recommended that encompassing researches be performed nationwide as to the degree of the consumption of narcotics. It is also recommended that in order to make people be familiar with addiction and its side effects , training workshops be held by the practitioners . Hence, experts and those at the helm should do more to formulate a comprehensive plan to reduce drug abuse.

This will help man choose effective ways to look at the problem as issues and do not deal emotionally with them and choose the most suitable guideline and solution and do not consider the ups and down strategy as well as narcotics consumptions. The most important function of human thought was comprehending life and handling it. Life skills program, by introducing such concepts as self-awareness, anger, stress and problems strives to help man to comprehend life, while it plays the most peculiar role in commanding life skills. Because, each man is himself obliged to acquire life skills and convert them to knowledge successively. The end objective of life skills was to make people accept their responsibilities and increase their sense of satisfaction and mental health and increasing life expectancy. Due to the fact that life skills are reliable for education and acquisition, it is hoped, based on achievements and results of this research, and guidelines are recommended so that effecting factors in life skills and life expectancy are identified and behaviors and needs are intelligently organized.

The complex nature of the problems related with addiction signifies the necessity of application of multifaceted and organized research manners in this regard. Thus, researches that can examine factors affecting the addiction issue will be more effective. In accordance with the increased consumption of drug abuse, it is recommended that comprehensive research be performed with regards to the drug abuse level and training workshops b held across the country to get people familiar with addiction. It is also recommended that official and experts prepare programs for reducing substances. Of other programs is the programs relating to prevention and avoiding relapse (return to addiction); such programs as: countering narcotics supply by the government, main role of the mass media in increasing peoples' understanding of the addiction related problems, important
role of the parents in their exchanges with one another and with their children, training people for the skill of saying no, educating resistance against the pressure of the peers. It is recommended that such researches be done in cities, communities and other provinces.

Of the limitations of the research was the administration of the test among the subjects where eliciting clear answers from them to gain satisfaction was a tricky task since there was a legal problem towards the issue of addiction. Of other limitations of the research was that the findings cannot be generalized to all the cities since they were obtained in the city of Ghorveh. Thus, one should be cautious while performing researches. Of limitations of the research, we can say that the follow up stage could not be completed because of lack of access to trainees. The summary of the research is that being aware based on counseling methods; one can reduce the level of problems on the eve of addiction and reduce the danger of addiction that is on the rise unfortunately. This means we educate people in workshops not to fall victim of negative propaganda and addiction and the aim of is that addiction that is considered a hindrance to a favorable purpose in the society be avoided. The results of this research are of benefit for the prevention of addiction and family counselors and therapists and psychiatrists and academic officials. It is concluded the life skills is effective in reducing depression and increasing life expectancy. Since, depression is one of the effective personal factors in addiction and considered as an obstacle against addiction abandonment, thus ways to reduce depression and increase life expectancy are of high importance. The findings of this research are very well helpful for the people, therapists, psychiatrists, and officials of the academic places so as to avoid the addiction emergence at those places.

References


