J. Hum. Environ. Health Promot. 2017; 2(2):125- 135

Journal of Human, Environment and Health Promotion

Journal homepage: www.zums.ac.ir/jhehp

Comparison of General Health, Life Satisfaction and Happiness in Wives of Addicted and Non-Addicted Men in Zanjan

Parisa Golbazi [a], Masoud Hejazi [a,*], Korosh Amini [b]

[a] *Department of Psychology, Islamic Azad University, Zanjan, Iran.*
[b] *Department of Health Research Center, Zanjan University of Medical Sciences, Zanjan, Iran.*

***Corresponding author. *E-mail address*:** masoud.hejaziaz@gmail.com

ARTICLEINFO

Article history:
Received
Accepted

Article Type:
Original Article

Keywords:
General Health
Life Satisfaction
Happiness
Addiction

ABSTRACT

Background: This study aimed to compare mental health, life satisfaction and happiness of non-addicted men's wives and addicted men's wives in Zanjan.
Methods: This study was a comparative study of ex post facto. Two groups including 192 wives of addicted men and 192 non-addicted men's wives were selected. The case Group was selected purposefully and from the patients admitted to addiction treatment centers. The people in the control group were randomly selected from the same areas. The groups were assimilated with respect to the inclusion criteria. Data were collected by using GHQ-28, Satisfaction with Life Scale by Denier and Oxford Happiness Questionnaire. To analyze the data, considering that data follow a normal distribution and by observing the test precondition, MANOVA and independent two-sample t-test were used in SPSS 22.
Results: There was a significant difference between general health and its subscales in the two groups (P>0.05). There was a significant difference between both groups in terms of life satisfaction (P<0.05). Finally, there was a significant difference between happiness and its subscales in the case group and control group (P<0.05).
Conclusion: The Case group had a situation lower than the control group in terms of general health, life satisfaction and happiness.

1. Introduction

Addiction is a physical, mental, social and spiritual illness (1). Addiction is one of the main problems in society, a problem that destroys millions of lives and spends immense amount of national capital to fight, and treat its damages. Every day, numerous people turn to drugs and suffer its physical, psychological, cultural, economic and social consequences derived from it. Our country also due to cultural reasons, mistaken beliefs and particular geographical position, is suitable for young people to addict (2).

Drugs and other addictive substances, due to their medicinal effects, cause changes in the biological and physiological level that affect central and peripheral nervous system and ultimately a person's physical and psychological mood. Most important changes are temporary relief of depression, stress, anxiety, and physical pain- satisfaction and inner peace, but excessive consumption of these drugs causes a person to be addicted. In the field of drug dependence, various psychological, social, familial and biological factors are involved (3).

Poor family condition is one of the major factors affecting the development of addiction.

The family can be considered the most important social institution in most human societies with a great effect on the development and transformation of one's character. The basis for compatibility of the individual in society is formed in the family (4). The highest damage caused by addiction targets the wives of addicted men. On the other hand, the role and status of woman in family and her social role is in the social hierarchy and the inner roles and relations of couples in the family (5). It is believed these women are not in good situation in terms of variables such as general health, life satisfaction and happiness compared to wives of healthy male.

Around the world today there is an emphasis on the importance of general health and its role in personal and social life. Health is a state of complete physical, mental and social welfare.

Thus, one who (merely) does not have physical illness, cannot be considered a healthy person, and the healthy person is one who has mental health and is socially in comfort (6). Mental health is one of the components of general health and it is the ability for harmonious relation with others, changing and reforming personal and social environment, and solving conflicts and personal desires reasonably, fair and appropriately (7).

According to the World Health Organization's definition of health, we can say that health is a multidimensional issue. Even today, in addition to the physical, mental, and social aspects, the spiritual aspect is also considered. It should be noted that various aspects of health and disease interact and influence each other. Physical problems affect mental problems, and psychological problems affect the body and both affect the community. Disorders in society affect both health aspects, therefore, efforts made to improve the health should consider all aspects of individual health (physical, mental, and spiritual) and the overall health of community (7).

Happiness and joy as one of the most important human psychological needs, has always involved the human mind because of its significant role in the human life. Happiness comes from human judgments about how to spend life. This type of judgment cannot be imposed from the outside, and is an inner state influenced by positive emotions (8). Accordingly, happiness is based on personal attitudes and perceptions and indicates a state that is pleasant and originates from the experience of positive emotions and life satisfaction (9). Man has long been looking for a better life and what causes consent and joy in the world (10).

In happiness, personal evaluation of life, forms the cognitive aspects, moods and emotions, in response to life events and emotional aspects (11).

Satisfaction with life is defined as personal consciousness or, in other words, cognitive assessment of quality of life. It may reflect a comprehensive assessment in specific areas of life (family) (12). Life satisfaction is a central structure in shaping the social psychology theories about happiness and in most cases, these structures are defined as personal overall assessment of the life conditions on the basis of comparison with external environment and on what is thought as an appropriate standard (13).

Corsini (2002) defines life satisfaction as a general positive feeling of an individual about life quality. Life satisfaction is a judgment process through which people assess their life based on their selected criteria (14). Therefore, these estimates include emotional responses, satisfaction and cognitive assessment (15). Life satisfaction is defined as personal judgments of well-being and quality of life based on selected criteria. The concept of satisfaction is as an inner experience that includes the presence of positive emotions and lack of negative emotions (16). Human inner satisfaction comes from personal and social growth and adaptive resources (17).

The studies conducted among the wives of addicted people showed that these women are not similar to ordinary women in terms of some psychological variables. For instance, in a study by Najafi et al., (2013) entitled “comparison of quality of life in wives of addicted men with a control group”, researchers concluded that wives of men with substance dependency, have more somatic symptoms, anxiety and insomnia and depression than the control group. Also, confidence and satisfaction with marital life in wives of addicted people was significantly lower than the control group (18). Also Qadami et al., (2013) found that there is a significant difference between mental health of the wives of addicts and non-addicts (19). Another study conducted by

Jamilian in 2010 entitled "comparison of the mental health of mothers and wives of addicted men to mothers and wives of non-addicted men found that mothers of addicted men compared to mothers of healthy men achieved significantly higher scores in scales of hypochondriasis, depression, paranoia, mental weakness, schizoid and brainstorm. Wives of addicts compared to wives of non-addicts had significantly higher scores in terms of hypochondria, paranoia, mental weakness, schizoid and brainstorm (20).

Literature shows that no study has been conducted on the variables in this paper at the level of ordinary women and wives of addicted men. The studies also show that no similar study has been conducted in the study location.

However, similar studies in this field were often related to prior years and no new study has been carried out in this area. Considering the role and status of women in the family and their educational role in future generations, the importance of considering the psychological factors and variables and lack of studies on the variables, this study aimed to compare the general health, life satisfaction and happiness in wives of addicted and non-addicted men and the following hypotheses were tested in Zanjan Province.

1. There is a difference between general health and its components in the sample and control groups.

2. There is a difference between happiness and its components in the sample and control groups.

3. There is a difference between life satisfaction in the two control and sample groups.

2. Material and Methods

This study was a comparative study of ex post facto. Given the study method, the sample and control groups were formed including wives of addicted men as the case group and wives of non-addicted men as control group in zanjan. Due to sample limitations, the case group was selected purposefully. This means that the information was gathered from Addiction Treatment and Rehabilitation Centers as well as Drug Control Coordination Council and Welfare Organization and then by referring to addicts' homesor addiction centers where their wives were commuting, they were asked to participate. Eventually, 192 people were selected from those who agreed to participate. To assimilate groups to select the control group from regions where the Case groups were living, they were sampled. To do this, we randomly referred to the homes or health centers and asked the people who met the inclusion criteria, to participate. Finally, 192 people were selected as the control group from the people who were willing to participate in the study. Women in the regions were almost identical in terms of livelihoods and economic situation. The age criterion was considered 20-45 years old and education level was considered at least high school diploma. Given the likelihood of sample loss, the initial group consisted of 210 subjects. Of these, 12 subjects from the sample group and 10 from control group were excluded. From the remaining subjects, the questionnaires of 6 subjects from the sample and 8 from control group were defaced and excluded from analysis process and finally 192 intact questionnaires were collected from each group. To analyze the data, given that the data follow a normal distribution, MANOVA and independent two-sample t-test were used in SPSS version 22. General Health Questionnaire (GHQ 28): General Health Questionnaire (GHQ 28) by Goldberg contains 28 questions with a four-item scale. General Health Questionnaire is a screening questionnaire based on self-reporting method that has 4 sub-scales (physical symptoms, social functioning, depression, anxiety) each including seven questions that are used in clinical settings to track those who have mental disorder. Questions 1-7 measure physical symptoms, 8-14 anxiety, 15-21 social dysfunctions, and 22-28 depression. The purpose of this questionnaire is not to achieve a specific diagnosis in a mental hierarchy, but its main purpose is a distinction between mental illness and health. Various methods have been suggested for scoring this test. Likert scoring method was used in this study with scores (0, 1, 2, 3), i.e. option A receives (zero), B (score 1), C (score 2) and D (score 3). The maximum score of the subject with this scoring method will be 84. In this study, score 23 is considered as the cut-off point. This means that if the subject score is equal to or more than 23 in the screening test, it will be

screened as suspicious. The cut-off score is determined by past research. This questionnaire is scored as negative, i.e. high scores in this scale indicate greater disorder in the general health of individuals. So far, more than 70 studies are done on the validity of the questionnaire in the world.

Results showed that the mean sensitivity questionnaire (GHQ 28) is 0.84 (between 0.77 and 0.89) and its mean feature 0.82 (between 0.78 and 0.85). Validity coefficients for the four domains (physical health, social functioning, depression, anxiety) are 0.86, 0.85, 0.72 and 0.82, respectively. For reliability of four reliabilities are 0.92, 0.88, 0.91, 0.83, respectively and by bisection method 0.75, 0.69, 0.88 and 0.89, respectively (7).

Diener life satisfaction scale (SWLS): Satisfaction with Life Scale by Diener (1985) has been developed to measure life satisfaction. This is a self-report instrument consisting of five expressions and 7 items and lacking sub-scale.

Expressions of the test measure cognitive component of subjective well-being and overall judgment of life satisfaction. Satisfaction with Life Scale was published in 1985 and 1998, and a cross-cultural study was translated by Sah, Diner, Avishi and Triandis in German, Spanish and Japanese.

Due to the ease of implementation of the questionnaire and suitable psychometric properties, it is highly used particularly in research related to life satisfaction. Diener in a sample of 176 undergraduates, evaluated life satisfaction scale. The mean and standard deviation of scores were 23.5 and 6.43 and test-retest correlation coefficient of scores was 82% after two months (21). In Iran, Mozaffari (2003) obtained the Cronbach's alpha coefficient for the scale 85% and retest reliability 84%, respectively (22).

Oxford Happiness Questionnaire: Arjil et al., designed a 29-point questionnaire to measure happiness and with the factor analysis of its results, 5 following factors were obtained: life satisfaction, self-esteem, subjective well-being, satisfaction and positive mood. The questionnaire contains 29 items, each with four expressions from which subjects must choose one expression. The score is between 0 and 3, and the minimum is 0 and maximum is 87 (Karr, 2004). Oxford Happiness Questionnaire which is translated by Ali Pour and Noorbala (1999) into Persian, is reported to be 0.92 by Spearman Brown split half and 0.91 by Gutman (23).

3. Results and Discussion

Table 1 shows some demographic characteristics of ordinary women and wives of addicted men, as is seen the most frequenct age range in both groups is 20 to 30 years. In the case of women's education level, associate and bachelor's degrees have the highest frequency. The frequency of employment among the wives of addicted men compared with wives of non-addicted men was higher.

Then to compare two variables of general health and happiness in the two groups, MANOVA was used and for life satisfaction, independent two-sample t-test was used. At first precondition for a test and given the establishment of conditions, the tests in general variables and its subscales were established.

Table 2 shows the results of the homogeneity of variance-covariance matrix using Box's M. According to the achieved significance level (P = 0.581) we can conclude that the precondition of homogeneity of variance-covariance matrix is not violated.

Data in table 3 show the results of Levene test for homogeneity of variances. According to the table, non-significant results in significant levels ($p < 0.05$), is indicative of the homogeneity of variances.

Table 1: Distribution of women participating in the study in terms of some demographic characteristics.

	Wives of addicted men			Non-addicted men's wives			Sig.
Variable		**Frequency**	**percent**		**Frequency**	**percent**	
Age	20-30	86	45	20-30	112	58	0/056
	30-40	46	24	30-40	53	28	
	40-45	60	31	40-45	27	14	
Education	Diploma	49	25	Diploma	18	9	0/054
	Associate and Bachelor's Degree	109	57	Associate and Bachelor's Degree	144	75	
	Master and higher	34	18	Master and higher	30	16	
Employment status	Employer	104	54	Employer	86	45	0/052
	Housekeeper	88	46	Housekeeper	106	55	

Table 2: Results of homogeneity of variance-covariance matrix.

Box's M value	**F value**	**Sig.**
145.29	1.986	0.581

Table 3: Levene's test results to assess the homogeneity of variances.

Variables	**F value**	**Df1**	**Df2**	**Significance level**
General health (in total)	0.820	71	141	0.521
Physical health	0.822	71	141	0.441
Anxiety	0.743	71	141	0.628
Depression	0.426	71	141	0.785
Social function	0.753	71	141	0.602
Welfare	0.123	71	141	0.902
Life satisfaction	0.801	71	141	0.512

As seen in Table 4, the significance level for all tests for the variable gender is less than 0.05.

Therefore, we can conclude that at least there is a significant difference between general health (total) and one of its components in the two groups.

Table 4: Results of MANOVA for general health variables.

Effect	Tests	Values	F	DOF	Error degrees of freedom	Sig.
Group	Pillai's effect	0.044	2.685	4	233	0.001
	Lambda Wills	0.956	2.685	4	233	0.001
	Hoteling effect	0.046	2.685	4	233	0.001
	The largest root	0.046	2.685	4	233	0.001

Table 5: Effects of subjects for general health variables and its components.

Source of changes	Dependent variable	Group	Mean	SD	DF	F	Sig.
Group	General health (in total)	Wives of addicted men	25.359	10.138	1	5.598	0.019
		Non-addicted men's wives	18.588	11.162			
	Physical health	Wives of addicted men	7.304	4.090	1	4.190	0.030
		Non-addicted men's wives	4.570	3.377			
	Anxiety	Wives of addicted men	8.061	815.4	1	3.789	0.038
		Non-addicted men's wives	6.346	941.4			
	Depression	Wives of addicted men	11.768	240.4	1	3.621	0.040
		Non-addicted men's wives	7.275	751.4			
	Social function	Wives of addicted men	7.792	191.5	1	6.674	0.010
		Non-addicted men's wives	4.792	281.4			

To find out which of the variables and components in the test were significantly different in the two groups, ANOVA was used in the MANOVA. Table 5 shows the results of effects between the subjects. As is seen the mean difference between general health (total) and all its components in the two groups is significant. In all components, the mean of wives of addicts was

higher and passed cut-off point and this shows the disorder in the women.

Table 6: Results of MANOVA for happiness and its components.

Effect	Tests	Values	F	Effect DOF	Error degrees of freedom	Sig.
Group	Pillai's effect	0.134	4.751	5	154	0.001
	Lambda Wills	0.866	4.751	5	154	0.001
	Hoteling effect	0.154	4.751	5	154	0.001
	Largest root	0.132	4.751	5	154	0.001

Based on the results of the MANOVA and relevant data in the table above, the significance level is less than 0.05. Thus, we can conclude that there is a statistically significant difference between the groups in the desired components.

Table 7: Effects of subjects in terms of happiness and its components.

Source of changes	Dependent variable	Group	Mean	SD	DF	F	Sig.
Group	Happiness (total)	Wives of addicted men	37.25	138.11	1	5.598	0.019
		Non-addicted men's wives	48.37	162.10			
	Consent	Wives of addicted men	14.55	090.8	1	6.351	0.013
		Non-addicted men's wives	19.57	377.6			
	Self-Esteem	Wives of addicted men	13.61	7.815	1	3.037	0.083
		Non-addicted men's wives	16.36	9.941			
	Subjective well-being	Wives of addicted men	11.87	5.240	1	0.013	0.908
		Non-addicted men's wives	15.27	4.751			
	Satisfaction	Wives of addicted men	14.72	6.191	1	0.568	0.452
		Non-addicted men's wives	18.17	5.281			
	Positive mood	Wives of addicted men	11.14	7.91	1	13.669	0.001
		Non-addicted men's wives	16.12	6.65			

Table 7 shows the results of the subjects. As is seen, the mean difference in the variable of happiness (total) and satisfaction and positive mood in the two groups is significant ($P < 0.05$).

Table 8: Results of independent two-sample t-test for life satisfaction between wives of addicted and non-addicted men.

Index	Number	Mean	SD	Mean differences	T-test score	Significance level
Wives of addicted men	192	17.26	11.68	-8.44	5.709	0.001
Non-addicted men's wives	192	25.70	10.16			

As the data in Table 8 shows, there is a significant difference between the mean values of life satisfaction between the two groups. Mean life satisfaction is significantly lower in wives of addicts than non-addicts' wives.

In the case of general health variables and its situation between the two groups of women, the results showed that there is a significant difference between the wives of addicted and non-addicted men in terms of general health and its subscales and in all cases. The mean of general health of wives of addicted men was higher than the healthy women and given that higher scores in the general health and its subscales indicated that there are problems in the people, thus we can conclude that wives of addicted men are in unfavorable condition compared with healthy women in terms of general health and its subscales.

Research by Jamilian et al., suggests that wives of addicted men had significant higher scores than wives of non-addicted men in measures of hypochondriasis, paranoia, mental weakness, schizoid and brainstorm. Finally, it can be stated that the wives of addicts are faced with serious psychiatric problems and need health services in the field of mental health. This research confirms the findings of our study (20).

Also the results of this research was in line with the study by Najafi et al., They reported that addicted men and their wives influence each other and addicts have many negative effects on the lives of their wives. These findings suggest that mental health of wives of addicted men is negatively affected by addiction of husband and compared with the wives of ordinary men will be debilitated (18). Hossienifar et al., found that addicts live in the worst conditions and they need help and support (24). Therefore, their wives are affected by these conditions and their mental health declines which should be treated and cured physically and mentally. Qadami et al., found that there is a significant difference between mental health of wives of addicts and non-addicts; the results confirm the results of our study.

The results of this study showed that total happiness and subscales of satisfaction and positive mood in the wives of addicted men is lower than the wives of ordinary men. Happiness comes from human judgments about how to spend life. This type of judgment cannot be imposed from the outside, but is an inner state affected by positive emotions (8). Accordingly, happiness is based on personal attitudes and perceptions and implies a state that is very favorable and stems from the experience of positive emotions and life satisfaction (9). According to this definition, we can explain the low happiness and its two components in the wives of addicted men because according to this definition, in fact happiness derives from the personal attitude and perception of the situation of life and if the condition of current life is favorable and hearty, the person will reach the real happiness. But given the life conditions of wives of addicted men, it can be concluded that a good condition that leads to happiness in their daily life is rarely found. Results of this study is in line with the results of studies by Najafi et al., Hossienifar et al., and Raeesi et al., (25).

As the data in Table 8 shows, there is a significant difference between the mean values of life satisfaction between the two groups. Mean life

satisfaction is significantly lower in wives of addicts than non-addicts' wives (P < 0/05).

Corsini knows life satisfaction as a perception or general positive feeling of individual about the quality of life and in another definition, life satisfaction was considered an arbitration process that people assess their life quality based on their selected criteria (14). Many studies showed that addiction have many harmful and damaging effects in the social, economic, health and psychological aspects that most of effects in the first place include the family and its members. In such circumstances family members, including women will change in terms of factors such as quality of life and ultimately they lose the real satisfaction of life. Although at times it has been observed that some of the wives of addicted men pretend to be satisfied with life to support and encourage their husbands to quit but if this process does not lead to quitting, dissatisfaction will eventually appear. Study of the background showed that most studies are conducted on the quality of life of wives of addicted men which is relatively similar to the objectives of this study. In a study by Hossienifar et al., found that addicts live in the worst conditions and they need a lot of help and support and their quality of life is lower. Therefore, their wives are affected by the condition and their quality of life decreases. Also in a study by Najafi et al., lower levels of life satisfaction for wives of addicted men have been reported.

4. Conclusion

Substance abuse is a phenomenon which is accompanied by many physical, psychological, familial, social and economic damages. Thus, it can severely reduce the person's individual and social interactions. Therefore, this issue requires a serious and scientific approach of authorities.

Currently, there is information from inside and outside the country that shows substance abuse is increasing among youth. Regarding Iran's young population structure, one of the groups at risk is the young (26). Therefore, if the drug addiction is not seriously fought with especially among young people, the problem also extends to their parents and spouses and will bring adverse social consequences for society. The results of this study and other similar studies show that women and children are mostly affected by the phenomenon of addiction in the family.

Addiction and the related issues are one of the subjects that have also involved health staff .

Besides, health care workers also bear a heavy responsibility in treatment and prevention. Thus, this and similar studies can have practical and achievable outcomes for staff and planners of health system. In the prevention of addiction which is the responsibility of health centers; proper notification about scientific results of the study can be effective. In the treatment aspect, we can also benefit from the results of this and similar studies. Finally, according to the study subject which is related to addiction and psychology, students and professors of psychology and addiction studies can use its results in the respective fields.

Acknowledgement

This article is adapted from Master's Thesis in Psychology, Islamic Azad Universityof Zanjan and is sponsored by the Coordinating Council for fight against drugs. Therefore, researchers would like to sincerely thank the Coordinating Council of Narcotics and Welfare organizations that helped researchers in collecting the required information.

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