Quality of Life and its Relation to Self-Esteem for a Sample of Drugs Addicts

Hussein Tarawneh[1], Haya H. Tarawneh[2], Bahjat Abu Sulaiman[1], Mo'en S. Alnasraween[1,*] and Anas M. Nawafleh[3]

[1]Department of Psychological and Educational Counseling, College of Educational and Psychological Sciences, Amman Arab University, Amman, Jordan
[2]Department of Social Work, Art Faculty, Jordan University, Amman, Jordan
[3]Department of Psychological and Educational Counseling, College of Education, Al Ain University, Al Ain, United Arab Emirates

Abstract: The study aimed to identify the quality of life and its relation to self-esteem for a sample of drug addicts, as well as the differences between returning to addiction once and returning to addiction more than once in these variables. The study sample consisted of 70 male drug addicts using tramadol, cannabis, and alcohol who frequented the drug treatment center of the anti-narcotics program in Jordan. Two scales were used to assess the quality of life and self-esteem. The study results showed a significant correlation between quality of life and self-esteem. Moreover, the results showed that there were statistically significant differences between the means of drug addicts in favor of addiction once and those returning to addiction more than once in both quality of life and self-esteem for the drug addicts returning to addiction once.

1. Introduction

The concept of quality of life is one of man's existential concerns, who tried to turn psychology into making people's lives go to happiness, spreading love, and social justice instead of focusing on the anomalies and mental illnesses of the human personality.

Quality of Life (QoL) is a multidimensional construct that encompasses physical, psychological, social, and environmental domains of well-being. It is a subjective assessment of an individual's satisfaction with their life circumstances and their ability to meet their personal goals and aspirations. Researchers have developed various instruments to measure QoL, which may include self-reported measures of physical health, emotional well-being, social support, and environmental factors. QoL has been shown to be influenced by a range of factors, such as age, gender, socioeconomic status, health status, and social support. A high QoL has been associated with better health outcomes, increased longevity, and improved mental health, whereas a low QoL has been linked to higher rates of depression, anxiety, and other negative health outcomes. Improving QoL is an important goal in healthcare and social policy, as it can lead to better health outcomes, increased productivity, and overall satisfaction with life [2].

Quality of life is one of the essential components of positive mental health and a determinant of the life and destiny of an individual. It reflects the individual's sense of joy, happiness, comfort, peace of mind, and a vibrant life. Additionally, QoL can be impacted by a variety of external factors such as living conditions, access to healthcare, employment status, and access to education. In some cases, changes in these factors can lead to improvements in QoL. For example, providing access to affordable healthcare and education can improve QoL by promoting physical and mental health and providing opportunities for personal growth and development. Moreover, QoL can vary across different cultural and social contexts. For instance, different cultures may place different values on social relationships, work, and leisure time. This can influence how individuals prioritize their goals and aspirations, and how they perceive their overall well-being [33].

Overall, the concept of QoL is complex and multidimensional, and it is influenced by a range of factors both internal and external to the individual. It is a vital area of research that has significant implications for public health, social policy, and individual well-being [35].

---

*Corresponding author e-mail: mueen@aau.edu.jo

According to the researcher, the pursuit of QoL and satisfaction with it will be futile unless the individual is integrated and accepts it. In this regard, [32] and [45] have explained that self-esteem is one of the elements of a happy and correct life. Individuals with high esteem are satisfied with their lives, and they report being positive, more assertive, and independent. It represents the psychological mediator between the individual and the social reality in which he lives and the negative or positive events he faces.

As explained by [2], research has shown that there is a relationship between quality of life and self-esteem in individuals and that both variables complement one another and are closely related to each other. High self-esteem leads to psychological stability in individuals and makes them optimistic.

Drug abuse and addiction are serious psychological problems affecting society in general and the individual in particular. They lead to the psychological and social effects of bad economic conditions, a lack of self-esteem in the addict, depression, social isolation, and the inability to communicate socially, as well as anger and revolt against society and others. The addict is also not satisfied with himself and his life, always trying to destroy himself [40, 36, 31, 42].

2. Statement of the Study Problem

Drug addiction is one of the most serious and dangerous phenomena that threatens the life and future of the individual. It affects the security and safety of countries and societies through the emergence of many social and economic problems, the spread of all forms of criminal behavior, a lack of ethics, and the spread of various psychological disorders and mental illnesses that may lead to the death of the individual. The problem of drug addiction is one that has afflicted societies and governments not only at the local level but also globally because of its increasing prevalence and the extent of its psychological, social, economic, behavioral, and health damage to individuals and communities. The United Nations Office on Drugs and Crime annual report (UNODC, 2016) indicates that there are 247 addicts in the world, representing 5% of the world's population, aged between 15 and 64 years, and using at least one drug type of the 600 known species of narcotics, while the number of drug-related deaths in 2014 exceeded 207,000. There is a lack of studies that examine the relationship between the variables in the current study. Within the limits of the researcher's knowledge, there are no Arab or foreign studies dealing with the quality of life with its sub-factors of "quality of life satisfaction, quality of physical and psychological health, quality of social life, religious and moral values," and its relation to self-esteem in a sample of drug addicts, which is what the researcher is trying to address.

2.1 Study Questions:

To this end, the following questions were posed and investigated in this study:

Q1. Are there a relationship between quality of life and self-esteem for a sample of drug addicts?

Q2. Are there differences in the quality of life of drugs addicts due to the duration of treatment?

Q3. Are there differences in self-esteem for a sample of drug addicts due to the duration of abuse?

2.2 Study Objectives

The main objective of this study is to try to identify the quality of life and its relationship to self-esteem for a sample of drug addicts, as well as knowledge of the differences in these variables between returnees of addiction once and returnees of addiction more than once, contributing to a greater and deeper understanding of the concept of substance addicts themselves, which may pave the way for future studies that change their negative view of themselves and their addiction.

3. Literature review

3.1 Quality of Life

The concept of "quality of life" QoL is considered to be a relatively new concept in research heritage. Some Arabic research has used the term "quality of life," and Arab studies have settled on the use of the term "quality of life." From his professional point of view, the essential element in the word "quality" is evident in the individual's emotional relationship with those around him, and this relationship may be mediated by the individual's feelings and perceptions [24]. The quality of life is no longer regarded as a living, nor is it a cover for the body, but as a means of seeking economic well-being, social support, access to health care, and other requirements, which are no longer available except for crumbs [4].

The quality of life is defined as "a process of self-cognitive esteem through which the individual assesses the quality of life he or she lives according to his or her own criteria." It is the sense of psychological satisfaction, happiness, and psychological self-confidence caused by the appreciation of individuals for their lives [42,20, 30], satisfaction, happiness, and psychological self-confidence caused by the appreciation of individuals for their lives [42,20,30].

The quality of life has many dimensions. These are: "happiness, social relations, tranquility, social stability, and social esteem," and "those who feel these things and work to achieve and satisfy the desire to be satisfied with their lives in a positive way" [11].

3.2 Differences between returnees and non-returnees of drug addiction in quality of life

Some studies have been conducted to determine the differences in quality of life between drug addicts who have returned and those who have not returned. Such as the study [17] which found that addicts who return to drug addiction more than once have a lower quality of life and live in the worst health and social conditions, and they require more help and support than addicts who only return to drug addiction once.

It also displayed the findings of a study [6] that discovered statistically significant differences in quality of life between women who are addicted to drug addiction for the first time and women who are addicted to drug addiction multiple times, in favor of women addicts who return to drug addiction for the first time.

3.3 Self Esteem

Self-esteem is a construct that refers to an individual's subjective evaluation of their own worth and value. It is an important aspect of mental health, as low self-esteem has been linked to a range of negative outcomes, including depression, anxiety, and poor academic and occupational performance. Self-esteem is thought to be influenced by a variety of factors, including genetic, environmental, and social factors. For instance, early experiences with caregivers and significant others can have a lasting impact on an individual's sense of self-worth. Moreover, societal factors such as gender, race, and socioeconomic status can also influence self-esteem by shaping one's sense of identity and belonging. Furthermore, self-esteem can be domain-specific, meaning that an individual may have high self-esteem in one area of their life (such as their job) but low self-esteem in another area (such as their appearance). This can be particularly relevant in understanding the impact of self-esteem on an individual's mental health and well-being. Several interventions have been developed to promote self-esteem, such as cognitive-behavioral therapy and positive psychology interventions. These interventions aim to help individuals challenge negative self-talk and develop a more positive self-concept. Additionally, interventions that focus on building social support and improving coping skills have also been found to be effective in improving self-esteem. Overall, self-esteem is a complex and important construct in the study of mental health, and continued research is needed to better understand its antecedents, consequences, and potential interventions [45].

It is important to note that self-esteem is not necessarily a fixed or stable trait, but rather can fluctuate over time depending on a range of factors. For example, experiences of success or failure in certain areas of life can impact an individual's sense of self-worth. Additionally, exposure to negative or critical feedback from others can also lower an individual's self-esteem, furthermore, self-esteem can interact with other aspects of mental health. For example, individuals with high levels of anxiety or depression may also struggle with low self-esteem. Conversely, improving self-esteem may also have positive effects on other areas of mental health. Despite its potential benefits, it is also important to consider the potential drawbacks of high self-esteem. Research has suggested that overly high levels of self-esteem can lead to narcissistic tendencies, unrealistic expectations, and difficulty accepting negative feedback. Thus, interventions aimed at improving self-esteem should strive to promote a healthy balance and realistic self-appraisal [21].

Overall, self-esteem is a complex and important construct in the study of mental health, with potential implications for a range of outcomes. Continued research is needed to better understand the factors that influence self-esteem and to develop effective interventions for promoting healthy self-concept and positive mental health [45].

Self-esteem is one of the components of mental health, alignment, and the building of a broad functional model to counteract negative emotions. Positive self-experience prevents symptoms and leads to quality of life, makes life valuable and meaningful, develops creativity and flexibility of thinking and problem solving, is important in the treatment of organic diseases, and leads to a better perception of existence [18].

Self-esteem is defined as an individual's sense of worth or self-respect; it is a component of self-concept assessment and is used to attribute to the overall sense of self-respect, a positive or negative direction towards the same person, but the individual's feelings towards himself in general [39, 23,29].

The importance of self-esteem is demonstrated by confronting differences and conflicts. A person with high self-esteem is more motivated and more confident in facing and solving problems, while the low-self-esteem individual has the ability to cope with problems that are met in a weak life [13, 15].

3.4 Differences in self-esteem between returnees and non-returnees from drug addiction

Some studies have been conducted to identify the differences between returnees and non-returnees of drug addiction in

self-esteem. The results of the study showed [26] low self-esteem and high levels of stress, anxiety, and neuroticism among alcoholics compared to non-addicts.

Also, it showed the results of a study [12]. Low level of self-esteem among addicts in terms of self-esteem, there were statistically significant differences between drug addicts who returned to heroin addiction once and those who returned to heroin addiction more than once.

3.5 Relationship between quality of life and self-esteem

According to [38] there is a correlative relationship between happiness, one of the factors and aspects of quality of life, and self-esteem. The quality of life refers to the individual's love of the life he enjoys and includes his feelings, beliefs, and self-esteem.

[7] explained that there is a correlative relationship between satisfaction with life as one of the indicators of quality of life and self-esteem and that the sense of quality of life is associated with many positive personality traits, such as "experience."

Several studies have been conducted on the relationship between quality of life and self-esteem, such as the study of both [14, 28, 44, 34, 41]. Whose findings revealed a link between quality of life and self-esteem; they also revealed the findings of a study of both [25, 35]. There is a positive correlation between feeling satisfied with life as one of the dimensions of quality of life and self-esteem.

3.6 Drug Addiction

Drugs can be considered chemicals that are used to change mood or behavior and include illegal drugs, such as cocaine and heroin, and legal drugs, such as nicotine in smoked cigarettes and caffeine in coffee and chocolate [10].

[19] defined drug addiction as "frequent abuse of natural or industrial narcotic substances, inability or refusal of the person to discontinue treatment, and frequently withdrawal symptoms if it ceases to be abused, and the addict's life becomes controlled by abuse to the point of excluding any other activity."

4. Method

The method of this study is a descriptive and comparative Correlative, Where the relationship between the quality of life and self-esteem in a sample of drug addicts, as well as identify the differences between returnees of addiction once and among returnees to addiction more than once in these variables.

4.1 Participants

The participants of the present study comprised 70 of the drug addicts who use tramadol, cannabis, and alcohol and who frequent the drug treatment center of the anti-narcotics program in Jordan. Their ages ranged from 20 to 40 years, with a mean age of 32.5 years and a standard deviation of 4.6, and they were compared in a variety of social and demographic variables. As Table (1) display.

Table 1: Characteristics of the Sample of the Current Study

Variable	Category	frequency	%	variable	Category	frequency	%
Age group	20 : 25 years	15	21%	Social status	Single	10	41%
	26 : 30 years	25	36%		Married	20	29%
	31 : 35 years	20	29%		Divorced	40	57%
	36 : 40 years	10	14%	Type of drugs	Tramadol	35	50%
Educational level	does not read and does not write	5	7%		Cannabis	25	36%
	Average	30	43%		Alcohol	10	14%
	University	35	50%	The number of times to return to addiction	1	25	36%
Duration of abuse	1 : 4 years	8	11%		2	30	43%
	5 : 10 years	33	47%		3 or more	15	21%
	11 : 15 years	11	61%				
	15 years and over	18	26%				

4.2 Instruments

4.2.1 Quality Of Life Scale

To identify the quality of life of drug addicts, the researcher prepared a set of phrases, which were responded to by a triangular balance of (always) and given three degrees, (sometimes) and given two degrees, (rarely) and given one-

degree. Negative expressions give one degree of response under (always) weight, two levels of response under (sometimes) weight, and three degrees of response under (rarely) weight.

In order to assess the validity of the quality of life standard, the scale was presented in its preliminary form to some gentlemen specializing in psychology, mental health, and psychiatry. To give their views on the formulation of phrases, their direction, and the suitability axis measured by, as well as the subjects to whom the scale will be applied. Some standard phrases have been modified in light of their opinions, as shown in Table (2).

Table 2: The items modified by the arbitrators

N	Before modification	After modification
1	I am happy with my life.	I enjoy my life as much as possible.
2	I always feel depressed.	I get depressed from time to time.
3	My relationship with my parents always prevails.	My relationship with others is dominated by advice and guidance.

The researcher then calculates the correlation matrix for the gauge terms followed by the general analysis procedure in a way the main components of the Hotelling with the orthogonal rotation of the Varimax axes of Kaiser. The Eigen value has been used, with the intrinsic saturation of the expression of the worker > 0.35. A fundamental test is to contain at least three essential phrases, as Table 3, demonstrate.

Table 3: imputed traits on each factor of quality of life

N	traits	1	2	3
1	I enjoy my life as much as possible.	0.59		
2	I am very satisfied with my life.	0.66		
3	I seek to achieve psychological and social harmony in my life.	0.60		
4	Make special times for social activities.			0.70
5	I feel calm and happy as you approach God.			0.30
6	I tend to social isolation.			0.43
7	I look forward to success and progress in life.			0.38
8	I feel a lot of pain in my body.		0.48	
9	I feel that my health is good.		0.67	
10	I take a lot of drugs.		0.67	
11	I feel good about my social life.	0.64		
12	I feel confident	0.53		
13	I feel happy in my life.	0.54		
14	I feel that I can participate in activities which don't suit my age.		0.29	
15	I visit my friends, relatives and neighbors.			0.68
16	I join everyone I know in joy and sorrow.			0.56
17	Smile for life.	0.86		
18	I am keen on developing my information.	0.81		
19	I'm worried.		0.77	
20	I suffer from a lot of physical diseases		0.60	
21	I feel lonely.		0.50	
22	I feel stable and calm.		0.64	
23	I get depressed from time to time.		0.35	
24	I am satisfied with my scientific life.	0.49		
25	I feel comfortable when I share my activities with my friends.	0.47		
26	I easily feel frustrated.		0.39	
27	I seek to strengthen the connection of the uterus.		0.30	
28	I have difficulty organizing my time.	0.81		
29	My strongest relationship with my relatives as long as my time allows.	0.37		
30	I feel confident.	0.35		
31	I do not have time to rest and relax.	0.35		
32	My feelings are volatile.		0.80	

33	I respect the customs and traditions of my family.	0.64		
34	My relationship with others is dominated by advice and guidance.	0.36		
35	I am satisfied with my family.	0.35		
36	I have the ability to get rid of my negative feelings.		0.78	
37	Perform tasks at planned times.		0.46	
38	I have the ability to seduce and relax.		0.40	
39	I am satisfied with my personal relationships.	0.77		
40	I feel like belonging to society.	0.36		
41	I am afraid of the future.	0.36		
42	I do my job well.		0.44	
43	My mood is volatile.		0.35	
44	I am satisfied with the financial income of my family.	0.75		
45	I am interested in providing time for social activities.			0.35
46	I enjoy positive social relationships with others.			0.39
47	I feel lonely most of the time.			0.35
Eigen value		10.2	6.3	4.7
Communalities		6.1%	3.7%	2.5%

It is clear from Table (3) that there are three expressions that did not reach the level of intrinsic saturation of the factor $\leq$ .35 and therefore were excluded, as it is clear that the number of ferries reaching the level of material saturation factor $\leq$ .35 reached (44) (3) factors, and examining the expressions that satisfy the first factor found to refer to the enjoyment of life and satisfaction of the individual and his life, social and scientific and professional, and the ability to achieve psychological and social consensus and a sense of psychological security, and psychological happiness. About life, has been satisfied by (21) a match, has reached its Eigen value of the (10.2), and the Communalities (6.1%).

The examination of the expressions that satisfy the second factor found that they indicate the satisfaction of the individual with the physical and psychological health and his ability to get rid of negative emotions and feelings of anxiety and depression, and to get rid of feelings of frustration and inferiority, and the sense of stability and psychological calm, and emotional balance, and the implementation of tasks and the ability to tell and relax. The researcher named this factor (the quality of physical and psychological health), has saturation of (15) a match, and has reached its inherent Eigen value (6.3), and the Communalities (3.7%).

By examining the expressions that satisfy the third factor, they indicate that the individual seeks to participate in various social activities, to form positive social relations with others, to avoid social isolation and to aspire to success and progress in life. Saturation (8) phrases, with its Eigen value (4.7), and the Communalities (2.5%).

The researcher then calculated the correlation coefficients between the score of the subjects on the expression and the total score on each dimension of the quality-of-life scale, see Table (4).

Table 4: Correlation coefficients between the score of the subjects on the expression and the total score of the quality-of-life criterion.

N	Correlation coefficients	N	Correlation coefficients	N	Correlation coefficients	N	Correlation coefficients
First factor: Quality of satisfaction life							
1	0.77**	15	0.80**	27	0.70**	37	0.68**
2	0.54**	16	0.74**	28	0.56**	38	0.80**
3	0.72**	22	0.79**	30	0.61**	41	0.73**
10	0.88**	23	0.76**	31	0.79**		
11	0.70**	25	0.69**	32	0.58**		
12	0.81**	26	0.78**	36	0.86**		
Second factor: Quality of physical and psychological health							
7	0.82**	18	0.81**	24	0.83**	35	0.78**
8	0.73**	19	0.63**	29	0.67**	39	0.90**
9	0.48**	20	0.69**	33	0.80**	40	0.82**
17	0.77**	21	0.80**	34	0.85**		
Third factor: Quality of social life							
4	0.76**	6	0.87**	14	0.70**	43	0.75**

| 5 | 0.80** | 13 | 0.88** | 42 | 0.81** | 44 | 0.80** |

It is clear from Table (4) that: All the correlation coefficients between the score of the examinees on the expression and the total score of the quality-of-life criterion were a function, indicating the consistency of these items with the quality of life standard. The values of the correlation coefficients ranged between 0.54 - 0.90 statistically at 0.01.

The researcher also calculated the correlation coefficients between the degree of the subjects on the dimension and the total score of the quality-of-life criterion, see Table (5).

Table 5: The correlation coefficients between the degree of the subjects on the factor and the total score of the quality-of-life criterion.

factors	Correlation coefficients
Quality of satisfaction life	0.91**
Quality of physical and psychological health	0.84**
Quality of social life	0.89**

Table (5) shows that the values of the correlation coefficients between the degree of the subjects on the factor and the total score of the quality-of-life scale ranged between 0.84 and 0.91, which are statistically significant at 0.01.

The researcher also verified the stability of the Scale quality of life by Split – half, as Table (6) demonstrate.

Table 6: The values of the stability coefficients of the quality-of-life standard using the Split – half with the correlation coefficients of Spearman-Brown, Geetman, Cronbach's Alpha.

scale	Split – half		Cronbach's Alpha
	Spearman - Brown correlation coefficient	**Guttman correlation coefficient**	
quality of life	0.88	0.86	0.82

It is clear from Table 6 that the values of the Spirman-Brown correlation coefficient, the Cartman correlation coefficient, and the alpha-Cronbach correlation coefficient have high stability values, which assures the researcher of the appropriateness of using those scales in the current study.

The quality-of-life standard is made up of 44 phrases divided into three dimensions: Life satisfaction consists of 21 phrases, and: Quality of physical and psychological health consists of 15 phrases, and quality of social life consists of 8 phrases. The scale's overall score is divided into three levels of intensity, ranging from low to high, and the low score ranges between 44 and 65 degrees, the medium ranges between 66 and 110 degrees, and the high ranges between 111 and 132 degrees, and the high degree on the scale indicates the perception of the quality-of-life and the sense of happiness, well-being, and satisfaction with life, and that his life has value, meaning, and purpose, and does not meet his needs, does not feel happy or well-being, and is dissatisfied with his life, relationships with others, or studies.

4.2.2 Self-Esteem Scale (Prepared by: Hudson, 1994) translation by: (Al – Desouki , 2004).

This scale was prepared by Hudson (1994) to scale the problems related to self-esteem (Dessouki, 2004). The scale consists of 25 words corresponding to three responses (yes, sometimes, no) 3, 2, 1 "in the positive direction," 1, 2, 3 "in the negative direction. Where a low score indicates low self-esteem of the interviewee.

The researcher investigated the validity of the self-esteem scale in the study using internal consistency and calculating the correlation coefficients between the score of the examinees on the expression and the total score of the scale, as Table (7) demonstrate.

Table 7: The correlation coefficients between the score of the subjects on the expression and the total score of the scale.

N	Correlation coefficients	N	Correlation coefficients	N	Correlation coefficients	N	Correlation coefficients
1	0.34**	8	0.31**	15	0.47**	22	0.46**
2	0.48**	9	0.55**	16	0.52**	23	0.46**
3	0.60**	10	0.34**	17	0.55**	24	0.31**
4	0.48**	11	0.36**	18	0.52**	25	0.49**
5	0.62**	12	0.48**	19	0.40**		
6	0.48**	13	0.32**	20	0.44**		
7	0.41**	14	0.52**	21	0.35**		

Table (7) shows that the values of correlation coefficients between the score on the expression and the total score of the scale were statistically significant at 0.01, indicating that there is consistency between the degree on the factor and the total score of the scale.

The researcher also calculated the value of "T" between the average scores of the subjects in the highest and lowest quartiles of the self-esteem scale. To see whether the scale can distinguish between the strong and the weak in self-esteem, as Table (8) display.

Table 8: The significance of the differences between the average scores in the upper and lower quartile on the self-esteem scale and the value of t-test

Scale	Top Level (N = 30)		Lower level (N = 30)		t	Sig
	Mean	standard deviation	Mean	standard deviation		
self-esteem	52.45	2.89	33.08	2.49	30.74	0.01

Table 8 shows that the value of "t" is 30.74, which is statistically significant at 0.01, indicating the ability of the meter to distinguish between the strong and the weak in self-esteem.

The researcher then calculated the stability of the scores of the self-esteem scale in the half-split method, as seen in Table 9.

Table 9: The values of the stability coefficients of the self-esteem standard using the Split – half with the correlation coefficients of Spearman-Brown, Guttman, Cronbach's Alpha.

test	Split – half		Cronbach's Alpha
	Spearman - Brown correlation coefficient	Guttman correlation coefficient	
Self-esteem	0.76	0.80	0.85

Table 9 shows that the values of the coefficient of stability of the scores of the self-esteem scale are high, which assures the researcher to use this scale in the present study.

The self- esteem scale in its final form was made up of 25 items. The total score of the scale is divided into three levels in terms of intensity ranging from low, medium, high and the low score ranges between (25 to 41) degrees , and medium ranges between (42 to 58) degrees , and high ranges between (59 to75)degrees.

5. Study Findings

5.1 Primary research aim:

Identify the relationship between quality of life and self-esteem for a sample of drug addicts.

In order to verify and treat this aim statistically, the researcher calculated the correlation coefficient between the levels of drug addicts on the quality-of-life scale and its sub-dimensions, and the levels of drug addicts on the self-esteem scale. As Table 10, demonstrate.

Table 10: The correlation coefficients between the levels of drugs addicts, and the levels of drug addicts on the scale of self-esteem.

self-esteem / quality of life	Correlation coefficients
Quality of satisfaction life	0.66**
Quality of physical and psychological health	0.70**
Quality of social life	0.64**
Total quality of life	0.78**

It is clear from Table (10) that there is a statistically significant relationship between quality of life and its sub-factors and self-esteem at level 0.05, 0.01.

5.2 Secondary research aims

(A) Identify the differences between the average levels of substance addicts who return to addiction once and those returning to addiction more than once in quality of life.

In order to verify and treat this aim statistically, the researcher calculates the value of t - test, as Table 11 displays.

Table 11: significance of the differences between the average levels of drug addicts returning to addiction once and returning to addiction more than once in quality-of-life

Scale	Group	N	Mean	Std. Deviation	t	Sig
Quality of life	returning to addiction once	25	73.9	4.6	8.8	0.01

	Returning to addiction more than once	45	65.1	3.7		

Figure (1) shows the graphical representation of the average levels of substance addicts who return to addiction once and among those returning to addiction more than once in quality of life

Table 11 and Figure 1 shows that there are statistically significant differences between the average levels of drugs addicts who return to addiction once and those who return to addiction more than once in quality of life, in favor of drug addicts who return to addiction once.

(B) Identify the differences between the average levels of substance addicts who return to addiction once and those returning to addiction more than once in self-esteem.

In order to verify and treat this aim statistically, the researcher calculates the value of t- test, as Table 12 and Figure (2) shows.

Table 12: significance of the differences between the average levels of drug addicts returning to addiction once and returning to addiction more than once in self-esteem

Scale	Group	N	Mean	Std. Deviation	t	Sig
Self-esteem	returning to addiction once	25	40.3	3.8	8.49	0.01
	Returning to addiction more than once	45	34.1	2.4		

Table (12) and Figure (2) shows that there are statistically significant differences between the average levels of drug addicts returning to addiction once and returning to addiction more than once in self-esteem for drug addicts who return to addiction once.

6. Discussion

Within the researcher's knowledge, this is the first study in an Arab and English environment that addressed the quality of life and its relationship to self-esteem, such as among drug addicts. According to the statistical analysis of the primary research aim study table (10) results, there is a statistical relationship between the quality of life and its dimensions and self-esteem. This is in line with the results of several studies conducted on the relationship between these variables, such as the study of both [14,28,44] whose results showed a correlation between quality of life and self-esteem This also agrees with the studies of both [25,35] Their results showed a positive correlation between satisfaction with life as a dimension of quality of life and self-esteem.

This is also consistent with many theoretical frameworks, which have indicated that both quality of life and self-esteem complement and closely correlate with each other. Furthermore, individuals with high self-esteem have a high quality of life. And the ability to interact positively with life and others, while individuals with low self-esteem are unable to cope with social conditions [7, 32, 2, 38, 45].

In the light of the statistical analysis of the results of the primary research and aim study, the researcher finds that there is a correlation between the quality of life and self-esteem. The addict's lack of feeling of a healthy, psychological, and social life, as well as the decline and lack of self-esteem, is only a way of the behavior of dependence and dependence on drugs and an escape from facing the demands and problems of life. As well as that, the individual's self-esteem and attributes, whether negative or positive, reflect the quality of life and his feelings towards it, as well as his thoughts about its importance and seriousness and his expectations of them, which in turn lead to either a negative or positive view of life.

Comparing these results with those of previous studies, we find that this is consistent with the results of a study (Hoseinifar et al., 2018), which showed that there are statistically significant differences between addicts and non-addicts in the quality of life for non-addicts, and addicts returning to drug addiction more than once have a low level of quality of life and live in their worst health and social environments, and they need a lot of help and support compared to addicts returning to addiction is also consistent with the findings of the study [5] which found statistically significant differences in quality of life between women addicted to drugs for the first time and women addicted to drugs for the second time.

Based on the statistical analysis of Secondary research objectives (a), the researcher discovered that the low level of quality of life of addicts who return to addiction more than once may be due to the state of repeated narcotic abuse and the addict's inability to completely lose control of himself, which leads to disruption of his social life, loss of work in some cases, and the transformation of the breadwinner into someone dependent on others and his wife. And cannot curb

his motives, feelings, and aggressive criminal behavior in order to buy and rely on drugs, which reflects the state of unhappiness and dissatisfaction with life and quality in the addiction addict more than once.

In light of the result Statistical analysis of Secondary research objectives (a) reveals that the drug addict's personality is more than once compared to the one-time return, which is only a reflection of his low self-esteem, escape from social problems, and inability to cope with stressful life events. like other people, which explains his lack of feeling of quality of life and satisfaction.

we find that there are statistically significant differences in self-esteem between the average levels of drug addicts returning to addiction once and those returning to addiction more than once. For the benefit of drug addicts returning to addiction once. Comparing these results with those of previous studies, this is consistent with the results of Mitrovic et al. (2018), which showed low self-esteem and high levels of stress, anxiety, and neuroticism among alcoholics compared to non-addicts. This result is also consistent with the findings of the study [12], which found that addicts have low self-esteem; there were also statistically significant differences in self-esteem between drug addicts who returned to heroin addiction once and those who returned to heroin addiction more than once.

Secondary research aims (B) statistical analysis is consistent with many theoretical frameworks that dealt with the variable of self-assessment, which showed that drug addicts suffer from a lack of self-esteem, that self-esteem and social interaction are skills that drug addicts lack, and that the drug addict is a person who is constantly depressed and dissatisfied with himself and his life [40, 36,43].

Based on the statistical analysis of secondary research objectives (B), the researcher believes that the low level of self-esteem of the addict who returns to addiction more than once is due to the state of dependence that the addict is in as a result of drug abuse and may be due to psychosocial factors such as frustration and desire to satisfy immediately, emotional factors such as those that appear on the behavior and manifestations of emotion.

As well as that, the return to addiction many times is only a reflection of the state of despair and withdrawal experienced by the addict, the estimated self-negativity, and the feeling of helplessness, failure, and inferiority, as well as the inability to achieve its goals.

In light of the results, the researcher finds that positive self-esteem is the basis of recovery from addiction. A drug addict who seeks recovery will not be able to resist the return to addiction and recover from it unless he is confident in his abilities and has the will to defy his ideas. In addition, social, scientific, and professional lives are affected, which explains the high self-esteem of drug addicts who return to addiction once.

7. Conclusion Recommendation

As the results of the current study suggested, there is a statistical relationship between the quality of life and its dimensions and self-esteem, and there are statistically significant differences between the average levels of drug addicts returning to addiction once and those returning to addiction more than once in quality of life and self-esteem, to the benefit of drug addicts returning to addiction once.

The researcher of the current study would like to suggest future researchers work on studies of a larger scale with a broader body of research subjects in quality of life and self-esteem for a sample of drug addicts, so that work will be provided to provide psychological and social stability, and ways of social welfare, educational and psychological health, and professionalism for all members of society in general and for drug addicts in particular, which contribute to their acceptance of themselves and their sense of satisfaction with life, and their ability to adapt to the problems they face, and to achieve social and psychological compatibility.

8. Conflict of interest

The authors declare that there is no conflict regarding the publication of this paper.

10. References:

[1]   Abdel Nabi, Samia Mohammed Saber Mohammed. (2010). Fear of negative evaluation and its relation to self-esteem and quality of life in a sample of university students. University of Menoufia. Number (81). Pp. 143-189.

[2]   Al-Deleimi, Nahedah Abdul Zaid, Hassan, Iman Makhail. (2012). Self - esteem and its relation to the quality of life for students of the University of Babylon. Journal of Babylon University of Humanities. Iraq. Vol. 20. Number (4).

[3]   Al-Farra, Ismail Saleh, Al-Nawajha, Zuhair Abdul Hamid (2012). Emotional intelligence and its relation to the quality of life and academic achievement of students at Al Quds Open University in Khan Younis Educational Zone. Journal of Al - Azhar University in Gaza. Human Sciences Series. Volume (14). Number (2).

[4] Azab, Hossam El Din Mahmoud. (2004 - 28 March). An instructional program to reduce depression and improve the quality of life of a sample of future teachers. Twelfth Annual Education for All Conference. Education and new horizons in the education of marginalized groups in the Arab world. Pp. 575-607.

[5] Bahman, D. & Akbari, B. (2018). The relationship between of spiritual intelligence and happiness with the life quality of addict women's who deserting in Rasht. International Research Journal of Applied and Basic Sciences, 4 (8), 2272-2276.

[6] Banadaki (2018) The relationship between of spiritual intelligence and happiness with the life quality of addict womens who deserting in Rasht. International Research Journal of Applied and Basic Sciences. Vol., 4 (8), 2272-2276, 2013.

[7] Blatny, M. (2002). Personality determinants of self-esteem.and life satisfaction: gender differences. Ceskoslovenska: Psychologie, Vol. 45, No.5, Pp.385 – 392.

[8] Desjarlais, V. (2016). Forgiveness, affect and life satisfaction among community dwelling rural elders: A correlational study (Doctoral dissertation).

[9] Desouki, Magdy. (2004). Self Esteem Guide. Cairo: The Anglo-Egyptian Library.

[10] Durand, M., & Barlow, D. (2017).Essentials of Abnormal Psychology, (5th Ed.). Wasworth, Cengage Learning.

[11] Franken, R., (2018). Human Motivation. Calfornia: brooks Cole publishing company.

[12] Geng, L.; Jiang, T. & Han, D. (2017). Relationships among self-esteem, self-efficacy, and faith in people in Chinese heroin abusers. Social Behavior and Personality: an international journal, 39 (6), 797-806.

[13] Greenberg, J. (2018). Understanding the vital human quest for self-esteem. Perspectives on Psychological Science, 3 (1), 48-55.

[14] Gureje, O., Harvey, C., & Herrman, H. (2004). Self-Esteem in Patients who have recovered from Psychosis. Profile and Relationship to Quality of Life. Australian and New Zealand Journal of Psychiatry .Vol.38, No.5.Pp.334-338.

[15] Hamarta, E. (2019). A prediction of self-esteem and life satisfaction by social problem solving. Social Behavior and Personality: an international journal, 37 (1), 73-82.

[16] Hassan, Nadia Goodt. (2010). Quality of life for university students. Civilized dialogue. Issue (3152).

[17] Hoseinifar , J ., Rasoul Zirak , S ., Shaker , A ., Meamar , E ., Moharami , H .& Siedkalan , M . (2018). Comparison of quality of life and mental health of addicts and nonaddicts. Procedia - Social and Behavioral Sciences , Vol. (30), Pp. 1930-1934.

[18] Jabr, Jaber Muhammad (2011) Positive Psychology. Cairo: The Anglo-Egyptian Library.

[19] Jinadu, C. (2017). Recovery from drug dependence: experiences of service users in a Christian faith-based agency. Unpublished doctoral dissertation, University of Edinburgh, Edinburgh.

[20] Joseph, O., Peter, H., Keith, B. & Hadi, M. (2015).Quality of life and mental health. (2ED) .New York.Taylor & Francis library.

[21] Mackinnon, N. J. (2015). Self-esteem and beyond. New York: Palgrave Macmillan.

[22] Manning, M.A., Bear, G.G. and Minke, K.M. (2006). Self-concept and selfesteem. In G.G. Bear and K.M. Minke (Eds.), Children's needs III: Development, prevention, and intervention (pp. 341-356). Washington DC: National Association of School Psychologists.

[23] Manos, D., Bueno, M., Mateos, N. & Torre, A. (2018). Body Image in Relation to Self-Esteem in a Sample of Spanish Women with Early-Stage Breast Cancer, Psicooncologia, V. 2, N. 1, 103-116.

[24] Mansi, Mahmoud Abdel Halim, Kazem, Ali Mahdi. (December 17-19). Quality of life measure for university students. Research Seminar on Psychology and Quality of Life at the Faculty of Education, Sultan Qaboos University. Muscat. P. 63-78.

[25] Martinz, A., Buelga, V. & Cava, M. (2017). Adolescent life satisfaction and relationship with adolescent selfesteem and schools adjustment. Anuario de Psicologia, 38 (2): 293 – 303.

[26] Mitrovic, M.; Hadzi-Pesic, M.; Stojanovic, D. & Milicevic, N. (2018). Personality traits and global self-esteem of alcohol addicts. Procedia-Social and Behavioral Sciences, (127), 255-259.

[27] Mogonea, F- R. and Mogonea, F. (2014). The role of the family in building adolescent's self-esteem. Procedia: Social and Behavioral Sciences, 127, 189-193

[28] Murphy, H. & Murphy, E. K. (2006). Comparing quality of life using the World Health Organization Quality of Life measure (WHOQOL-100) in a clinical and nonclinical sample. Exploring the role of self-esteem, self-efficacy and social functioning". Journal of Mental Health, Vol.15, Pp.289-300.

[29] Pattan, N., Kang, S., Thakur, N., and Parthi, K. (2019).State Self- Esteem in Relation to Weight Locus of Control amongst adolescent,J. Indian Assoc. Child Adolesc. Ment. Health, 2 (1): 31-34.

[30] Pavot, W., &Diener, E. (2019). Review of the satisfaction with life scale. Psychological esteem, 5(2), 164.

[31] Person, R, (2005). Counseling and social support: Perspective and Practice. California: sage Publication, Inc.

[32] Popovic, N. (2005). Personal Synthesis, Personal Well-Being Centre. London: PWBC.

[33] Proctor, C. L., Linley, P. A., &Maltby, J. (2019). Youth life satisfaction: A review of the literature. Journal of happiness studies, 10(5), 583-630.

[34] Smedema, S.M., Catalano, D., Ebener, D.J. (2010). The relationship of coping, self-worth and subjective well-being: a structural equation model. Rehabilitation Counseling Bulletin, Vol.53, No.3, Pp. 131-142.

[35] Snopek, M., & Hublova, V. (2018). Adolescent perceived social support and its relation to life satisfaction, selfesteem and personality: gender differences. Ceskoslovenska Psychology, 52 (5): 500 – 509.

[36] Susanne, P. (2003). Social Skills Training with Children and young people: Theory, evidence and Practice. Child and Adolescents Mental Health, 8 (2): 84- 96.

[37] UNODC (2016). World drug report. Vienna: United Nations publication.

[38] Veenhoven, R. (2018). Happiness: Also known as "life satisfaction" and "subjective well-being". In Handbook of social indicators and quality of life research (pp. 63-77). Springer Netherlands.

[39] Wade, S. (2017). Differences in body image and self-esteem in adolescents with and without scoliosis, in partial fulfillment of the requirements for the degree of doctor of psychology, dissertation submitted to the faculty of the Adler school of professional psychology, USA.

[40] Wilson, E., & Ross, M. (2001). From chump to champ: People's appraisals of their earlier and present selves. Journal of Personality and Social Psychology, 80, (2): 572- 584.

[41] Ye, S., Yu, L & Li, K. (2012). A cross-lagged model of self-esteem and life satisfaction. Gender differences among Chinese university students, Personality and Individual Differences, Vol.52, No. 4, March, Pp.546-551.

[42] Yong, A. G. (2012). Basking in projected glory: The role of subjective temporal distance in future self- appraisal. European Journal of Social Psychology, 42 (4): 342- 353.

[43] Young, M., Miller, B., Norton, M., & Hill, E. (2013). The effect of parental supportive behaviors on life satisfaction of adolescent offspring. Journal of Marriage and the Family, 813-822.

[44] Zaki, M. (2008). Quality of Life and its Relationship with Self-esteem in Male and Female Students of Isfahan University. Iranian Journal of Psychiatry and Clinical Psychology . Vol.13, No.4, Pp. 1735-4315.

[45] Ziller, A. (2018). Self-esteem: a self social construct. Journal of Consulting and Clinical Psychology, 33 (1), 84 – 95.