Emotional Intelligence and Religiosity as Predictors of Mental Health among Drug Addicts

Dr. Syeda Razia Bukhari
Assistant Professor & Student Counselor
Faculty of Education and Social Sciences,
ShaheedZulfikar Ali Bhutto Institute of Science and Technology,
H-8/4 Islamabad (SZABIST, Islamabad Campus)
drsyedaraziabukhari@hotmail.com

Ms. Maryam Riaz
Lecturer Psychology Department
RiphahInternational UniversityMalakand

Ms. Rimsha Khan
MS Scholar Faculty of Education and Social Sciences,
ShaheedZulfikar Ali Bhutto Institute of Science and Technology,
H-8/4 Islamabad (SZABIST, Islamabad Campus

Ms. Syeda Zahra Gillani
Consultant- WHO - country office Islamabad Pakistan

Abstract

Current study aims to explore the role ofEmotional intelligence and Religiosity as predictors of Mental Health among drug addicts.The current study core objectives were (1) To investigate the role of Emotional intelligence as predictor of Mental Health among drug addicts. (2) To investigate the role of Religiosity as predictor of Mental Health among drug addicts.Purposive sampling was used to recruit 100 people ranging in age from 18 to 60 from various regions of Islamabad and Rawalpindi, Pakistan. Instruments used for the current study were, Emotional Intelligence scale,Index of Religiosity and Depression Anxiety Stress scale for measuring Mental Health. The findings have shown that the association amid emotional intelligence and religiosity is positive between the variables in drug addicts. Also, emotional intelligence has been found to have positive relation with mental health amidst drug addicts. Hence, amongst the drug addicts the relationship is significant only between mental health and emotional intelligence; however, the relationship between religiosity and mental health is weak and positive but significant. So, the two hypothesis are supported by the recent study that emotional intelligence and religiosity are the predictors of mental health in drug addicts.Given the importance of emotional intelligence in determining overall health, the study's long-term implications include giving data for trying to provide better drug addict intervention programmes and ensuring that degrading lifestyles are avoided.

Key words: Mental health (MH), Emotional intelligence, Religiosity, Drug addicts.

Introduction

Many people are perplexed as to why or how others become dependent to drugs. They may mistakenly believe that drug users lack moral convictions or willpower, and that they may easily choose to quit using drugs. In truth, substance addiction is a complex disease that requires more than good intentions and a strong desire to overcome. Drugs alter the brain in such a way that quitting is difficult, even for those who want to. Fortunately, experts now know more than ever about how drugs affect the brain, and they've discovered treatments that can help people overcome their addictions and live productive lives.Addiction is a chronic medical illness that may be treated and involves intricate connections between brain circuits, heredity, the environment, and an individual's life experience. Addicts utilize drugs or participate in obsessive activities, which they typically continue despite negative consequences. Addiction prevention and treatment techniques are typically as effective as those for other chronic disorders (American Society of Addiction Medicine, 2019). Most people adopt the decision to use drugs voluntarily at first, but chronic drug use can cause brain changes that challenge an addict's self-control and make it difficult to resist strong drug cravings. These brain alterations can last a long time, which is why drug addiction is referred to as a "relapsing" disease: people in recovery from drug use disorders are more likely to relapse after years of abstinence.It's typical for individuals to relapse, but it doesn't indicate treatment isn't effective. Treatment, as with other chronic health disorders, should be ongoing and altered based on the patient's response. Treatment plans must be evaluated and adjusted on a regular basis to meet the changing demands of the patient.Thus, drug users' level of religiosity, as well as their mental and emotional health, are concepts that ought not to be ignored. Empirical research, particularly descriptive data, falls short of providing a solid foundation for comparison. Emotional intelligence and religiosity were found to be predictors of mental health among drug addicts in this study.

The two sides of the same coin are general and mental health. In actuality, health is a multifaceted notion that can be understood in numerous ways. Substance abuse disorders are one of the world's most serious public health issues.Leavell (1965) classified health into three categories: primary, secondary, and tertiary prevention. Dunn (1977) defined health as a feeling of well-being, while Maslow (1964) defined it as the achievement of self-actualization. Health education is a means of integrating primary prevention principles, self-actualization gained through the integration of a value system into everyday life, and a state of well-being gained through spiritual-religiosity, emotional, and social prosperity, all of which contribute to an individual's better health.A bigger challenge lurking is substance abuse, which ranks jointly of the costly habits and most devastating, that may be treated so that individuals can live healthy (Nessa&Latif, 2008).As drug abuse is on the

verge, it is crucial to understand what factors contribute to the increasing of substance use/abuse and what measure can be taken to prevent drug abuse. One of the factors which is under studied is emotional intelligence that is influential in self-control.

Emotional Intelligence is a personality trait understood as a perception of one's own emotional competencies and is tested using self-report methods (Stough et al., 2009) More recently, the understanding of intelligence is regarded not solely as a cognitive ability, however additionally coalesced to the other domains of application such as spiritual intelligence, natural intelligence, existential intelligence and emotional intelligence (Rajaei, 2010). The definition of emotional intelligence was mostly inspired by the previous work concentrated on describing, defining, and assessing socially competent behavior such as social intelligence (Thorndike, 1920). Furthermore, before the precise apprehension and conceptualization of emotional intelligence in its prehistory, the investigation of the relation of social intelligence was associated with the term "alexithmia", a clinical construct describing the inability to recognize, understand, and describe emotions (Ekman et al., 1980).

Various studies have shown that trait emotional intelligence is associated with greater mental health benefits (Martins et al., 2010).Emotional intelligence is non-cognitive skills and abilities that can transcend a person to be able to deal with stress from the environment (Shareh et al., 2006).Decreased levels of depression are associated with greater emotional intelligence (Schutte, et al., 1998; Alcaide et al., 2006; DawdaandHart, 2000; Saklofske et al., 2003; Mavroveli et al., 2007) and minimum psychological distress (Nordstokke et al., 2014; Cartwright andSlaski, 2002), emotional intelligence also highly predicts subjective well-being and regulating personality and type A behavior patterns (Day et al., 2005).Mood modifications, impulse control, endurance against frustration and avoidance of destructive stress to prevent mental disorders are the abilities that are consisted in emotional intelligence (Baron, 2006).Bakhshodeh (2012) identified a relationship between emotional intelligence and the ability to cope with drug addiction difficulties in a study. Shoakezemi (2012) found a substantial negative correlation between domains of emotional intelligence and relapse of addiction in another research.

Emotional intelligence is negatively related to cigarette and alcohol intake, according to Trinidad and Jhonson (2002) and Austin et al. (2005) findings. Their findings show that those with higher emotional intelligence consume less alcohol than individuals with poor emotional intelligence. There are two reasons which make the concept of religiosity difficult to define. The first one is the erratic and variable nature of English language; generally, the word religiosity issynonymous in Roget's Thesaurus (1978) with holiness, orthodoxy, devotion, faith, belief and piousness. These terms do not express religiosity but rather exhibit dimensions of religiosity as in studies of

religiosity.A second reason for this conundrum is that in academic disciplines except a very few who counsel one another, most disciplines have varied perspectives on the term religiosity (Cardwell, 1980). For example, religious educators could approach in terms of belief and orthodoxy (Groome, 1998) while a theologian would explain the concept of religiosity from the standpoint of faith (Groome andCorso, 1999).Sociologists would consider the idea of religiosity to include living the faith, church membership, doctrinal knowledge, church attendance and belief acceptance, whereas psychologists and other mental health experts would choose to elaborate the concept of religiosity in terms of piousness, devotion and holiness (Cardwell, 1980). Glock and Stark (1965) are some of the most influential researchers in studying and defining religious dimensions, religious orientations and origins of religion; they identified five dimensions of religiosity: experiential, ritualistic, ideological, orthodoxy/intellectual and consequential. This varied vantage throughout different academic disciplines in regard to the concept of religiosity to study what could be thought of as like dimensions of religiosity makes it complicated to discuss without an explicit definition from the perspective of religious education and the knowledge application to the lived experience.

Bergan and McConatha's (2000) analysis of teenagers, young adults, and older people, elaborated a positive relationship between religiosity and happiness across all 3 age groups: "Generally, the conclusion of studiesassessing religiosity and life satisfaction overall indicate that individuals who shows stronger religious faith and participations additionally report lesser nerve-wracking events and greater life satisfaction". A systematic review by Koenig and Shohaib (2014) drug abuse and found that all of the six studies have significantly lower substance use among Muslims who were more religious. Contrarily, Muslims compared to non-Muslims on substance use found significantly less use in Muslims out of 3 quarters of 12 studies (Koenig andShohaib, 2014).Religiosity impacts not only particular demographic groups but individuals as well. A study by Beit (1997) wrote broadly regarding the individual impacts of religiosity, which consists: honesty, altruism, a sense of compassion as well as happiness and quality of life, physical health and mental health. A finding by Roccas (2005) concluded that there is a significant association between religiosity and values. There is a positive relationship between drug addiction and social issues; when an addiction overwhelms an individual, it becomes a priority in the life of that individual. People who are struggling with drug abuse would invest more time and money acquiring and consumingdrugs of their choice, consequently depriving them of the activities such as sports and hobbies (Nora and Volkow, 2020).Addiction is a phenomenon rooted in social, economic and cultural basis; a person that is struggling with drug abuse may even tend to avoid family events and excuse from schedules they had previously made with their families to consume the drug of their choice and get intoxicated.

It decreases an individual tendency to moral, social, and ethical values that lead to family breakdown It also becomes difficult for the addict to work according to the schedules and keep feeding the addiction; they need time to recover from being drunk or high (Hashemi, 2005).The addiction also deteriorates an individual work or school life. And because of the distractions produced due to drugs, the individual may suffer in attendance and work performances at employment duties and studies. Illicit drugs consumption to the point of intoxication puts an individual at increased risk of injury, both on the job and at home. They are also at increased risk of being involved in a car accident, which could cause serious injuries to the individual and others. (Blum et al., 1993).

Religiosity and emotional intelligence impact not only mental health but also physical health. Religiosity and health have an association as the following studies show: A study by Hallahmi (1997) wrote broadly regarding the individual impacts of religiosity, which consists: honesty, altruism, a sense of compassion as well as happiness and quality of life, physical health and mental health.Similarly, Emotional Intelligence has also associated with health that is discussed in the following: Emotional intelligence is non-cognitive skills and abilities that can transcend a person to be able to deal with stress from the environment (Shareh et al., 2006).Decreased levels of depression are associated with greater emotional intelligence .Moreover, role limitations because of emotional problems and social functioning are some of the aspects of overall mental health that are predicted by emotional intelligence in middle aged women (Extremera and Fernandez, 2002).

Also, Religiosity has been found to have a positive relation with Emotional Intelligence and Health in a study by (Masoumeh, et al., 2015). It could be drawn from these arguments that Religiosity and Emotional Intelligence could also have positive effects on Mental Health of drug addict.Further to the physical health problems mentioned above, mental health problems are also represented in higher proportions among youngsters who are drug addicts (Grella et al., 2001; Sterling andWeisner, 2005).The ability approaches deal with the process of emotional information that has causal relation with discrete mental abilities (Mayer, Roberts, &Barsade, 2008). Pena- Serrionandia (2015) concludes in a meta-analysis that for the measure of individual differences in emotion regulation; emotional intelligence is beneficial.In addition, a regression analysis by (Enrique and Maria, 2015) investigated the association of emotional intelligence predictive role in mental health and physical health which concluded that emotional intelligence is a better predictor of mental health (48%) than physical health (15%).Globally, drug abuse causes .8% of the total burden of disability (Ezzati et al., 2002). Negative social and health effects encompass criminal activities linked with the illicit drug abuse, hepatitis B and C and blood-borne diseases such as HIV/AIDS

(WHO, 2004).In 2011, Pakistan has 9.6 million drug abusers (Qasim, 2012). 211,000 drug abuse related deaths were occurred in 2011 globally (Crime, 2013).

Acquiring relevant information about illegal drug and prescription drug usage, as well as the cause-effect relationship and therapeutic approaches, is important. This study's information and insight may be useful to suffering families, society, the community, and relevant institutions working on the issue of drug addiction. As a result, this research intended to contribute to therapeutic intervention programmes aimed at addressing the current condition of drug addiction.Moreover, this research delivered an aperture for rehabilitation counselors about the role of religiosity and emotional intelligence in drug addicts.Today in Pakistan, there is a rise in the number of drug addicts, resulting in a rise in crime rates, negative impacts on the community, health issues, various businesses, and government resources to risk social integration, economy and health.For tackling the issue of drug addiction, one of the crucial steps is to increase the recovery rate and to facilitate this idea. One of the ways is to understand what variables are linked with drug addict's mental health.For this purpose, two variables are chosen which are religiosity and emotional intelligence.Therefore, the purpose of this study is to determine whether, Emotional intelligence and Religiosity are predictors of Mental Health among drug addicts.

Objectives

1. To investigate the role of Emotional intelligence as predictor of Mental Health among drug addicts.

2. To investigate the role of Religiosity as predictor of Mental Health among drug addicts.

Hypothesis

1. Role of Emotional intelligence as predictor of mental health among drug addicts.
2. Role of Religiosityas predictor of mental health among drug addicts.

Methods

Study Design and Ethical considerations

A comparative design study was used to evaluate therole of Emotional intelligence and religiosity as predictor of mental health among drug addicts.Questionnaires were administered to the drug addicts who gave their consent for preferring in the research. Ethical protocols will be obeyed according to the Board of Higher Education and confidentiality of all participants was maintained.

Study Venue and sample size

The sample comprised of a total 100 drug addicts individuals. The sample was selected from various different drug rehabilitation centers and neighborhoods of Rawalpindi and Islamabad using the purposive sampling technique.

Eligibility and Non-Eligibility Criteria

The sample comprises drug addictsindividuals between 18 to 60 years. The drug addict individuals were selected as participants who meet the diagnosis of the determined condition. i.e., drug addiction. A strict inclusion criterion was not applied regarding the type of the drug addiction and were selected from normal population i.e., students, employees, labor etc. due to limited facilities. However, to ensure homogeneity, only participants who belong to the religion Islam were included.The sample did not include physically and mentally challenged individuals, i.e., individuals with upper or lower limb loss or impairment, inability to communicate or unable to perform without assistance. Also, individuals who belong to religion other than Islam were also excluded.

Procedure

The sample for the present study was recruited from diverse private and government institutions of Islamabad and Rawalpindi. It consisted of 100 individuals with drug addiction The first step was identifying the institutions and locations of the required population and approach them for consent. After confirmation, the aim of the study was to make it clear to the preferred individuals. Their inquiries and doubts were addressed and confidentiality has conversed. On agreeing to individuals, they were given informed consent. A short interview was then conducted which included questions yielding to the demographics of the participating subject. The fundamental focus was given to facets relating to the drug addiction condition the participant is struggling with. These questions include information regarding the name and duration of addiction and treatment approach and plans.The participant was given theDepression Anxiety Stress scale for measuring Mental Health.Then, the Wongs and Law Emotional Intelligence scale for measuring emotional intelligence and Index of Religiosity (IR) for measuring religiosity study variable.

Instruments

The following instruments were used for the collection of data from the respondents:

- The Personal Information Form included the demography of the participant on the variables of age, gender, religion, marital status, socio-economic status and family structure.

- Wongs and Law Emotional Intelligence Scale (WLEIS): Wong and Law emotional intelligence scale is a measure of emotional intelligence that has four self-report dimensions. Each of the dimension has 4 items. 1) Self emotional appraisal dimension assesses the individual ability to understand and express its deep emotions. 2) Others emotional appraisal dimension assess individual's ability to perceive and understand the emotions of individuals arounds them. 3) Regulation of emotion dimension evaluates the individual's ability to regulate his/her emotions, facilitating its rapid and successful revival after psychological distress. 4) Use of emotion dimension echoes the individual's ability to utilize and direct his/her emotions towards constructive activities and personal performance (Panagiotis et al., 2013).
- Index of Religiosity (IR) Index of Religiosity has 27 items to assess Muslims religious effect, doctrine and faith (Aziz andRehman, 1996).To measure religiosity, the study used Index of Religiosity (Aziz andRehman, 1996). It helps assess the degree of religiosity. Urdu version of the scale was used. It has a total of 4 Likert based responses scale. The responses included always/to great extent, occasionally/to some extent, very little/nothing special and not at all. The Urdu version of IR consists of 27 questions. It provides a valid measure of religiosity of the Muslim subjects on three dimensions, i.e., religious faith, religious doctrine, and religious effect. Cut off score is 54. Higher score suggests higher level of religiosity and lower score suggest lower level of religiosity. The reported split half reliability of the test is 0.80 and KR-20 is 0.83.
- Depression, anxiety, stress scale (DASS21):To measure Mental Health, the study used Depression, anxiety and Stress scale (Naeem&Anila, 2017). It helps to assess depression, anxiety and stress. Urdu version of the scale was used. Total items are 21 on a four-point Likert scale. The total possible score is 63 whereas each subscale has 7 items. Cut-off score 21 is used for total DASS. The responses included 0, 1, 2, and 3. Higher score suggest higher psychological distress while lower score suggests lower psychological distress. The reliability of the version is Cronbach's alpha (0.93) overall measure of DASS-21

Results

Table 1

DemographicCharacteristicsofdrugaddictsandTotalSample(N=100)

Variables	Drugaddicts,n=100Categories	*f*(%)
Gender	Male	76(76)

SocioeconomicStatus	Lower ClassMiddleClass	1 (1)
	UpperClass	58(58)
		41(41)
FamilyStructure	Step-Families	6 (6)
	Single-	54(54)
	ParentFamiliesJoint-	40(40)
	Families	

The above Table 1 shows the frequency and percentage of the demographic variables fordrug addicts. The drug addict sample consisted of 200individuals. The sample was also categorizedonthebasisofgender,socio-economicstatusandfamilystructure. Middle class make up 58%, whereas individuals having single-parent family structure make up 54% of the total sample.

Table 2

Psychometric properties of WLEIS and its subscales,DASS and its subscales, and IR in drug addicts (N=100)

Scales	ActualRange	PotentialRange	α	M	SD	Skewness
WLEIS	1-64	10-49	.88	24.2	9.6	-.01
SEA	1-16	4-11	.18	5.9	2.1	.32
ROE	1-16	5-16	.88	6.0	3.6	.46
UOE	1-16	4-14	.93	6.0	3.8	.10
OEA	1-16	5-11	.74	6.1	2.7	-.53
DASS	0-63	9-58	.90	28	12.8	.18
Stress	0-21	1-21	.70	10.5	4.2	.24
Anxiety	0-21	1-21	.92	9.5	6.0	.18
Dep.	0-21	6-18	.99	7.9	7.1	.22

Note: DASS = Depression, anxiety, stress scale. IR = Religiosity. WLEIS = Wongs and Law Emotional Intelligence scale. SEA = Self emotion appraisal. ROE = Regulation of emotions. UOE = Use of emotions. OEA = Other's emotions appraisal

Table 2 shows the drug addicts datasets descriptive properties andreliability of the scales and subscales used in the study.The alpha coefficient value for Wongs and Law Emotional Intelligence Scale is .87. The reliability of the subscales (Self emotional appraisal, regulation of emotions, use of emotions and others' emotions appraisal) of Wongs and Law Emotional Intelligence Scale are .82, .21, .75, .95 respectively.In drug addict's dataset, the alpha coefficient value for DASS is .95. The reliability of the subscales of Depression, Anxiety, Stress is .68, .96, .98 respectively. Similarly, alpha coefficient value for IR (Religiosity) is .89. So, the scales and subscales used in this study have good reliability.

Table 3

Linear Regression Analysis Predicting Emotional intelligence with Reference to Mental Health among drug addicts (N=100).

	Mental Health		
Variable	*B*	*SE*	*p*
Constant			.351
EI (self-emotional appraisal)	.358	.139	.000
EI (total regulation of emotion)	-.210	.077	.000
EI (total use of emotion)	-.405	.098	.000
EI (overall score)	.982	.054	.000
R^2	.901		
ΔR^2	.897		
F	216.94		

Note: DASS = Depression, anxiety, stress scale, IR = Religiosity. WLEIS = Wongs and Law Emotional Intelligence scale. SEA = Self emotion appraisal. ROE = Regulation of emotions. UOE = Use of emotions. OEA = Other's emotions appraisal

Table 3 shows the significant prediction of EI (emotional intelligence) and its subscales. It predicts.897% variance of EI (emotional intelligence) and its subscales. β value of Emotional intelligence overall is .982 and its subscales β values are, EI (self-emotional appraisal)β value is .358, EI (total regulation of emotion) β value is -.210 and EI (total use of emotion) βvalue is -.405. Constant value of it is .351 and p is .000. It shows clear significance between the variables.

Table 4

Linear Regression Analysis Predicting Religiosity with Reference to Mental Health among drug addicts (N=100).

	GHQ		
Variable	*B*	*SE*	*p*
Constant			.002
IR (total doctrine)	1.060	.075	.000
IR (total faith)	-.717	.095	.000
IR(overall score)	.107	.065	.110
R^2	.599		
ΔR^2	.587		
F	47.85		

Note:DASS = Depression, anxiety, stress scale, IR = Religiosity. IR (total doctrine),IR(total faith),IR (overall score)

Table 4 shows the significant prediction of IR (Religiosity) and its subscales. It predicts .587% variance of IR (Religiosity) and its subscales. β value of IR (Religiosity) overall is .107 and its subscales β values are,IR (total doctrine)β value is 1.060,IR (total faith) β value is -.717. Constant value of it is .002 and p is .000, except IR overall p value which is .110. It shows clear significance between the variables except IR total value.

Discussion

For youth, their families, and their communities, drug usage have fatal consequences, as well as a substantial influence on their physical and mental health. There is a relationship between drug addiction and societal concerns. When a habit takes over a person's life, it takes on a whole new meaning. Individuals concerned about drug abuse would devote more time and money to obtaining and consuming drugs of their choice, limiting their participation in sports and hobbies (Nora andVolkow, 2020).The findings have shown thatreligiosity has been found to have positive relation with mentalhealth amongst drug addicts.Numerous empirical research have demonstrated that not being affiliated with religion might lead to a developing health concern, as the Gallup study (Gallup, 2018) revealed that respondents simultaneously recognized with religion less and discomfort from drug abuse more.Harmon (1979) found that incorporating religion and its value system into a person's life frequently brought about reality, health advantages, and consistency in daily life. Failure to deal with emotions is one of the most common reasons for the propensity for illegal drugs or treatment drug addiction. This occurs because the individual lacks emotional intelligence, causing them to self-medicate with pills, which is one of the reasons they will not be

able to overcome their addiction unless they improve their emotional intelligence (Centers, 2020).It has been found in the by FarwaMansoor (2014) on college students that a positive relationship was detected inside mental health; emotional intelligence and religiosity furthermore psychological distress have negative association with emotional intelligence and religiosity.

Moreover, outcomes also display that religiosity has prognostic relation with emotional intelligence and more than religiosity; emotional intelligence is a better forecaster of mental health.Supplementary, to the physical health difficulties, mental health difficulties are also signified in higher extents amid youngsters who are drug addicts, in particular mood illnesses, conduct disorders, anxiety disorders, and attention-deficit hyperactivity disorder (Grella et al., 2001; Sterling andWeisner, 2005).The findings have shown that the association amid emotional intelligence and religiosity is positive between the variables in drug addicts.Also, emotional intelligence has been found to have positive relation with mental health amidst drug addicts. Hence, amongst the drug addicts the relationship is significant only between mental health and emotional intelligence; however, the relationship between religiosity and mental health is weak and positive but significant. So, the two hypothesis are supported by the recent study that emotional intelligence and religiosity are the predictors of mental health in drug addicts.

Drug abuse has fatal consequences for youth, their families, and their communities, as well as a significant impact on their mental health. There is a positive relationship between drug addiction and social issues.One of the factors which are understudied is emotional intelligence that is powerful in self-control.Emotional intelligence is a character attribute defined as an awareness of one's own emotional capacities, and is measured through self-report methods (Stough et al., 2009).Furthermore, in another study by Shoakezemi (2012) a significant negative relationship amid areas of emotional intelligence and decline of addiction was determined.In the meantime, diverse areas of human life seemed to be inclined by the religiosity furthermore a person’s mental state is pivotal by the religious beliefs, mental health is imprinted by the ideology a person follows which shapes the behavior and way of life (Bashirpour et al., 2012).In terms of mental health, emotional intelligence has a strong to moderate influence on the perception of addicts. Research literature has unlike understanding of emotional intelligence inclusive of: attribute approaches which propose that emotional intelligence is an attribute of personality that is plotted on a personality hierarchy of the lower levels (Petrides et al., 2007) capability tactics, deals with the procedure of emotional information that has fundamental association with distinct mental capabilities (Mayer et al., 2008). Moreover, a relapse analysis by Enrique (2015) examined the relationship of emotional intelligence analytical part in mental health which determined that emotional intelligence is a better forecaster of mental health than physical health amongst drug addicts. The findings of this have led towards

the results that emotional intelligence and religiosity has significant impact on the mental health of drug addicts. The findings of this have led towards the results that emotional intelligence and religiosity are significant predict tors of mental health. But this research have some delimitations for example, this study only included the participants who were diagnosed as drug addicts in terms of DSM-V (substance use disorder). A purposive sampling method was used to collect the data and analysis was done using SPSS. Some of the studies that have investigated the role of religiosity and emotional intelligence in mental and physical health of drug addicts has not yet been clarified.

Conclusion

The primary goal of this research was to determine the impact of religiosity and emotional intelligence in sustaining the mental health of drug addicts. Emotional intelligence has been discovered to play a larger part in drug users' perceptions of mental health, while religiosity has also been found to have an impact on addicts' mental health. As a result, it may be concluded that emotional intelligence and religiosity are helpful in identifying addicts' extrinsic attitudes toward mental health. They both predicts mental health in significant manner.Hence, emotional intelligence and religiosity are significant predictors of general health.As the current study focuses on the role of religiosity and emotional intelligence in the treatment of drug addicts, a potential implication is a deeper knowledge of the subject. Existing literature has avoided discussing drug addiction in the context of religious values, but the findings of this study show that social and healthcare work can now include such issues. Given the importance of emotional intelligence in determining overall health, the study's long-term implications include giving data for trying to provide better drug addict intervention programmes and ensuring that degrading lifestyles are avoided. Future research can use this information to investigate the social, religious, economic, and political consequences of the discrepancy.

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