Journal of Pharmaceutical Research International

28(2): 1-12, 2019; Article no.JPRI.37930
ISSN: 2456-9119
(Past name: British Journal of Pharmaceutical Research, Past ISSN: 2231-2919, NLM ID: 101631759)

Comparison of Mindfulness, Death Anxiety and Defensive Mechanisms in Addicted and Nonaddicted People

Toba Pourmand[1*]

[1]Department of Clinical Psychology, Islamic Azad University, Zahedan Branch, Sistan and Baluchestan, Iran.

Author's contribution

The sole author designed, analysed, interpreted and prepared the manuscript.

Article Information

DOI: 10.9734/JPRI/2019/v28i230199
Editor(s):
(1) Dr. Jongwha Chang, University of Texas, College of Pharmacy, USA.
(2) Dr. Wenbin Zeng, Professor, Xiangya School of Pharmaceutical Sciences, Central South University, Changsha, China.
Reviewers:
(1) Diana C. Tapia-Pancardo, National Autonomous University of México, México.
(2) Dr Andrea Pusey-Murray, College of Health Sciences, University of Technology, Jamaica.
Complete Peer review History: http://www.sdiarticle3.com/review-history/37930

Original Research Article

Received 17 November 2017
Accepted 27 January 2018
Published 27 June 2019

ABSTRACT

The purpose of this study was to compare mental health, death anxiety and defense mechanisms in addicted and nonaddicted people. The research method is descriptive of comparative causal type. The statistical population of the study consisted of all addicts and nonaddicted people in Zahedan city. The sample consisted of 200 people (100 addicted men and 100 non-addicted men) who were volunteers for non-addicts who were volunteers. The tool used in this research was a questionnaire of 39 items of mind-consciousness [1], a questionnaire of 40 items of defense mechanisms [2], Templar death anxiety inventory (1970). The statistical method used in descriptive and inferential level was used to analyze the variance analysis of variables and independent t-test. The results showed that there was a significant difference in the components of mindfulness, such as action with mindfulness, lack of judgment, and observation in addicted and non addicted people, as the mean of action component with mindfulness and lack of judgment in lower addicted people From non-addicted And the average component of observation in addicts is higher than non-addict. Also, there is a meaningful difference in the concept of death anxiety in addicted and non-addicted

**Corresponding author: E-mail: toba.pourmand@chmail.ir;*

people. The mean of death anxiety in addicted people is higher than non-addicted people. Also, the average of psychosocial defense mechanisms in addicted people is higher than non-addicts, and there is no difference in the mechanisms of growth and non-growth in addicted and non-addicted people.

Keywords: Mindfulness; death anxiety; defensive mechanisms; addict; non-adult.

1. INTRODUCTION

Drug addiction is one of the basic problems of life today. Addiction can affect every corner of a person's life. Relationships, work, religious beliefs, and how social relations with others can all be affected (Malikpour, 2004). Addiction is used to get used to and devote itself to the habit of denouncing meaning. In 1950, the UN presented the following definition for drug addiction: drug addiction is a gradual or severe poisoning caused by the continuous use of a drug, whether natural or combined and causing a person and society to suffer harm. It is afraid. Addiction is a disease that has many biological, psychological and social consequences, and its therapeutic plans have different consequences. Most treatment plans reduce or stop the medication. However, drug-dependent patients face many other problems that a history of disease from these problems may return to the start of drug use. These problems may even be important causes of drug use. Thus, treatment plans should not only target the reduction and discontinuation of drug use but also consider the relevant psychological variables associated with starting and continuing drug use. In spite of the efforts made in the context of the substance use promise, it should be noted that people who have substance abuse are not subject to a particular mental and social pattern, but rather as a result of the interaction of several factors; in fact, each One of the theories that have been discussed in this section has only examined part of this phenomenon. Among the determinants of drug use tendency, psychological variables are of particular importance because psychologists believe that the effect of biotic and social factors should be on the person's psychological tendency to use drugs.

For example, if a person does not have a positive attitude toward the use of drugs and does not consider it a problem, he or she is less likely to use drugs, or if the person has sufficient self-confidence Peasants' pressure, which is a factor in drug use, will not be submitted [3]. Among the psychological factors associated with drug use, we can point to defense mechanisms that unduly influence our behavior. Defensive mechanisms are defined as self-regulating processes that act to reduce cognitive dissonance and minimize sudden changes in both internal and external reality by influencing how perceptions of threatening events are perceived (Willent, 1994). Freud considered the personal defense style, that is, the frequency of using defense mechanisms in comparison with others as the main variable for recognizing personality, pathology, and compromise. A hypothesis that has been substantiated by research findings (Freud, 1976). For example, depressed patients act in the use of apparent internalization and extermination defenses from non-depressed people [4]. Empirical evidence has shown that mechanisms and defensive styles can be arranged in a hierarchical manner from compromise (Wylent, 1994). Conflict defense mechanisms and styles are related to physical and psychological health outcomes (Willent, 2000). Uncommon mechanisms and styles are associated with many negative health indicators, such as personality disorder and depression [5]. Andrew et al. [6], classified 20 mechanisms into three "developed", "disoriented" and "unrealized" defenses based on the Wilan hierarchical classification of defense mechanisms. Growth-based defense mechanisms are considered to be adaptive, normal, and efficient, while counterproductive and non-growth defensive mechanisms are considered to be non-adaptive and ineffective exposures. In research, Bullick, Sullivan, Carter, and Joyce (1997) have shown that there is a relationship between non-growth and cigarette-defensive mechanisms. People who use substance abuse and smoking are more likely to use non-growth defense mechanisms. These people are incapable of using effective defense mechanisms in stressful situations and turn to exhilarating and destructive behaviors such as smoking and materials [7]. Akbari, Rostami, and Zarean [8] have shown that there is a relationship between the developed and non-growing defense mechanisms with the acceptance of addiction. Rocket, Kvaswick, and Doris (2009) found that drug addicts use

insecure and maladaptive defense mechanisms in their research on the defense mechanisms of addicted people. The main hypothesis of psychoanalytic theory and technology has been the beginning of a focus on the nature of human widespread self-deception (Weston, Gabard, 1999). From a psychoanalytic perspective, any cognitive action itself is a form of emotional regulation (Weston, Gabard, 1999). Accordingly, the defense is defined as a stimulant disorder that maximizes painful excitement to a minimum and delivers excitement (Weston, 1998). Meanwhile, the relationship between defense mechanisms and anxiety is emphasized (Fennesl, 1972). The manifestation of this close relationship can be found in this definition of Freud.

The defense mechanisms are the ways and means by which" I "with their help rejects anxiety and control and control controlling behavior and instinct" (Freud, 1995). He also sees psychotic symptoms as a consequence of the continuous and habitual use of a particular form of defense. Thus, defense mechanisms are formed to control anxiety and anxiety constitutes a warning to "me" to serve as defense mechanisms (Arlo, 2000).

Regular anxiety is considered to be stressful and may reach the level that is associated with anxiety disorders (National Institutes of Health, 2010).

Several studies have been conducted on the causes of addiction and relapse after treatment from a psychological point of view. One of the factors mentioned in many studies is tension [9]. Signs of stress such as anxiety, depression, nervous tension, insomnia, etc. can be seen at the individual level (King, 1994).

Anxiety is a psychological and physiological state that has cognitive, physical, emotional and behavioral components (Boucher, Minka and Holi, 2010). When combined with each other, these components create an unpleasant feeling that forms in a form of discomfort, fear, fear, or concern. Anxiety is a generalized state that often occurs without a specific trigger (Ahman, 2000).

In the meantime, certain types of anxiety have been identified and named after death, one of the most important of which is the death anxiety. Dysly (1999) considers the death anxiety to be the thoughts, fears, and emotions associated with the end-of-life event and beyond the normal state of life. [10], Death Anxiety is a conscious and unconscious fear of death or death. Death anxiety is a complex concept that is not easily explained and generally includes concepts of fear of death and others. In other words, anxiety Death The concept of death anxiety involves the prediction of death and the fear of the death and dying process of important people of life (Grayson, 2008). Most people who have been referred for drug use have been reported to be relapsed after discharge (Franklin, Patapis, and Lynch, 2006). However, no definitive treatment has yet been found. Even after the dependent person discontinues the use of the drug for a long time, one can not hope to stop using the drug. Therefore, the recurrence of substance abuse is one of the main problems in the treatment of substance abuse. Various studies have been conducted to counteract the recurrence of substance use, and the findings from these studies suggest that the effectiveness of drug preservatives, without psychosocial interventions, is associated with the recurrence of many drugs (Rosen, Wart, Windet, Brink, Jung, 2006).

One of the approaches of mental interventions is the use of mindfulness in preventing recurrence of drug use. Witkowitz, Marlatt & Walker (2005), combining more than two decades of research on prevention of return as a substance dependence treatment with mentally-based techniques [11], introduced a new cognitive-behavioral intervention for disturbances Substance use has been suggested as the prevention of return based on mind-awareness. Therefore, prevention of recurrence based on mindfulness is a new Fatari treatment that combines the techniques of preventing traditional cognitive-behavioral return (prevention of return) into mindfulness mediation for the treatment of substance use disorders.

This combination is referred to as the third wave of behavioral therapy [12]. In Kabat Zayn, the purpose of mind consciousness is not a changed state of consciousness, but a state of self-observation without evaluation and attention to reality (Grayson, 2008). Mindfulness due to the effects of the future can be due to the mechanisms behind it, such as acceptance, increase awareness, sensitization, presence in the moment, observation without judgment, dream and release in combination with traditional

cognitive behavioral therapies. By reducing the symptoms and post-traumatic consequences, it increases the effectiveness of treatment and helps prevent recurrence of drug use (Whitkowitz et al., 2005). Reports indicate that mindfulness has a positive effect on preventing recurrence of substance abuse disorders (Soti, 2005). Now, what about the characteristics of addicted people and how drug addicts have characteristics and problems and how do these people use their defensive styles? And Discussing the Use of Mindfulness in Preventing the Recurrence of Substance Abuse, we will examine and test the factors in order to explain to us whether these factors are mindfulness, death anxiety, and defensive styles of drug addicts?

2. RESEARCH PURPOSES

2.1 General Purpose

Comparison of Mindfulness, Death Anxiety and Defensive Mechanisms in addicted and nonaddicted people.

2.2 Research Hypotheses

There is a significant difference between addicts and nonaddicts in the concept of mindfulness.

There is a significant difference between addicts and nonaddicts in terms of death anxiety.

There is a significant difference between addicts and nonaddicted people in the use of defense mechanisms.

2.3 Research Design

The present research is a causal-comparative and correlational descriptive design. In fact, this research aims to investigate the comparison of mindfulness, death anxiety and defense mechanisms in addicted and nonaddicted people in Zahedan city.

2.4 Society Surveyed

The statistical population included all addicts and nonaddicted people in Zahedan city.

2.5 Sample Size and Sampling Method

The sample size includes 200 people, of which 100 are male addicts and 100 are non-addicted men. The sampling method is available to the addicted people through the sampling method and voluntary for non-addicted people.

2.6 Participants Selection Criteria

2.6.1 The Criteria for the Entry of Subjects to Study

Interest and willingness to participate in the study The desire to fill research tools.

Having at least literacy in the cycle.

Sex is male.

2.6.2 Criteria for Excluding People from Study

Lack of motivation and informed consent to participate in research.

Do not complete research tools.

Not literate in cycles.

Sex is female.

2.7 Sampling

The sampling method is available through sampling.

2.8 Location and Implementation of the Study

In collaboration with university authorities and addicting drug addiction centers, research tools for addicted and non-addicted people in the city were described.

2.9 Data Collection Tool

The instrument for collecting information in this research was Mindfulness Questionnaire, Death Anxiety Inventory, and Defensive Styles Questionnaire.

2.10 The Five-Point Questionnaire for Mindfulness-Aware by Bauer et al. (FFMQ)

This tool is a 39-item self-assessment scale by Baer et al. [1], by combining the terms of the

Freiberger mind-awareness questionnaire (Wallach et al., 2006), the consciousness scale and mindfulness awareness (Braun & Ryan, 2003), the scale of the mind Conchuky's awareness, the revised Cognitive and Emotional Awareness Scale (Kumer et al., 2005), and the Cotton Mindfulness Questionnaire (Chadwick et al., 2007) have evolved using the Factor Analysis approach. Baer [1], conducted an exploratory factor analysis on a sample of university students. The obtained factors are named as follows: observation, acting together with vigilance, non-judgmental to internal experience, description, and non-reactivity.The observation factor involves attention to external and internal stimuli such as emotions, cognition, emotions, sounds, and smells. The description describes the naming of exterior experiences with words. Along with vigilance, acting together with the presence of a complete mind at any moment is in contradiction with the mechanical action that occurs when another person's mind occurs. Non-judgment was allowed to the inner experience and went into internal thoughts and feelings without getting stuck in them. Based on the results of the internal consistency of the factors, the alpha coefficient was in the range of 0.75 (generally descriptive factor). The correlation between the factors was moderate in all cases and was in the range of 0.15-0.34 (Neocer, 2010).

Also, in a study on validity and reliability of this questionnaire in Iran, the correlation coefficients of the FFMQ questionnaire in the Iranian sample were r = 0.75 (non-judgmental factor) and r = 0.84 (factor Observation). Alpha coefficients were also found to be high in acceptability (a = 0.55 for non-reactivity and a factor of 0.83 for descriptive factor) [13]. The Cronbach's alpha obtained in this test is between r = 65 (judgmental factor) and r = 74 (observation factor), as well as the alpha coefficient related to the non-reactive factor r = 75 and in the Cronbach's alpha = r = 74.

2.11 Death Anxiety Questionnaire

Templer constructed this questionnaire in 1970 and includes 15 articles that measure the attitude of the subjects to death. Subjects will specify their answers to any questions with either yes or no options. The answer to this question reflects anxiety in the individual. Thus, the scale of this scale varies from zero to fifteen, with a high score indicating that people are more anxious about death. The validity and reliability of the Death Anxiety Scale show that this scale has credible credibility. In the main culture, the coefficient of reliability of the test was 0.83 and its concurrent validity was based on correlation with the anxiety scale of 0.27 and with the depression scale of 0.44 (Rajabi and Bahrani, 2001).

Rajabi and Bahrani (2001) evaluated the validity and reliability of this questionnaire in Iran and, based on this, the reliability coefficient was 0.62 and the coefficient of internal consistency was 0.73. To assess the validity of Death Anxiety Scale, anxiety scale was used which resulted in a correlation of 34% between these two scales (Rajabi and Bahrani, 2001). The reliability of Templar death anxiety scale in this study was obtained using Cronbach's alpha test of 0.65. The two questions in this questionnaire are: Do you think that you lose control of your mind before death? Are you worried about dying.

2.12 The Defensive Styles Questionnaire

The Defensive Behavioral Defense Behavior Questionnaire (EQS) by the empirical assessment of the precise derivatives of defense mechanisms in everyday life (San Matin et al., 2004). Given the DSQ-72 problems, the new version of DSQ-40 was developed by Andrews et al. In 1993, which included 40 questions, and assessed 20 defense mechanisms in three levels of non-developed defense mechanisms and psychosocial defense mechanisms [2]. Maurice and Merkelbach, 1996; Sina and Watson, 2004). The Likert Score is the one that tells each question its approval on a 9-point scale. The person in each defense mechanism obtains a score between 2 and 18, in each of the defensive mechanisms in which the score of the individual increases from 10 means the individual's use of that mechanism. And in overall styles, the average marks of a person are determined in each style and compared with the average score of a person in other styles. A person with a defensive style that has the highest average (Hayashi et al., 2004). Defense style questionnaire has been evaluated by 40 questions in countries such as Japan, France, Brazil, Portugal, and Iran. A questionnaire for defense styles of 40 questions in Iran was also examined by Heidari Nasab (2006). The standardization steps were generally followed up by the return of the questionnaire in Persian and its correction was literally in two parts: validity

and validity. In order to investigate simultaneous validity, the correlation of mechanisms with personality traits was studied based on Neo-5 personality inventory questionnaire. The validity of the questionnaire structure was evaluated based on the correlation of each material (phrase) with the related mechanism and style, and the Cronbach's alpha for all defense mechanisms was r = 57. According to narrative findings, it was found that the questionnaire has the same validity as the original version (Heidari Nasab, 2006). And Cronbach's alpha in this research, Cronbach's alpha was obtained between r = 70.

2.13 Data Collection Method

After coordinating with the addiction center and obtaining the consent of the addicted people for cooperation and completing the questionnaires of mindfulness, death anxiety and defense mechanisms were individually provided to addicts, and they were asked to carefully complete the questionnaires. In addition, healthy people who were selected by matching with the addicted group.

3. RESEARCH METHODOLOGY

The analysis is presented in two sections describing data and deducing data.

Descriptive Statistics Indicators: To describe the descriptive data, descriptive statistics including mean and standard deviations and frequency descriptions for research variables and demographic information will be used.

Inferential statistics: Initially, Cronbach's alpha method was used to determine the reliability of the test. To analyze the research questions, independent t and Pearson correlation are used. It is worth noting that all analyzes were performed with the software of 16spss and also considered a significant level for accepting or rejecting research hypotheses.

3.1 Descriptive Findings

In this section, the descriptive findings of the studied variables are presented in two groups of addicts and non-addicts.

According to Table 1, there is a significant difference between the two groups in the mental defenses (the mean of the addict group is higher), which, of course, should be tested meaningfully.

According to Table 2 in the observation component, the mean of the addict group is higher, and in the components of the action along with the knowledge, non-judgment and the total score of the mind-consciousness, the mean of the non-addict group is higher.

According to Table 3 the mean of death anxiety in the addict group is more than one higher than the non-addicted group.

Table 1. Mean and standard deviation of defense mechanisms by group

Non-additive group (n = 100)		Addicted group (100 = n)		Variables
SD	**M**	**SD**	**M**	
26.59	127.11	35.67	127.86	Not grown
12.46	45.54	8.82	44.54	Grown up
9.54	44.89	14.41	49.38	Relaxed

Table 2. Mean and standard deviation of mindfulness by group

Non-additive group		Addicted group		Variables
SD	**M**	**SD**	**M**	
4.52	28.01	8.28	30.29	See
3.25	23.73	4.56	24.44	Description
4.11	23.34	7.45	21.01	Action with awareness
4.13	20.71	5.95	17.42	Disrespect
6.92	23.12	5.47	23.36	No reaction
11.27	118.91	16.17	116.52	Total Mindfulness Score

Table 3. Mean and standard deviation of death anxiety by group

Non-additive group		Addicted group		Variables
SD	M	SD	M	
1.72	8.42	2.74	9.60	death anxiety

3.2 Inferential Findings

Multivariate analysis of variance was used to find out whether there was a significant difference between addicted and nonaddicted and non-addicted groups in defense mechanisms and mind-consciousness, and to find out if between two groups with addicts and non-addicts There was a significant difference in death anxiety. Independent t-test was used.

Regarding the fact that the normal distribution of data and the homogeneity of variance are the main definitions of variance analysis, Kolmogorov Smirnov test was used to test the normalization before the analysis was presented, and the Loon test was used to examine the assumption of the variance of dependent variable error variance.

Comparison of addicted and nonaddicted groups in defense mechanisms.

The results of the Table 4 show that the assumption of normalization of data is established.

According to Table 5, the Loun test does not indicate the equation of variance of the groups for any of the three variables, but given the equality of sample size in the groups, we can ignore the significance of F for these variables. The results of the analysis of variance are presented in Table 5.

Multivariate analysis of variance analysis of the overall difference between defense mechanisms in two groups.

Table 4. Kolmogorov-Smirnov test to assess the normal distribution of defense mechanisms scores

Result	SIG	Z statistic is a K-S test	Variables
Normal	0.120	1.19	Not grown
Normal	0.429	0.874	Grown up
Normal	0.429	0.874	Relaxed

The Table 6 shows that all three indicators of the test statistic were significant for the difference between the two groups in terms of the variables studied at the level of 0.014. This finding means that the two groups have a significant difference in at least one of the variables studied. The table 6 shows the details of the differences.

According to Table 7, the two groups have only a significant difference in mental defenses, so that the average addict group in this variable is higher than the non-addicted group.

Comparison of addicted and nonaddicted groups in mind.

The results of the Table 8 above show that the assumption of normalization of data is established.

Table 5. Results of the Loon test to examine the equality of groups variances in defense mechanisms

Significant	Degree of freedom of denominator	Degree of facial freedom	F ratio	Variables
0.001	198	1	10.58	Not grown
0.001	198	1	11.02	Grown up
0.013	198	1	6.27	Relaxed

Table 6.

Significant	Error df	df hypothesis	F ratio	The value of the statistics	Benchmark	Source of the work
0.014	196	3	3.62	0.053	Pillage	group
0.014	196	3	3.62	0.947	Wilkes	
0.014	196	3	3.62	0.055	Hoteling	

Table 7. Results of multivariate analysis of variance of two groups in defense mechanisms

Significant	F	Averages of squares	Degrees of freedom	Sum of squares	Dependent variable
0.866	0.028	28.12	1	28.12	Not grown
0.472	0.519	60.50	1	60.50	Grown up
0.009	6.92	1008	1	1008	Relaxed

Table 8. Kolmogorov-Smirnov test to examine the normal distribution of mind-scoring scores

Result	Significant	The Z statistic is a K-S test	Variable
Normal	0.608	0.761	See
Normal	0.55	1.369	Description
Normal	0.364	0.921	Action with awareness
Normal	0.164	1.118	Disrespect
Normal	0.066	1.306	No reaction
Normal	0.333	0.946	Total mindfulness score

According to the information in Table 9, the Loun assertion assumes the equality of variance of the groups for the lack of reaction and the total score of the mind-consciousness, since in these cases the observed F ratios are not significant. Therefore, the assumption of the uniformity of the variances of these scores is established. In the case of other variables, the homogeneity assumption of variance is not established, but given the fact that the size of the two groups is equal, one can exclude this assumption from these variables. The findings of this analysis are presented in Table 9.

The Table 10 shows that all three indicators of the test statistic were significant for the difference between the two groups in terms of the variables studied at the level of 0.001. This finding means that the two groups have a significant difference in at least one of the components of mind-consciousness. Table 10 shows the details of the differences.

Information from Table 11 indicates that the mean of the nonaddicted group in the two variables of action with knowledge and non-judgment is significantly higher than the addict group and the mean of the addicted group in the observation component is significantly higher than the non-addict group. There was no significant difference between the two groups in other components.

3.3 Comparison of Addicted and Non-Addicted Groups in Death Anxiety

The results of the table 12 show that the assumption of normalization of data is established.

Data from Table 13 show that there is a significant difference between the two groups in terms of death anxiety so that the mean of death anxiety in the addict group is significantly higher than the nonaddicted group.

Table 9. The results of the Lone test for the study of equality of variance of groups in mind

Significant	Degree of freedom of denominator	Degree of facial freedom	F ratio	Variable
0.001	198	1	11.46	See
0.001	198	1	11.23	Description
0.039	198	1	4.33	Action with awareness
0.001	198	1	22.46	Disrespect
0.481	198	1	0.50	No reaction
0.145	198	1	2.14	Total Mindfulness Score

Table 10. Results of multivariate analysis of variance of general difference between mindfulness in two groups

Significant	Error df	df hypothesis	F ratio	The value of the statistics	Benchmark	Source of the work
0.001	194	5	5.45	0/123	Pillage	group
0.001	194	5	5.45	0.877	Wilkes	
0.001	194	5	5.45	0.140	Hoteling	

Table 11. Results of multivariate analysis of variance of variance of two groups in mind

Significant	F	Averages of squares	Degrees of freedom	Sum of squares	Dependent variable
0.017	5.83	259.92	1	259.92	See
0.206	1.61	25.21	1	25.21	Description
0.007	7.50	271.42	1	271.42	Action with awareness
0.001	20.61	541.21	1	541.21	Disrespect
0.786	0.074	2.88	1	2.88	No reaction
0.227	1.47	285.61	1	285.61	Total Mindfulness Score

Table 12. The Kolmogorov-Smirnov test to investigate the normal distribution of death anxiety scores

Result	Significant	The Z statistic is a K-S test	Variable
Normal	0.058	1.365	death anxiety

Table 13. Summary of t-test results for the comparison of death anxiety among addicted and nonaddicted groups

S	t	Degrees of freedom	Homogeneity of variance		SD	M	N	Group
			SIG	F				
0.001	3.65	166.40	0.001	10.95	2.74	9.60	100	Addicted
					1.72	8.42	100	Non addicted

This chapter presents the results of the research and compares these results with research studies in this field. Studies that are consistent or inconsistent with the findings of this study are examined. The structure of this chapter is that it first analyzes the results obtained in relation to each hypothesis and then explains the results obtained in relation to the literature of the research. In the last two sections, the limitations and research suggestions are presented.

4. DISCUSSION AND CONCLUSION

Hypothesis 1: There is a significant difference between addicts and nonaddicted people in the concept of mind-consciousness

In the first hypothesis, the results showed that there was a significant difference between the addicted and non-addicted subjects in the components of mind-consciousness, such as practice with knowledge and non-judgment, and observation, but between addicts and non-addicts in the components of mind-consciousness such as description and non-response, There is no statistically significant difference. Multivariate analysis of variance analysis was used to determine the difference between the two groups in the components of mindfulness. The results of this study showed that the mean of non addicted group in two variables of action with knowledge and non-judgment was significantly higher than the addict group and The mean of the addicted group in the observation component was significantly higher than the non addicted group and there was no significant difference between the two groups in other components.

Given that the component of action with vigilance involves acting with the full presence of the moment at any given moment and in contradiction to the mechanical action that occurs when it occurs elsewhere. Before the

research, it was expected that addicts in this component would get a lower average, which is consistent with the result of the research. And also the non-judgmental component of the inner experience involves a non-conformist mode of thinking and emotion. And non-reactivity allowed to internal experience and went into internal thoughts and feelings without getting stuck in them. For this component, it was also expected that the average of the addicted group was lower than non-addict before the study, the result of the research is consistent with this expectation.

The observation factor involves attention to external and internal stimuli such as emotions, cognition, emotions, sounds, and smells. The description refers to the naming of external experiences with words, and the non-responsiveness of the internal experience is allowed and goes to internal thoughts and feelings without getting stuck in them. In these components, it was also expected that the average scores of the addicted group were lower than the nonaddicted group, which is not the result of the research with this expectation.

Since the mind-consciousness approach has recently entered psychological research, and in Iran, little therapists have been trained in this area, and little research on addiction has only looked at the effectiveness of an intervention based on mind-awareness in reducing Recurrence or prevention of recurrence has been studied in terms of drug addiction and drug rehabilitation. In fact, research has not found the consciousness of addicted people without training and practice of mindfulness intervention (just mindfulness). Soti, 2005; Baun et al., 2009, emphasized the impact of mindfulness-based interventions on reducing drug recurrence.

Another study shows that teaching a relapse prevention model is based on mind-awareness in preventing relapses from addiction and motivation (Kaldi, Barajali, Philosophy and Sohrabi, 2011). According to the results of this study, which indicates the low mean of mindfulness factors in addicted people, it is suggested that in the use of mentally-mindedness training and its theoretical and practical development to use in addiction treatment centers, specialist workshops held by psychologists To be.

Second hypothesis: There is a significant difference between addicts and nonaddicted people in the concept of defense mechanisms.

The research results in this hypothesis showed that addicted people use more than psychosocial defense mechanisms than ordinary people. Defense mechanisms may play an important role in the pathology and the formation of various psychiatric disorders. According to psycho-analytic theories, any type of psychopathology that addiction can also be part of is determined by the use of certain maladaptive defense mechanisms.

Weylent (1992) argues that defense mechanisms automatically act to reduce cognitive imbalance and minimize sudden changes in the inner and outer reality by influencing how perceptions of threatening events perceive; it believes that emotional and cognitive information The process of processing, perception, and evaluation is not properly implemented, the organization of emotions and individual cognition will not function optimally, thus increasing the likelihood of using unrealized and psychosocial growth mechanisms in stressful situations. The results of this research are consistent with previous studies. Rocket et al. 2009, Abolghasemi, Mahmoudi and Salmani, 2009; [8].

Nickel and Aegel [7] also showed that many people in disreputable situations are incapable of employing effective and effective defense mechanisms and resort to destructive behaviors such as smoking. Spielberger and Riser (2006) showed that the use of tobacco may be an effective defense mechanism to reduce negative emotions and may also have a positive effect on its users, although it may have a risk of lung cancer and respiratory problems to make them more. These results suggest that psychosocial styles can be considered as a strong predictor of drug use in addicts.

Hypothesis 3: There is a significant difference between addicted and non-addicted people in the concept of death anxiety.

In this hypothesis, the purpose of comparing the death anxiety in addicted and non-addicted individuals was. The findings indicated that the death anxiety in the addicted group was significantly more than non-addictive. A research

that specifically addresses the death anxiety in addicts has not been found.

But there are some studies that have examined other anxiety problems in addicted people, including Katelenick, Christe, Leipzyst, and Schneier (2000) emphasized the combination of anxiety problems with drug use. According to some prominent psychotherapists such as Yalom [14] and Lange (2008; 2004) from various psychotherapy sessions, the issue of death is one of the main concerns of clients in psychotherapy and death anxiety is one of the important issues that underlie part of Problems are assumed. From this perspective, death is the primary source of anxiety and many other psychological disorders, and therefore it is fundamental to the process of treatment.

5. RESEARCH LIMITATIONS

Each research from the beginning, ie the selection of the subject up to the stages of implementation, analysis, and conclusions, has some limitations. Expression of research constraints helps researchers who are interested in research in a variety of fields, with an open view and knowledge of research shortages, to research in similar fields. This research also has the following barriers and limitations.

1. The quantitative research literature, in which the comparative study of the concept of death anxiety among addicted and non-addicted people, has caused us to encounter problems in the research background.
2. Just selecting a male sample in selecting samples in the generalizability of the results to the woman's case should be cautious.
3. Although instruments used in this study are approved in terms of psychometric indices, the use of scales with different cultural foundations somewhat affects the internal validity of the research.

6. RESEARCH SUGGESTIONS

1. The relationship between research variables (Mindfulness, Death Anxiety, Defensive Mechanisms).
2. The implementation of other studies on different populations in terms of age, gender, and geography, based on the assumption that this method is female, is comprehensive.
3. Performing various researches to compare psychological factors in addicted and non-addicted groups.
4. it is suggested that the implementation of this research be carried out in other provinces and cities of the country and comparing the results with each other.

CONSENT

As per international standard or university standard written patient consent has been collected and preserved by the author(s).

ETHICAL APPROVAL

As per international standard or university standard written ethical permission has been collected and preserved by the author(s).

COMPETING INTERESTS

Author has declared that no competing interests exist.

REFERENCES

1. Baer RA. Mindfulness training as a clinical intervention: A conceptual and empirical; 2003.
2. Andrews G, Singh M, Bond M. The defense style questionnaire. Journal of Nervous and Mental Disease. 1993;181(4): 246-256.
3. Davison GC, Neale GM. Abnormal psychology. 8th Ed. New York: John Wiley & Sons Inc; 2001.
4. Greenberg J, Pyszczynski T, Solomon S, McGregor H. Terror management theory and self-esteem: Evidence that increased self-esteem reduces mortality salience effects. Journal of Personality and Social Psychology. 1993;72(1):24-36.
5. Perry JC, Cooper SH. What do cross-sectional measures of defense mechanisms predict? In Vaillant GE (Ed.). Ego mechanisms of defense: A guide fi~r elinicians and researchers. Washington, DC: American Psychiatric Press Pract Rev. 1992;14(1):10–18,195-216.
6. Besharat Mohammad Ali. Emotional deficits and defensive styles. Principles of Mental Health. 2008;190-181.

7. Nickel R, Egle UT. Psychological defense styles, childhood adversities and psycho-pathlogy in adulthood. Child Abuse & Neglect. 2006;30(2):157-70.
8. Akbari Saeed, Rostami Reza, Zarean Mostafa. The relationship between emotional intelligence and defense mechanisms with addiction. Quarterly Journal of Iranian psychologists. 2008; 4(15):293,303.
9. Martin R, Dahlen ER. Cognitive emotion Model, processes and outcomes. Behav Res Ther. 2005;44:1-25.
10. Greenberg J, Pyszczynski T, Solomon S, McGregor H. Terror management theory and self-esteem: Evidence that increased self-esteem reduces mortality salience effects. Journal of Personality and Social Psychology. 1997;72(1):24-36.
11. Segal Z, Williams J, Teasdale J. Mindfulness based cognitive therapy for stress, and anger. Personality and Individual Differences; 2002.
12. Hayes S, Luoma JB, Bond F. Acceptance and commitment therapy; 2006.
13. Ahmadvand, Mohammad Ali. Mental Health, Tehran, Payame Noor Publication, Fourth Edition. 2011;27.
14. Yalom DI. Staring at the sun: Overcoming the terror of death. Jossey-Bass; 1 edition; 2008.

Peer-review history:
The peer review history for this paper can be accessed here:
http://www.sdiarticle3.com/review-history/37930