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Comparison of Resilience, Mindfulness, and Attachment Styles in High and Low tendency of Students to Addiction

Hossein Mahdvr Mogoui

Ph.D. student of Clinical Psychology, Tokai University

Abstract

The purpose of this study was to compare the resilience, mindfulness and attachment styles in people with high and low tendency to addiction. The method of this study was causal-comparative. The population of this study include all students of Allame Tabatabae university in the academic year 2016. From this population, 298 students were selected as sample by using available sampling method and they completed Zargar et.al addiction susceptibility questionnaire, Conner and Davidson resilience questionnaire, Mindful Attention Awareness Scale and Collins & read Adult Attachment Style Questionnaire. One-variable analysis of variance was used for data analyzing. The findings indicated that there are significant differences between the two groups of individuals with a high and low tendency to addiction in resilience, mindfulness, and attachment Styles (P<0/01).Thus, the average scores of resiliency, mindfulness and Safe attachment style in group of students with a low tendency to addiction was more than students with a high tendency to addiction. Also, average scores of avoiding and ambivalent attachment styles in students with a high tendency to addiction was more than of students with a low tendency to addiction. So, it can be concluded that the difference between the two groups in these variables can indicate the importance of the resilience, mindfulness and attachment style, as psychological variables, in the tendency to addiction of the students.

Keywords: Resilience, Mindfulness, Attachment Styles, tendency to addiction

1- Introduction

Addiction means getting used to and feeling needed (Sadock and Sadock`s, 2015). Drug addiction means sickly dependence on the use of one or more types of drugs that causes drugs seeking behavior and, if not consumed, causes the symptoms of deprivation in the addicted person (Asghari, Ghasemi-Jobneh and Qari, 2014). The World Health Organization (2015) defines addiction as "a chronic condition that disrupts people and society through frequent use of narcotics and stimulants (natural or synthetic)". The obvious characteristics of addiction include the intense and uncontrollable desire to obtain drugs at all costs, the increased use of it at random, and the intense psychological and, sometimes, physical, reliance on the use of that drugs (Vatankhah, Akbari Shayeh, Delavar, Riahi and Pak, 2014).

The new clinical findings show that unhealthy developmental areas, being potential for and readiness play an essential role in the formation of addiction. (Askari, Zakiei and Ali-Khani, 2011). The theory of addiction potential states that some people are susceptible to addiction and if they are exposed to it, they will be addicted and if they do not have addiction potential , they will not be addicted (Askari et al., 2011; Afshar, Sadighi, Arfaee, Jafari And Mohammadi, 2015). In fact, it can be said that the first step of addiction is related to a tendency which is the result of individual evaluations of the subject (Ghaemi, Samsam Shariat, Asif Vaziri and Baluchi, 2008). Most drug addicts have had a lot of psychological and personality deficiencies that after drug addiction appears more destructive and intensive.(Oraki, Bayat and Khodadust, 2012).

Resiliency is among the well-known mechanisms that affect the tendency of people to use drugs and their dependence. In psychology, resiliency is referred to as the positive capacity of individuals to adapt to stress

and resources, and this concept is also considered to determine the attribute of talorence to future risk factors (Hart, Bcainan and De Chenay, 2014). Resiliency has found a special position in the areas of psychology of transformation, family psychology and mental health, so that every day the number of research related to this structure is added (Mortazavi and Yarallahi, 2015). Despite the proliferation of research on resilience, a complete agreement on the definition of this structure has not yet been established .(Tavakoli Chalspari, 2012) Through resilience, individuals can be helped to deal with the unpleasant reality of life in a positive and efficient way (Oconnor & Batcheller, 2015). Kampfer (1999) believed that resilience is the return to the initial balance to achieve a higher level of equilibrium (in terms of threatening conditions) and, therefore, provides a successful adaptation in life. Kampfer also points out, however, that the positive adaptation of livelihood can both be a consequence of volatility and, as a precursor, result in a higher level of resilience. He emphasized this due to the complexity of defining and processing review of resilience. (Mortazavi and Yarallahi, 2015) Ganbaritalab and Fulah Chang (2015) concluded in their research that resilience had a significant negative relationship to addiction susceptibility and high tendency to addiction. Mullayi Yasavoli and Abdoli (2015) showed that increased resilience reduces the temptation of drugs use. In their research, Nicholas and Robert (2014) concluded that those who have a more resilience, have less addictive tendency, and those who have less resilience are more likely to have tendency to addiction. Those with higher ability to solve a problem will be less likely to be addicted (ǒFeizollahi and Feizollahi, 2012).

Research on individual differences supports the potential importance of mindfulness in drugs abuse (Karyadi and Ciders, 2015). Although there are several definitions of mindfullness, mindfullness is generally defined as a way of paying attention in the present, which is based on the no-judgment and transcendental feeling of consciousness that helps to clearly perceiving and accepting the emotions and physical phenomena, as they happen. (Baer, 2011). This attention is intentional along with accTeptance without any judjment of the ongoing experiences in the present moment (Zidane, Johnson, Diamond, David and Goolkasian, 2012). Regarding drugs use and mind-consciousness, theories have been made that individuals with high levels of mind-fullness have a better ability to observe annoying experiences as passing ones and are less likely to engage in addicting behaviors. However, in general, there is a negative relationship between mindfulness and drugs abuse (Bramm, Cohen, and Hagman, 2013) The five components of mindfulness have a different relationship with drugs use behaviors. The conscious action, not judging, and the lack of response of the components with the highest frequency were associated with the reduction of the drug use behaviors (Bodnlos, Noonan and Wells, 2013). Fazilatpour, Raouf Anjom Shoja and Safari (2017) concluded in their research that in the treatment interferences of drug addiction, the role of mindfulness should be considered as an important factor. Jafari, Shamami and Fahimi (2017) showed that excitement and low levels of mindfulness increase the likelihood of drug use. Grow, Collins, Harop, and MARLATT (2015) showed the effect of preventing recurrence based on mindfulness, in participants who received this treatment, spent much time practicing mindfulness after the treatment period and this increase was associated with lower levels of alcohol and any other medication and decreased craving in 2 and 4 months follow-ups. Brewer, Bowen, Smith, MARLATT, and Potenza (2010) showed that mindfulness has a significant direct relation with the reduction of drugs use.

Although one factors for starting drug use may be a simple curiosity, its continuity factors can be related to attachment style. Addiction can be understood as the interaction of person, drugs and environment. In practice, drug is an intermediary between the individual and the environment, and safe relationship with the environment is due to the drug and it is understood that the person is safe in the light of the use of the drugs. Similar to the conditions of separation from mother, the search process is re-emerging when faced with a problem because of the need for increased safety for individuals. f, at this time, the safety resources of the family, the peer group or social resources are not available or the person does not acquire the skills to get them through communication skills, they will inevitably tend to use drugs in order to escape or relieve them (Farkhjasteh , Abdollahi and Ghasemzadeh, 2014). By reviewing child attachment studies in order to define the attachment process of adults, three attachment styles have been identified: safe, avoidance and ambivalent. Safe people easily establish close relationships, tolerate peripheral tensions and have the power to express their excitement and rely on supporters around in helpless conditions. In these individuals, hostility and anxiety are less and they are more flexible and more in harmony with reality. Avoiding people are concerned about intimacy and commitment. They are reluctant to participate in close relationships and prefer not to depend on others and deny the need for attachment under the pressure of independence and control (Besharat, 2011). Morly and Moran (2012) argue that ambivalent attachment is related to a passion and concern for relationships, with low satisfaction. Farkhojasteh, Abdollahi and Ghasemzadeh (2014) showed that there is a significant difference between attachment styles between addicted and ordinary adolescent women. Kheiri, Abdollahi and Shahkgholian (2013) concluded that there is a significant negative correlation between the safe attachment style and addiction, and there is a significant positive correlation between the avoidant unsafe attachment style and the ambivalent anxiety style with addiction.

According to Anderson (2012), unsafe attachment is known as an important vulnerability to addiction, and avoiding attachment among unsafe attachment patterns has the most positive correlation with drugs abuse. Miclesnsor and Shower (2007) stated that attachment quality could predict delinquency and drug use in adolescents and young people.
The present study was conducted to find out more about the causes of drug addiction, with the aim of comparing resilience, mindfulness and attachment styles to people with high and low tendency to addiction.

Methods
The present research is functional regarding aim and in terms of the method is descriptive causal-comparative (post-event) .
Society, sample and sampling method
The statistical population of the study consisted of all students of Allameh Tabatabaee University in the academic year 2016-2017 (approximately 2311 people) Of these, 311 people were selected according to the Jersey and Morgan formula by available method. After deleting incomplete questionnaire, 298 people remained in the data analysis. Participants who ranged from 1 to 5 of the "addiction tendency" scores more than 3 (total score more than48) were placed in the highly addicted group, and the rest were placed in the group with a low tendency to addiction.
Tools
Drug Susceptibility Questionnaire Zargar et al. (2006)
The scale of addiction susceptibility was made by Weed and Boucher (1992) and attempts have been made to determine its validity in Iran. This questionnaire is Iranian addiction readiness scale, which was made according to psychological and social conditions of Iranian society by Zargar (2006) (Zargar, Najarian and Naiami, 2008). The questionnaire consists of two factors and consists of 36 articles and 5 lie detector items. Scoring of any question is on a continuum from zero (totally disagree) to 3 (I totally agree). Of course, this grading method will be reversed in questions 6, 12, 15, 21. The questionnaire has a lie detector, which includes numbers 12, 13, 15, 21, and 33. In order to obtain the general score of the questionnaire, the total sum of the points for each item (other than the lie detector scale) has to be added. This score will range from 0 to 108. A score between 0 and 36 indicates that the respondent's readiness for drug addiction is low, a score of 36 to 54 indicates that the respondent's readiness for the addiction is moderate, and a score higher than 54 indicates the readiness of the respondent for the addiction is high. Higher scores are more likely to be responding to addiction, and vice versa. The questionnaire is a combination of two active and passive readiness. Active readiness is related to antisocial behaviors, desire to use drugs, positive attitude towards drugs, depression and excitement. In the second factor (passive readiness), the highest number of factors is related to lack of self-expression and being depressed. Zargar et al. (2006) used two methods to calculate the validity of this scale. In criterion validity, the addiction readiness questionnaire has been well-differentiated between addicted and non-addicted groups. The scale structur validity was calculated 0.45 by correlating it with the scale of the 25 items in the clinical list of clinical symptoms which is significant. The validity of the scale was calculated to be 0.90 by Cronbach's alpha method which is acceptable. (Zarger et al., 2008).
Conner & Davidson Resilience Questionnaire (2003):
The resilience scale was developed by Connor and Davidson in 2003 to measure the power of coping with pressure and threat, and includes 25 questions, each question on a 5-point Likert scale, from zero (never) to four (always) degrees. The creators of this scale believe that this questionnaire can well be able to separate resilient individuals from non-resilient people in clinical and non-clinical groups and can be used in clinical and research situations. The minimum score of the subject's resilience test at this scale is zero and the maximum score is 100. The internal consistency, retest reliability, and convergent divergent validity of this scale are well reported. The results of the exploratory factor analysis of this questionnaire has confirmed the existence of five factors of personal competence / stability, trust in personal instincts / tolerance of negative emotions, positive admission of emotions / tolerance of negative emotions, safe relationships, inhibition, and spirituality for the resilience scale. But since the validity and reliability of these scales are not yet fully determined, only the overall score of resilience is valid for the validity and reliability of research objectives (Connor and Davidson, 2003). Reliability of 2 and validity of 3 Persian forms of resilience have been examined and confirmed in preliminary studies of normal and patient samples (Besharat, 2007). This scale has been standardized in Iran by Mohammadi (2005) and its validity and reliability have been reported to be reasonable.

Awareness Scale of Mindfulness:
It has 15 questions designed by Brown and Ryan (2003). Measures the level of awareness about daily experiences and the release of past and future mental attitudes (e.g. questions about eating, driving, and living with or without consciousness or awareness). The response is in the 6 range from (6 = almost always)

to (0 = almost never) The total score varies from 0 to 175, and a higher score means more mindfulness. The psychometric properties of this scale have been verified. Has a good validity and has a high positive correlation with most indicators related to well-being and mental health. Cronbach's alpha has been reported in the range of 0.82 to 0.87 in the seven sample groups using this tools. (Brown and Ryan, 2003) In Iran, they used it and reported 0.82 for alpha, and also showed that there is a relationship between the presence of mind and self-knowledge and mental health (Ghorbani, Bing, Watson, Davidson and Mack, 2003).

Collins and Reed Adult Attachment Style Questionnaire:

Collins and Reid (1990; quoted by Pakdaman, 2001) based on the descriptions in the adult attachment questionnaire of Hazan and Shaur about the three main attachment styles, they provided the questionnaire, out of which 18 questions were answered in : no way it does not fit with my characteristic: (1), up to it completely fit my character: (5). The three characteristics of anxiety (equivalent to ambivalent attachment style), dependence (equivalent to secure attachment style), and closeness (equivalent to the avoidant attachment style), each of which has 6 questions. The researchers showed that the subscales of close-up, dependency and anxiety remained stable over a period of 2 months and even over a period of 8 months, and reported Cronbach's alpha for each subscale in 3 samples of students above 0.80. The results of a one-month retest of this questionnaire showed that it is valid at 95% level (PAKDAMAN, 2001).

Results

In the present study, participated 298 individuals with an average age of 23 years and a standard deviation of 47,776.

Table 1- Demographic statistics

variables		high tendency to addiction		low tendency to addiction	
		#	%	#	%
Gender	Male	103	34.56	61	20.46
	female	48	16.10	86	28.85
education	Bachelor	117	39.26	97	32.55
	Master	22	7.38	35	11.74
	PhD	12	4.02	15	5.03

Table 2 - Descriptive statistics of research variables in two groups

variables	high tendency to addiction		low tendency to addiction	
	SD	M	SD	M
Resilience	0.87	2.78	1.09	2.98
Mindfulness	9.87	48.76	7.76	64.76
Avoiding attachment	2.54	4.65	2.12	3.54
Safe attachment	2.76	3.94	1.67	5.23
Ambivalent attachment	4.32	5.65	4.26	3.69

Multivariate analysis of variance was used to compare two groups in resiliency, mindfulness and attachment styles. The result of the Mbox test (P <0.01, F = 1.03) showed that the covariance matrix of the dependent variables in the groups is identical and a multivariate analysis of variance can be used. The result of the Lambda Wilkes' multivariate test (F (3,.87-4.78, P = 0.001, P = 0.001) was significant. The significance of this test shows that there is a significant difference in the resiliency, mindfulness and attachment styles between the two groups of subjects, but this significance does not that the two groups in which dimensions and components are different. One-variable analysis of variance was used to investigate patterns of difference as follows.

Table 3- One-variable analysis of variance to compare the mean scores of the studied variables

Variables	Mean of squares	F statistics	significance
Resilience	20.886	21.645	0.004
Mindfulness	6458.65	21.54	0.0005
Avoiding attachment	98.65	6.46	0.01
Safe attachment	3.43	0.63	0.05
	386.30	39.54	0.0001

Ambivalent attachment

As shown in Table 3, the results of the one-variable analysis of variance indicate that there is a significant difference regarding the five variables between high-tended individuals and those with low tendency to addiction. The mean resiliency scores (P <0.004, 21664), Mindfulness (P = 0.0005, F - 21.54) and safe attachment style (P<05, F- 0.63) of people with a lower tendency were more than those with high tendency. The mean resiliency scores (P <0.004, 21464.5), Mindfulness (P = 0.0005, F = 21.54) and safe attachment style (P> 0.05, P = 0.63) of people with a lower tendency were more than those with high tendency. And avoidant attachment style (P <0.01, F- 6.46) and ambivalent attachment style (P = 0.0001, F = 39.54) of people with high tendency to addiction were more than those with low tendency.

Discussion and conclusion

The purpose of this study was to compare the resilience, mindfulness and attachment styles in people with high and low tendency to addiction. The results indicated that there are significant differences between two groups of addicts and non-addicts in resilience, mindfulness and attachment styles. The first finding of the study, which states that individuals with high tendency, have less resilience and those with lower tendency are more resilient complies with the findings of Ghanbari-Talab and Fuladchanng (2015), Mullayi Yasavoli and Abdoli (2015), Nicholas and Robert (2014) And ERVALV, Glermo and Hertensid (2008).

In order to explanation the present finding, one can argue that people with high resilience have more power to control their impulses, and this reduces their tendency toward addiction. (Ghanbari Talab et al., 2015) People with low levels of resilience do not have a clear goal in their lives and have not found any meaning for their lives. They are also losing their motivation when faced with problems, they are not flexible in their lives and they are always in fear and thus tend to use drugs in threatened situations and circumstances. These people act very vulnerably against problems and break quickly and can not control their emotions and feelings in a healthy way. These people act very vulnerably against problems and break quickly and can not control and manage their emotions and feelings in a healthy way. In times of crisis, they are struggling to imagine themselves as victims and inferior ones, and they are not able to achieve safe and secure solutions by using problem-solving techniques (BAGHERI YAZDI, 2005). Resilient people have skills such as problem solving, effective explanatory style, self-efficacy and social support that helps them to survive in adverse conditions and experience negative emotions and maintain their mental health and well-being.

The second finding of the study showed that there is a significant difference in mindfulness of people with high and low tendency, and the level of mindfulness of those who tend less to addiction was more than others that was aligned with findings of Fazilatpour, Raouf Anjom shoa and Safari (1396), Jafari, Shamami and Fahimi (2017), Grow, Collins, HARROP and MARLATT (2015) Brewer, Bowen, Smith, MARLATT and POTENZ .(2010).

In the present explanation, one can argue that the high-mindfulness trait makes individuals to create a radically different relationship with the experience of the inner feelings of external events by creating moment-consciousness and behavioral orientation based on wise responsibility rather than auto-reactivity. By utilizing purposeful mental high functions such as attention, consciousness, kindly attitude, curiosity and compassion, mindfulness can be effectively applied to emotional responses by controlling limbic cortical retention (Zidane et al., 2012). The mindfulness of the person allows the individual to be more aware of the anxiety and the consciousness of the circumstance and decrease more significantly. In fact, increasing mindfulness increases one's exposure to risky situations. Mindfulness increases the power of coping with the temptation of drugs abuse. Also, based on the theory of replicating the practice, the mind of mindfulness, by alerting the individual to the various components of the behaviors that it does, monitors its behavior and prevents unwanted behavior (Shell house et al., 2016). Therefore, people with a high mindfulness have less tendency to addiction.

The third finding of the study showed that there was a significant difference between the avoidant , ambivalent and safe attachment style and the avoidant and ambivalent attachment style in people with high tendency to addiction was more than in the other group and the safe attachment style in the group with lower tendency is more which is consistent with the findings of MORLY and Moran (2012), Farhkhojasteh, Abdollahi and Ghasemzadeh (2014), Kheiri, Abdollahi and Shahgholian (2013) and Anderson (2012).

In the present explanation, it can be argued that, according to BALBI, the initial experiences gained by the child are internalized in the system, called the in-work model. This model not only carries a model for child-parent communication, it is also a model of the future social communication of the individual; it also expresses unwritten rules for how one experiences, complies with his distressed emotions, tensions, facing issues, and solving life problems (ELMODO et al., 2013). Safe attachment is related with positive features including satisfaction with life, intimacy, proper adjustment of negative emotions and problem-oriented

issues, avoidance attachment with low levels of commitment and self-care, and ambivalent attachment with anxiety about lifestyle issues, severe stresses and low satisfaction. (FANY and NELS, 1990). Unsafe attachment confronts the capacity for social adjustment and self-confidence. Such children in their adulthood are helpless in the face of stress and they lack the skills to live (ALMODO et al., 2013). An underlying assumption of Bali's theory is that in an individual, physical or psychological stresses automatically activate the childhood attachment system. The perception of a possible or actual threat in adulthood leads to the activation of a childhood attachment system. When an attachment system is active, depending on the type of attachment style in the individual, he is looking for a way that is accessible and satisfies his security. Thus, the attachment system is activated under various circumstances and conditions, including stresses and threats, and leads the person to find a solution tailored to the attachment style of the individual. Therefore, the likelihood of a combination of high-risk behaviors, including drug abuse, in an attached unsafe individual is high.

In general, according to the results of this research, it can be said that many psychological factors are involved in the high and low tendency towards addiction, which the lack of them leads to a high tendency towards addiction. Among the research constraints, the selection of addicts from among students, the lack of matched used drugs among drug addicts and the duration of drug use, the uncontrolled effects of variables such as personality traits and self-report questionnaires, were the factors which threaten the internal validity of research results. Therefore, in view of the results, it is suggested that workshops to increase mindfulness and resilience should be created considering that the variables of agility, mindfulness and attachment styles are involved in the high and low tendencies toward addiction. Early interventions on parents and the training of safe attachment styles and proper communication with children can also be seen from other suggestions.

References

Afshar, Sarah; Sedighi Arfaei, Fariborz; Jafari, Asghar, Mohammadi, Hossein. (1394). Relationship between dimensions of spiritual intelligence and addiction tendency and its comparison between male and female students, Journal of Research in Religion and Health, Year 2, Issue 1, Pages 18-10.

Andersen, T. E. (2012). Does attachment insecurity affect the outcomes of a multidisciplinary pain management program? The association between attachment insecurity, pain, disability, distress, and the use of opioids. Social Science & Medicine, 74 (9), 1461-1468.

Asghari, Farhad, Ghasemi Jubneh, Reza, Qari, Milekhe. (1393). The role of family home health and personality traits in the preparation of addiction among female students, Social Encyclopedia Journal. (4) 6, 64-47.

Baer RA. (2011). Measuring mindfulness. J Contemp Buddhism Interdiscip. 12: 241–261.

Bagheri Yazdi, Abbas. (1384). Handbook on Prevention and Treatment of Substance Abuse. Tehran: Roshan Publication.

BESHARAT, Mohammad Ali (1390). The Basics of Attachment Theory. Journal of Psychology. 1 (1), 38-15. Pakdaman, shahla (1380). The Relationship between Attachment and Community Toleration in Adolescents. Ph.D., Faculty of Psychology and Educational Sciences, University of Tehran

Bodenlos JS, Noonan M, Wells SY. (2013). Mindfulness and alcohol problems in college students: the mediating effects of stress. J Am Coll Health. 61: 371–78.

Bramm SM, Cohn AM, Hagman BT. (2013). Can Preoccupation with alcohol over-ride the protective properties of mindful awareness on problematic drinking? Addict Disord Their Treat.12: 19–27.

Brewer, J. A., Bowen, S., Smith, J. T., MARLATT, G. A., & Potenza, M. N. (2010).)Mindfulness-based treatments for co-occurring depression and substance use disorders: what can we learn from the brain? Addiction, 105(10), 1698-1706.

Brown, K. W., & Ryan, R. M. (2003). The benefits of being present: Mindfulness and its role in Psychological well-being. Journal of Personality and Social Psychology, 84, 822-848.

Burke, Laura. (2001). Growth Psychology: From Fertilization to Childhood. (Yahya Seyyed Mohammadi translation, 2009). Tehran, Publication: Arasbaran. BESHARAT, Mohammad Ali (1386). Persistence, vulnerability and health. Journal of Psychological Sciences, 6 (24), 383-373.

FARKHOJASTEH Vahid al-Sadat, Abdollahi, Rakhshan and Ghasemzadeh, are sworn. (1393). Comparison of lifestyle, attachment styles and marital satisfaction. Law Enforcement - Social Studies of Women and Family. 2 (2), 23-5.

Fazilatpour, Masoud; Rauf Anjom Sho'a, Mohammad and Safari, Mohammad Reza. (1396). Hyperactivity / Attention and Drug Addiction: Mediating Role of Mindfulness. Journal of Psychological Studies. 13 (49), 118-101.

Feeney, J.A.; & Noller, P. (1990) .Adult style as a predictor of adult romantic relationship. attachment . Journal Personality and Social Psychology, 58(2), 282-292.

FEIZOLLAHI,HAMIDEH and FEIZOLLAHI, Zahra. (1391). Investigating the relationship between problem solving, emotional self-consciousness and talent to addiction. First International Student Addiction Congress, Urmia University of Medical Sciences.

Fitton, V. A. (2012). Attachment theory: history, research, and practice. Psychoanalytic Social Work, 19, 121-143.

Ghaemi, Farideh; Samsam Shariat, Seyed Mohammad Reza; Asif Zubi, Kimia and Baluchi, Delaram. The Relationship between the Perspective of Knowledge and the Effect of Informational Resources on Addiction with the Propensity for Drug Abuse in the Viewpoints of Students at Islamic Azad University of Khorasgan Branch. Knowledge and research in applied psychology. 38 (12), 104-93.

Ghanbari Talab, Mohammad and Foulad Cheng, Mahboubeh. (1394). The Relationship Between Resilience and Subjective Attempts With Students' Addictive Talent. Quarterly Journal of Addiction Research. 9 (34), 22-9.

Ghorbani, N., Bing, M. N., Watson, P. J., Davison, H. K., & Mack, D. A. (2003). Self-repoted emotional intelligence: Construet similarity and functional dissimilarity of higher order processing in Iran and United States. International Journal of psychology, 37, 297-308.

Gouin, J. P., Glaser, R., Loving, T. J., Malarkey, W. B., Stowell, J., Houts, C., & Kiecolt-Glaser, J. K. (2009). Attachment avoidance predicts inflammatory responses to marital conflict. Brain, behavior, and immunity, 23(7), 898-904.

Grow, J. C.; Collins, S.E.; Harrop, E.N.; MARLATT, G.A. (2015). Enactment of home practice following mindfulness-based relapse prevention and its association with substance-use outcomes. Addictive Behaviors, 40, 16–20.

Jafari, Amir Mohammad, Omid Shamami, Mohsen and Fahimi, Samad. (1396). A Comparative Study of Mindfulness and Exercise Setting in Consumers of Resistant to Therapeutic Substances. Islamic Azad University Medical Journal. 27 (1), 70-62.

Karyadi, K. A., & Cyders, M. A. (2015). Elucidating the Association between Trait Mindfulness and Alcohol Use Behaviors among College Students. Mindfulness, 6(6), 1242-1249.

Khayiri, Touba; Abdollahi, Mohammad Hossein and Shahkolian; Mahnaz. (1392). Comparison of emotional intelligence, attachment style and self-esteem in addicted and non-addicted people. health Psychology. 2 (2), 13-1.

Mikulincer, M., & Shaver, P. R. (2007). Contributions of attachment theory and research to motivation science. In J. Shah & W. Gardner (Eds.). Handbook of Motivation Science (pp. 201-216). New York: Guilford Press.

Mohammadi, Masoud (1384). Investigating the Factors Affecting Resilience in Subjects at Risk of Substance Abuse. Thesis for doctoral degree in clinical psychology. University of Rehabilitation Sciences and Social Welfare.

Molaei Yasavoli, Hadi and Abdi, Mansour. (1394). Comparison of Resiliency and Strategies for Coping with Stress in Individuals and Normals. Social Work Quarterly. 4 (1), 29-24.

Morley, T. E., & Moran, G. (2011). The origins of cognitive vulnerability in early childhood: mechanisms linking early attachment to later depression. Clinical Psychology Review, 31(7), 1071-1082. doi: 10.1016/j.cpr.2011.06.006.

Nicholas, J., & Robert, V. D. (2014) Self-regulation and alcohol use involvement :A latent class analysis. Journal of Addictive Behaviors, 39(1), 146-152.

Oldmeadow, J.A.; Quinn, S & ;.Kowert, R. (2013). Attachment style, social skills, and Facebook use amongst adults. Computers in Human Behavior, 29, 1142-1149.

Oraki, M., Bayat, S., & Khodadust, S. (2012). Study of Effectiveness Mindfulness Cognitive Therapy and Marlaat Relapse Preventive Intervention for Mental Health in Male Crack Addictions. Health Psychology, 1, 22-30.

Saduk and Sadukh (2015). Summary of psychiatry based on DSM-5, Ganji translation, 1394, Tehran, Savalan.

Schellhas, L., Ostafin, B. D., Palfai, T. P., & De Jong, P. J. (2016). How to think about your drink: Action-identification mediates the relation between mindfulness and dyscontrolled drinking. Addictive Behaviors, 56, 51-56.

Shah Mohammadzadeh, Yahya. (1393). Comparison of cognitive flexibility, attention bias and emotional memory among people with substance abuse, smokers and ordinary people. Master's thesis. Unpublished, University of Ardebil.

Askari, Saeed, Zakiei, Ali; AliKhani, Mostafa. (1390). Investigating the Relationship between Personality Characteristics (Neurorzism, Psychosocialization and Outbound) and the Controlled Structure of Preparedness for Addiction among Male Students, Journal of Psychological Sciences, Vol. 10, No. 40, 497-485.

VATANKHAH, Mohammad; Akbari Shamshah, Yahya; Delaware; Mohammad; Riahi; Forogh; Clear; Sahar. (1393). The Relationship between Excitement and Preparedness for Addiction and the Moderating Role

of Personality Characteristics in Neuroticism and Consistency in Students at Ferdowsi University of Mashhad, Ilam University of Medical Sciences. (1) 22, 70-64.

World Drug Report. (2015). United Nations Office on Drugs and Crime (UNOD).

Zargar, Yadollah, Najarian, Bahman, Nami, Abdul Zahra, 2008, Investigating the Relationship between Personality Characteristics (Excitement, Dare, Psychological Hardiness), Religious Attitude and Marital Satisfaction with Readiness for Drug Addiction. Journal of Educational Sciences and Psychology, Shahid Chamran University of Ahvaz (1) 15, 120-99.

Zeidan F, Johnson SK, Diamond BJ, David Z, Goolkasian P. (2012). Mindfulness meditation improves cognition:Evidence of brief mental training. Conscious Cogn.19: 597-605.