

© 2015, TextRoad Publication

ISSN: 2090-4274 Journal of Applied Environmental and Biological Sciences www.textroad.com

### Predicting Drug Dependence Based on Depression and Primary Object Relations

#### Mohammad Reza Eslam Panah<sup>1</sup>, Mohammad Amini<sup>2</sup>, Arezooboruzi<sup>3</sup>

 <sup>1</sup>PhD Student, General Psychology, Azad University of Bojnord
 <sup>2</sup>Master's Degree, Counseling Psychology, Azad University of Roudehen
 <sup>3</sup>Master's Degree Student, Clinical Psychology, Azad University of Saveh, Science and Research Branch *Received: November 21, 2014 Accepted: January 25, 2015*

#### ABSTRACT

*Introduction*: the purpose of this research was to predict drug dependence based on depression and primary object relations.

*Methodology*: this research was a correlational study. Sample group was consisted from 117 addicted and 117 nonaddicted persons and sampling method was random cluster sampling. Non-addicted samples were selected from general population in a way that their demographic characteristics such as age, gender, and education were similar to addicted group. Measurement instruments used in this research was Beck Depression Inventory (BDI) and Bell Object Relations and Reality Testing Inventory (BORRTI). Logistic regression method was used to test all research hypotheses.

*Findings*: results showed that there is a negative correlation between not using drugs and object relations' elements. Moreover, there is a negative correlation between not using drugs and depression. According to regression tests, 18.4 to 24.5 percent of changes in drug dependence (using or not using) is predictable by object relations' elements. Similarly, depression can predict 17.1 to 22.7 percent of changes in drugs dependence. And finally, combinational model showed that depression and object relations can predict 25.4 to 33.8 percent of changes in drug dependence (using or not using).

**KEYWORDS:** Drug Dependence, Depression, Primary Object Relations

#### INTRODUCTION

Drug abuse and addiction is one of the more complex issues of modern societies. Drug addiction not only have many social consequences, it also shows a special psychopathology. Countless researches have been done regarding the reasons behind drug addiction and most of them have listed social, legal, environmental, family, and mental problems as the culprits. Among them, family and mental problems are two very important and not so distinguishable reasons. In other words, mental and psychological elements are heavily influenced by family; since when a child is born and growing in his family's context, he begins to introjection his parents as a replication mechanism regarding the relationships between family members. Considering an individual as a unit of a larger system such as family would make us able to evaluate the larger context that surrounds him and thus we can understand his perceptions, interpretations, and motivations more comprehensively and consequently, explore new treatment options and processes (Goldenberg, 2010). Different psychological approaches have demonstrated different reasons behind drug abuse; one of the deepest of such psychological approaches which has assessed drug abuse from the very first steps during childhood and the effects of parents on their children, is the primary object relations theory. This theory has its roots in psychoanalysis; but instead of instincts its focus is mainly on the first relationships of with important persons in one's life. In this theory, other mechanisms are formed much earlier than what Freud has argued and any problem in primary growth years would lead to various disorders and disturbances in later adult years (Saint Keller, 2007). This theory argues that social relationships not only are affected by childhood psychological traumas, they also affect these traumas. Based on object relations theory, closest and most intimate primary relationships have the most effect on normal or abnormal mental conditions. This theory can provide a conclusive transitional framework for understanding how early close and intimate relationships can affect personality, emotional, and cognitive structure (Khanjani et al, 2012). In fact, this theory is a suitable model to understand adaptable or not adaptable method through which people encounter their life challenges (Lyddon). Apart from this theory, psychoanalysis experts argue that personality substructures have a significant role in forming and lasting of psychological signs and disorders such as depression and drug abuse. Therefore, such experts generally

<sup>\*</sup> Corresponding Author: Mohammad Reza EslamPanah, PhD Student, General Psychology, Azad University of Bojnord

focus their treatment processes on interpersonal relationships, unconscious emotions, needs, desires, and repressed instincts as well as the role of personality structures in forming and persistence of disorders. The term "object" is indicates both a real person in external world and internal image of the same person which is either exist in person's interpersonal relationships, or is an image which is formed through person's previous experiences (Herbert, McCormack, and Callahan, 2010). In object relations theory, it argues that one's personality is formed by his significant and important interactions with others. These interactions, especially during the all-important transitional phases, are hugely influential in a way that transitional assignments such as fundamental trust, autonomy, separation, and unification are all affected by the quality of a person's relationships with others. Therefore, if these relationships are not formed properly in childhood, it can led a person toward various mental and psychological disorders and drug abuse in adulthood (Khodayari Fard, Abedini, 2005). Despite the fact that most researches regarding primary object relations are relatively new, several older studies have confirmed a positive relationship between drug abuse and primary object relations. HeydarNiya and Charkhiyan (2007) found that the quality of parent-child relationships in all dimensions were always better in normal teenagers than addicted teenagers. Moreover, the quality of normal adolescents with their mother in the subscale of role confusion was better comparing to addicted adolescents. No significant difference was reported for the quality of normal adolescents' relationships with their mother or father, but addicted adolescents had a much better relationship with their mother comparing to their father. In another study called "Alcoholism and Self-Destruction" which was done by Raysinger (2010), it's been demonstrated that how a primary bond with one's mother can convert to a bond with drugs. In such cases, drug is a transitional object. In a research about object relations and heroin addicts, very early lack of motherhood was introduced as one of the main culprits behind heroin addiction. Moreover, based on Piko's study (2000) emotional gaps in relationships between children and their parents, especially father, can lead to addiction (quoted from MozafarZakaryayi&Sabeti, 2009).

First psychoanalysts were also the first to help understanding depression in psychodynamic models. Apart from Karl Abraham (1911), Sigmund Freud (1917) in his classic article "Mourning and Melancholia" emphasized the importance of self-hatred and anger in depression; he argued that depressed people generally look calm and does not seem to have anger which falsely convince others that they can contain their anger inside. According to Freud, the main clue to understand their true intimate feelings is finding the difference between normal mourning and depression (melancholia). Normal people react completely different to the loss of a loved one, comparing to depressed people. What if some would turn their anger toward themselves in reaction to such losses? Psychoanalysts argue that self-punishment tendency is rooted in depressed person's childhood. In fact, a depressed individual would develop an intense love that would get weakened with others despondency.

Moreover, psychosis theorists have often emphasize on personality type as an characteristic that would make depressed people more vulnerable against depression. A depressed person's self-esteem is significantly depends on others; these people need to be filled with love and admiration and have constant thirst for emotions and love and if rejected, their self-esteem would decrease. Depressed people can be viewed as love addicts who can expertly attract other's love and attention but apart from those emotions are generally indifferent toward the real character of those whom they love (Rado, 1928, Finichel, 1945, Erity&Bamporad, 1987).

In his article about psychosis theories and depression, Edward Bibring (1953) argued that depression happens when "I" feels helpless and impotent against its dreams and yearning. Impotency toward reaching ideal goals would lead to decreased self-esteem which is the main characteristic of depression.

Self-esteem requires a self-representation full of libidinal energy. Moods are also related to drives. Depressed person's mood is depends on distribution of anger and aggression as well as the intensity of the stimulant behind the anger.

Many conditions can lead to depression, but one of the main reasons is a failure experience resulted from loss or despair from love. These reactions can materialize as anger, hostility, and aggression. This hostility does not help child or adult to recover his libidinal satisfaction and his despair and desolation would prompt him to devaluate love which can be seen as loss of self-esteem.

Some studies have shown that there is relationship between depression and drug abuse. Generalized Anxiety disorder (GAD), clinical depression, and psychosomatic conditions all have a significant relationship (Elgoya, Hasin, Nater, Liu, Delaviz et al, 2010). Moreover, a study done on 268 children with an average age of 12.4 showed that 51% of them have major depression which was increased smoking (24%) and alcohol (19.9%) abuse among them (Zahir al-din, Seyfolahi, and Iranpour, 2007).

Therefore, with attention to aforementioned theories and researches, the purpose of this study was to predict drug abuse based on depression and primary object relations.

#### METHODOLOGY

#### Research population, sampling, and methodology

This research is a descriptive and non-empirical correlational study. Research population was consisted from all types of drug addicts of Qum who visited special camp supervised by Drug Control Headquarters in the years of 90-91 and were subsequently treated in drug rehab camps. Sample group studied in this research was consisted of 117 persons with drug addiction and 117 persons without any record of addictions which was selected using cluster sampling method from Qum's Drug Control Headquarters camp visitors. This research was began with getting necessary approvals from Drug Control Headquarters regarding permission to study drug related patients in the camp. Then, from all associated camps, several were selected randomly and after visiting them, persons who were willing to participate were selected.

Before distributing questionnaires, the project were described and explained briefly for participants so they know that this research is looking to evaluate the role of family relationships, primary parent-child relationships, and depression on addicted people. Moreover, they were assured regarding the confidentiality of their personal information. During the research, if participants felt tired, they would granted a break to recover. The important criteria for control group was lack of any previous record of drug abuse. Therefore, the purpose of this research and the importance of their honesty were clearly explained. The questionnaires' distribution was otherwise similar to the first group. Entry criteria for addict group was drug abuse diagnosis and substance dependency to one or several drugs by psychologists or drug abuse treatment experts, willingness and conscious agreement toward research participation, consulting a drug related expert having an appropriate treatment file as well as visiting a drug rehab clinic. Control group was selected from non-addicted people who were similar to research group regarding their demographic characteristics such as age, education, and income. In order to process and analyze collected data, SPSS 17 software was used. Logistic regression method was used to analyze data.

- 1. *Demographic Questionnaire*: in this questionnaire, age, gender, education, job, and income were inquired. These information was used to coordinated control and research groups.
- 2. Bell Object Relations and Reality Testing Inventory (BORRTI) (Short Version): this object relations inventory which is designed by Bell, Billington, and Becker (1986) has 45 items with yes/no answers structure and covers four elements of Alienation, Insecure Attachment, Egocentricity, and Social Incompetence. Subscale of "alienation" represents one's ability to experience trust in close relationships. Questions 44, 1, 5, 7, 11, 12, 13, 14, 20, 21, 26, 27, 28, 29, 30, 32, 34, 38, and 39 were designed to measure this subscale. Subscale of "insecure attachment" represents one's sensitivity toward rejection and possible harm from their relationships with others. Questions 40, 3, 4, 7, 8, 9, 10, 11, 12, 13, 20, 23, 26, 33, 34, and 37 were designed to analyze this subscale. Subscale of "Egocentricity" represents one's willingness to perceive others only in relationship with himself. Questions 24, 27, 29, 31, 36, 41, 42, and 45 covered this subscale. And finally, subscale of "social incompetence" describes one's self-perceived abilities in participating in social activities. Ouestions 44, 13, 32, 33, 38, and 39 were designed to measure this subscale. High scores in this test means weaker object relations quality. Brief psychiatric rating scale (BPRS) test and compact psychological rating scale (Bell, 1995) test confirmed high correlation of this study with reported physiological values (Reza Gholizadeh, 2009).Millon Clinical Multiaxial Inventory (MCMI), Minnesota Multiphasic Personality Inventory (MMPI), Symptom Checklist-90 (SCL-90) reported 58% to 90% in 4 weeks period, and 65% to 81% in 13 weeks period. Reliability coefficients of Bell's questionnaire was tested by Reza Gholizadeh (2009) in a research called "evaluating the relationship between lack of father and quality of object relation". The research was done in two phases lasting three weeks in total. According to the results, reliability of each subscale in Persian version was 60%, 64%, 80% and 61% for alienation, insecure attachment, egocentricity, and significant psychoanalysts respectively.
- Beck's Depression Inventory (BDL) (2<sup>nd</sup> Revision): this research was initially introduced in 1961, but revised on 1971 and published in 1978. This questionnaire is adapted to depression standards in 4<sup>th</sup> edition of Diagnostic and Statistical Manual of Mental Disorders (DSM). This test consisted of 21 items regarding various signs and participants are requested to score those signs on a 0 to 30 scale. Cutoff points to identify depression in this test are as following:
   0 to 30 means minimal depression, 14 to 19 means mild depression, 20 to 28 means moderate depression, and 29 to 63 means severe depression.

This test is positively correlated with the Hamilton Depression Rating Scale with a score of 71% and also has a highone-week test-retest reliability with a score of 93%. Its internal consistency is 91% (Beck,

Esther, Brown, 1996, quoted from ZemestaniYamchi, 2008). This inventory is based on five depression elements and their signs which are as following:

1st Element: pessimism, past failures, self-hatred, suicidal thoughts, indecisiveness, and slowness

2<sup>nd</sup> Element: guilty feelings, punishment feelings, and self-criticalness

3<sup>rd</sup> Element: crying, change in physical image, loss of pleasure, and sadness

4<sup>th</sup> Element: Loss of weight, physical complaints, and fatigue

5<sup>th</sup> Element: irritability, lack of sleep, and lack of appetite

Feti (2003) used this inventory on a 94 person Persian group and calculated an alpha coefficient of 91%, correlation coefficient of 89%, and one-week test-retest coefficient of 94%. GhasemZadeh et al (2005) in his evaluation of psychometric characteristics of depression inventory (2<sup>nd</sup> edition) with the help of 125 students of Tehran University of Medical Sciences and Allameh Tabataba'i University, reported a Cronbach's alpha of 87% and test-retest coefficient of 74% (Quoted from Isazadegan, 2006).

Validity and reliability of this test were evaluated repeatedly since its initial introduction and the results have been mostly positive. Average reliability have been high (r=86). In other studies on psychological patients, reliability has been 73% which means a moderate to high correlation coefficient.

This test has shown a high correlation with other similar depression-related tests (r=55% to 96%). For instance, its correlation with depression subscale of MMPI test is 74% (Marnathas a good reliability and validity). Bakhshani (2002) in his research has reported the correlation between this test and Hamilton's Depression Scale to be 93%.

#### Findings:

S

Depression

Descriptive findings regarding demographic data of participants are summarized in Table 1.

Variable		Addicted	Healthy
Numbers		117	117
Age	Average	33.39	32.68
Education	Primary School	21	21
	Middle School	50	50
	Diploma	37	36
	Foundation Degree	5	5
	Bachelor's Degree	4	5
	Total	117	117
	Tramadol	1	-
	Opium	29	-
	Glass	20	-
	Crack	2	-
	Methadone	4	-
	Heroin	61	-
	Total	117	-

#### Table 1. Demographic indicators of studied groups

As is evident from the table, there were two 117-persons groups of participants with an average age of 33.39 years and 32.68 years for addicted and healthy groups respectively. Moreover, education level of these participants ranged from primary school to bachelor's degree with the most being in middle-school level. Used substances are also included in the table.

relations and depression elements								
Variable	Group	Average	Median	Standard Deviation	Skewness	Kurtosis	Minimum	Maximu
Alienation	Addicted	10.69	10.50	2.67	-0.104	-0.377	3.00	17.0
	Normal	8.31	8.00	2.18	0.388	0.183	4.00	15.0
nsecure Attachment	Addicted	9.39	9.50	3.09	-0.344	-0.488	2.0	15.0
	Normal	6.60	6.00	2.91	0.263	-0.413	1.0	14.0
Egocentricity	Addicted	4.28	4.00	1.92	0.502	0.655	1.0	14.0
	Normal	3.20	3.00	1.79	0.440	-0.482	1.0	8.0
Social Incompetence	Addicted	3.50	4.00	1.41	-0.256	-0.872	0.0	6.0
	Normal	2.54	3.00	1.35	0.131	-0.491	0.0	6.0

12.57

9.96

0.483

1.296

-0.756

1.502

1.0

0.0

49.0

46.0

21.19

10.93

Addicted Normal 18.00

7.00

## Table 2. Central statistical indicators for dispersion and relative dispersion of object relations and depression elements

Calculated average score for object relations and depression elements shows that average value of all variables are higher in addicted group comparing to normal group. Standard deviation of all variables didn't show a meaningful difference between two groups. Skewness of most variables are relatively high and kurtosis coefficients indicate that apart from alienation and depression in normal group, other variables have shorter distribution comparing to norm.

In order to evaluate the relationship between object relations and depression elements and drug abuse dependency, correlational method was used. Results are summarized in Table 3.

research participants							
Variable	Study	Non-use of drugs					
Alienation	Pearson's Correlation	-0.345					
	Significance Level	0.0001					
	Number	234					
Insecure Attachment	Pearson's Correlation	-0.344					
	Significance Level	0.0001					
	Number	234					
Egocentricity	Pearson's Correlation	-0.213					
	Significance Level	0.0001					
	Number	234					
Social Incompetence	Pearson's Correlation	-0.213					
	Significance Level	0.0001					
	Number	234					
Depression	Pearson's Correlation	-0.358					
	Significance Level	0.0001					
	Number	234					

# Table 3. Correlation coefficient between primary object relations and depression and non-use of drugs in research participants

As is evident from Table 3, there is a negative and significant correlation between alienation and non-use of drugs (p=0.0001, r=0.345), as well as between insecure attachment and non-use of drugs (p=0.0001, r=-0.344), and between egocentricity and non-use of drugs (p=0.0001, r=-0.213), and between social incompetence and non-use of drugs (p=0.0001, r=-0.358). Therefore, drug abuse have a positive correlation with alienation, insecure attachment, egocentricity, social incompetence, and depression elements. In order to determine the predictive power of object relations and depression elements in drug abuse and its dependency, logistic regression test was used. Drug abuse condition categories were determined (0 for addicted and 1 for normal groups) and entered the regression model.

Considering the fact that elements of object relations had a significant correlation with drug dependence, they were entered the model first. In total, 234 persons were included in analysis. Omnibus Tests of Model Coefficients confirmed model's reliability (Chi Square=11.700, df=4, p<0.001) and Hosmer-Lemeshow test showed its goodness of fit (Chi Square=11.700, df=8, p<0.165).

This model predicts 18.4 to 22.5 percent of changes in criterion variable (use and non-use of drugs) with a total categorization authenticity of 65.8%.

Entered Variables	Non-Standard Beta Coefficient	Wald Statistic	Degrees of Freedom	Significance Level	Supremacy Ratio
Alienation	-0.237	5.043	1	0.025	03789
Insecure Attachment	-0.190	5.945	1	0.015	0.827
Egocentricity	0.141	1.739	1	0.187	1.151
Social Incompetence	0.015	0.012	1	0.913	1.015
Constant	3.168	27.691	1	0.000	23.767

Table 4. Wald statistic results for variables entered the model

Above table shows that Wald statistic coefficient of alienation and insecure attachment are significance while Wald statistic coefficient of egocentricity and social incompetence are not significant.

Since depression had a significant correlation with drug dependence, it entered the model to test second hypothesis. In total, 203 persons were entered the model. Omnibus test confirmed model's reliability (Chi square=37, df=1, p>0.001) and Hosmer-Lemeshow test showed its goodness of fit (Chi Square=9.395, df=8, p<0.310).

This model predicts 17.1 to 22.7 percent of changes in criterion variable (use and non-use of drugs) with a total categorization authenticity of 66.5%.

Table 5. Authenticity of group categorization – prediction							
Groups	Normal	Addicted	Authenticity Percentage				
Normal	77	28	73.3				
Addicted	40	58	59.2				
Total Percentage			66.5				

|--|

Та	ble	6.	Wal	d	statistic	results	s for	· vari	ables	ent	tered	l t	he	mod	lel	

Entered Variables	Non-Standard Beta Coefficient	Wald Statistic	Degrees of Freedom	Significance Level	Supremacy Ratio
Depression	-0.080	29.186	1	0.000	0.923
Constant	1.306	24.051	1	0.000	3.692

Table results shows that Wald statistic coefficient is significant for depression. Moreover, object relations and depression elements predict drug abuse and dependency in a combined model.

Logistic regression test was used to evaluate this hypothesis and object relations and depression elements were entered the regression model as predictor variables. In total, 234 persons were entered the model. Omnibus test confirmed model's reliability (Chi square=59.376, df=5, p<0.001) and Hosmer-Lemeshow test showed its goodness of fit (Chi Square=11.162, df=8, p<0.193).

This model predicts 25.4 to 33.8 percent of changes in criterion variable (use and non-use of drugs) with a total categorization authenticity of 51.7%.

14010 / 11	prediction		
Groups	Normal	Addicted	Authenticity Percentage
Normal	80	25	76.2
Addicted	31	67	68.4
Total Percentage			72.4

Table 7. Authenticity of group categorization – prediction

Entered Variables	Non-Standard Beta Coefficient	Wald Statistic	Degrees of Freedom	Significance Level	Supremacy Ratio
Alienation	-0.296	5.050	1	0.015	0.744
<b>Insecure Attachment</b>	-0.095	1.110	1	0.292	0.909
Egocentricity	0.148	1.451	1	0.228	1.159
Social Incompetence	0.042	0.073	1	0.787	1.043
Depression	-0.054	11.004	1	0.001	0.974
Constant	3.817	28.953	1	0.000	45.480

Table 8. Wald statistic results for variables entered the model

Table results shows that Wald statistic coefficient of depression and alienation are significant. Therefore, depression and alienation element of object relations can predict the probability of drug dependence.

#### **DISCUSSION AND CONCLUSION**

This research was done to evaluate and predict drug dependency based on the elements of primary object relations and depression in normal and addicted people. Results showed that there is a significant and positive relationship between object relations elements (alienation, insecure attachment, egocentricity, and social incompetence) and drug abuse. Moreover, object relations elements and depression are suitable variables to predict drug abuse and dependency. Such findings are also in line with Bishop et al (1998), and Zaman&Ahmadi (1377) similar researches regarding the relationship between alienation and drug abuse. Alienation is orientation of one's inconsistent emotions along with feelings that life is meaningless, feeling separated from one's self, and hatred of society's values. It can also be described as the response or reaction of an individual against stresses, tensions, life's adversity, and differences in individual and social views (Atkinson et al, 1390). Alienationis a state in which due to his individual and social disorders, one feels confused in choosing norms, following behavioral principles as well as feeling empty which would eventually lead to anomie, and numerous disorders and anarchy in social relationships, principles, and values. Alienation is one of main factors affecting social and cultural contributions that can materialized as a hurdle against such contributions and could lead a person toward drug abuse (MohseniTabrizi, 2002). So, with these definitions in mind, in demonstrating the relationship between alienation element of object

relations and drug abuse it can be argued that people who are dealing with alienation due to their feelings of powerlessness, emptiness, lack of scales, and isolation, would turn to drugs to flee from their problems and reacting to their feelings of unsafety, mental disturbance, humility, rejection, alienation, and daily problems, they would continue to do so.

Findings of this study were in line with Cassidy and Shower (1999) research which was evaluated the relationship between insecure attachment and various psychological disorders such as mood disorders, anxiety, and drug abuse. This research is also consistent with McNally et al (2003), Caspers et al (2005), and Torberg&Lyvers (2005) researches which assessed the relationship between various attachment types and drug abuse. Social control theory of Elliot (quoted from Torberg&Lyvers (2005)) can also be used to confirm the findings of this study. According to this theory, internal family stress and lack of close parent-child relationships in addicted people would justify the higher frequency of insecure attachment among such families. According to Kohut'snarcissism theory (1992), addicted people are people who are suffering from painful experiences resulted from severe disaffections in their relationships with their mothers. When a mother does not pay attention to her child's needs, self-regulation processes would not complete successfully and subsequently, internal self-control related mental structures would not form properly. Therefore, these people tend to be attached to external objects and use drug abuse as something to fill their internal voids. Based on this, childhood harmful experiences, which are mostly resulted from severe disaffection regarding mother-child relationships, can be counted as one of the most important mechanisms affecting attachment types and it can be used to explain the findings of this research. Thus, lack of sufficient attention from mother in childhood years in families of drug addicted patients would justify the higher frequency of insecure attachment types in such families (Torberg&Lyvers, 2005).

Best on findings of this research, egocentricity has a direct positive effect on drug abuse. In other words, higher level of egocentricity would lead to higher tendency toward drug abuse and addiction. These findings are in line with the results of several similar studies such as Dawe&Loxton (2004), O'Connor & Colder (2005), Franken &Muris (2006), Vassileva et al (2007), Pardo et al (2007), Brewer & Potenza (2008), and Yen et al (2012). Egocentricity represents one's tendency to perceive others only regarding to himself. When egocentricity is dominant, supremacy over others as well as low levels of moral judgment are also prominent. Recognizing egocentricity and its regulation and management can help a person to gain more control over his behaviors and make more clear and acceptable decisions and subsequently, gain more health. Living in present and lack of forwardlooking and planning, causing constant problems for one's self as well as others, and aggressive behaviors are some of egocentricity signs; it will cloud one's clear judgment and would overshadow his attention, focus, thoughts, reasoning, and many other mental processes and could eventually lead to drug abuse. Therefore, people with higher egocentricity, may consider various negative actions as suitable and agreeable, and would express such behaviors to harm themselves as well as the others and do not regard justice, equity, and neutrality and would do anything to reach their goals. The relationship between egocentricity and negative actions such as drug abuse are also explored in many past researches and results have shown that there is a significant relationship between egocentricity and self-legitimized aggressive actions, harmful behaviors, judgment, and moral intents (Stuntz&Weiss, 2003).

This research's findings are in line with studies of Schmit& Collins (1995), Young (1999), Cooper et al (1995), Mohammad Khani et al (2007), Forys et al (2007), and Barkin et al (2002) regarding the relationship between social incompetence element and drug abuse. These researches have shown that social incompetence and lack of social skills can be a reliable predictor for drug abuse. To explain this, it can be argued that drug abuse would lead to social incompetence and vice versa. These elements are in fact strengthen each other. Social skills are talents that can lead to behaviors which are strengthening positively. These skills can bring positive and successful results when used in social relationships. Based on Panther model, drug abuse is resulted from social incompetence, and people who feel socially inept, would turn to drug as a way to escape their problems and stresses. Based on this approach, people who aresocially incompetent, not only are vulnerable against drug abuse stimulus, they also tend to use drugs as a substitute for contrasting adaptive strategies. People who feel socially incompetent, present themselves as helpless and childlike persons. They feel that they cannot protect themselves and are helpless and powerless in life and cannot fight back, so they turn to drugs to escape such problems. Drug abuse would make these people even weaker in way that they are not able to make any decisions (Young et al, 2010).

Results of this research are in line with findings of similar studies such as Bahr et al (1998), Cooper et al (1995), McCuller et al (2000), Ostuki (2003), PrusaKowski et al (2010), and Statham (2011) regarding the relationship between depression and drug abuse. Assessing the reasons behind addiction and studying various books that are published regarding this phenomenon, would lead us to depression as one of the main culprits in turning to drug abuse. Researches have shown that in mental dimension, psychological disorders and depression are some the most important reasons behind heroin addiction. A depressed person is sad and anxious, showing indifference toward life and its issues as well as feeling a sense of guilt and impatience while speaking repetitive and tiresome

words. Self-doubt, subjectivity, and reliance on others, are some characteristics of such personality. Addicted people are generally childish and reliant on others and their out of reached wishes and expectations are bonded by their powerlessness and inabilities. Such people are normally self-admiring, sensitive, and proud and have low tolerance regarding the acceptance of failure; therefore would turn to drugs as a way to fight their internal and external stresses (Ahmadvand, 1374).

In explaining this behaviors, it can be argued that since depressed people feel lonely and have less self-esteem, they would search for something to help them abandon their unpleasant emotions and would eventually turn to drugs. It should also be noted that people who does not have enough experience in dealing with emotions resulted from mental stresses, including depression, can turn to drugs as a self-prescribed medicine against stressful conditions. Moreover, as is shown in various researches, negative self-concept is an important factor behind drug addiction and it can be argued that depressed people generally have weak self-concept and therefore are more vulnerable against drug abuse. It can also be said that the consequences of drug abuse can lead a person to depression. People who are using drugs are often isolated from social relationships and may even have problems in their jobs and due to their loneliness, isolation, and lack of social support would turn to drugs which will make their depression even more severe.

Some of limitations encountered in this research are as following: there have not been enough studies in this subject, both locally and internationally. This research was limited to Qum, so it cannot be extended to all addicted people.

It's recommended that similar researches would be done in other cities and camps and elements affecting object relations and depression from the very beginning as well as the transition periods would be evaluated. Moreover, it's recommended that similar researches would be done using longitudinal study method to reduce the effect of intervening variables and other problem associates with cross-sectional studies and the results could be confirmed or rejected with more accuracy.

#### REFERENCES

- Atkinson, Rita L.; Atkinson Richard C.; Hilgard, Ernest R. (1990), Introduction to Psychology, Vol. 1. Translated by Mohammad NaghiBerahani, Yusuf Karimi, MehrnazShahr Aray, BehrouzBirashk, MehrdadBeyk, Neisan Gahan, Reza Zamani, and Mehdi MoheddinBonab, Tehran, Roshd Publications
- Ahmadi, Jamshid (1377). Evaluating the level of depression in students and assistants of Medical and Rehabilitation colleges of Shiraz University of Medical Sciences. Journal of Isfahan University of Medical Sciences. 3: 5-7
- Heydarniya, Ahmad; Charkhiyan, Amir (2007), the quality of parent-child relationship in normal and addicted teenagers. Seasonal Journal of Science, Research, and Social Wellfare, 6 (25); 39-57
- Khanjani, Zeynab; HosainiNasab, SeyedDavood; Kazemi, Ameneh; Panah Ali, Amir (2012). Attachment types and personality disorders: evaluating the role of insecurity of attachment on personality disorders of B, C. Seasonal study of Iran's psychology 2 (7); 97-119
- KhodayariFard, Mohammad; Abedini, Yasamin (2005). Case report of psychodynamics treatment of panic disorder using object relations and self-psychology, journal of psychology and educational sciences. 35 (2); 39-61
- Reza GholizadehTakatom (2009). The relationship between loss of father and object relations and selfadmiring personality. Master's degree thesis of general psychology. ShahidBeheshti University.
- St. Clair, Michael (2007). An introduction to object relations and self-psychology. Translated by AlirezaTahmaseb and Hamed Ali Aghayi. Tehran. Ney Publications.
- Goldenberg, A; Goldenberg, H. (2010). Family-therapy. Translated by Hamid Reza HosainShahi, SiyamakNaghshBandi, and ElhamArjmand. Tehran. Ravan publications.
- MohseniTabrizi, Alireza (2003). Active alienation and Inactive alienation, Case study of Persian students. Seasonal journal of social sciences, University of Tehran, 22: 131-146.
- Mohammad KhaniShahram; Jazayeri, Alireza; Mohammad KhaniParvaneh; Rafi'I, Hasan; Ghazi Tabatabayi, Mahmood (2007). Direct evaluation of feedback coming from drug abuse, control center and personal and social abilities on vulnerable teenagers' drug abuse. Seasonal journal of moden psychology, 2 (3); 3-12
- Mozaffar, Hosain; Zakaryayi, Manijeh; Sabeti, Maryam (2009). Cultural anomie and drug abuse in teens of 13 to 28 years old in Tehran. Social sciences research journal. 3 (4); 33-54.
- Young, Jeffrey; Klosko, Jannette; Weishaar, Marjorie (2010). Schema Therapy, practical guide for clinical experts. Translated by Hamidpour, Hassan; Andouz, Zahra. Tehran. Arjmand Publications.

- BarklinS.l, &DuRant, R. H. (2002). Substance refusal skills in a population of adolescents diagnosed with conduct disorder and substance abuse. Addictive Behaviors. 24(1-2), 37-46.
- Bishop, Johan B; Bauer, Karen W; Trezise, E (1998). Asurvey of connselling needs of male and female of college students. Journal of college Development. 36 (2); 205-210.
- Brewer, J. A., Potenza, M. N. (2008). The neurobiology and genetics of impulse control disorders: Relationships to drug addictions, Biochemical Pharmacology, 75 (1), 63-75.
- Caspers KM, Cadoret RJ, Douglas L, Yucuis R, Troutman B. (2005). Contributions of attachment style and perceived social support to life time use of illicit substances. J Addict Behav; 30:1007-11.
- Cassidy J, Shaver PR, editors. (1999). Handbook of attachment: theory, research, and clinical application. New York: Guilford Press.
- Cooper, M. L., Frone, M. R., Russel, M., &Muder, P. (1995). Drinking to regulate positive and negative emotions. A motivational model use. Journal of Personality and Social Psychology, 69, 990-1005.
- Dawe, S., &loxton, N.J. (2004). The role of impulsivity in the development of substance use and eating disorders. Neuroscience and Behavioral Reviews, 28(3), 343-351.
- Forys, K., McKellar, J., Moos, R. (2007). Participation in specific treatment components predicts alcohol-specific and general coping skills. Addictive Behaviors, 32(8), 1669-1680.
- Franken. I. H. A., Muris, P. (2006), BIS/BAS personality characteristics and college students substance use. Personality and Individual Differences, 27(6), 1057-1066.
- Herbert GL, McCormack VK, Callahan JL (2010). An investigation of the object relations theory of depression. PsychoanalPsychol; 27(2): 219- 234.
- Kohut H, editor. (1992). The restoration of the self. Madison, CT: International University Press.
- Lyddon, W, J. (1995). Attachment theory: a metaperspective for counceling psychology. The counceling psychologist.23, 479-483.
- Mcnally AM, Palfai TP, Levine RV, More BM (2003). Attachment dimensions and drinking-related problems among young adults. J Addict Behav;28:115-26.
- O,Connor, R.M., & Colder, C.R.(2005), Predicting alcohol patterns in first-year college students through motivational systems and reasons for drinking. Psychology of Addictive Behaviors. 19(1), 10-20.
- Pardo, Y., Aguilar, R., Molinuevo, B., Torrubia, R. (2007), Alcohol use as a behavioral sign of disinhibition: Evidence from J.A. Gray, s model of personality. Addictive Behaviors, 32(11), 2398-2403.
- Schmit, J. Collins, N. L.(1995). Schema revisited. Clinical psychology and psychotherapy, 77, 369-377.
- Stuntz, C. P., & Weiss, M. R. (2003). Influence of social orientations and peers on unsportsmanlike play. Research Quarterly for Exercise and Sport, 74: 421-435.
- Torberg FA, Lyvers M. (2005). Attachment, fear, intimacy and differentiation of self among clients in substance disorder treatment facilities. J Addict Behav;22:154-76.
- Vassileva, J., Gonzalez, R., Bechara, A., Martin, M. (2007). Are all drug addicts impulsive? Effects of anti sociality and extent of multi drug use on cognitive and motor impulsivity. Addictive Behaviors, 32(12), 3071-3076.
- Yen, J.Y, Yen, C.F., Chen, C. S., Chang, Y. H., Yeh, Y.C Ko, C. H. (2012). The bidirectional interactions between addiction, behaviour approach and behaviour inhibition systems among adolescents in a prospective study. Psychiatry Research , 200(2), 588-592.
- Young, J. E. (1999). Cognitive therapy for personality disorders: A schema-focused approach (rev. ed.). Sarasota, FL: Professional Resources Press.
- Zaman, Riffat M. (1998). Psychological problems of medical students in pakistan: data from the age khan university Karachi. Journal of teaching and learning in medicine. 8 (9): 19-24.