



ISSN NO. 2320-5407

Journal homepage: <http://www.journalijar.com>
Journal DOI: [10.21474/IJAR01](https://doi.org/10.21474/IJAR01)

INTERNATIONAL JOURNAL
OF ADVANCED RESEARCH

RESEARCH ARTICLE

The Comparison of Defense Mechanisms in Addicts, at risk and Healthy Subjects.

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Manuscript Info**Manuscript History:**

Received: 14 April 2016
Final Accepted: 19 May 2016
Published Online: June 2016

Key words:

Defense Mechanisms, Addict
Subject, at risk of addiction Subject,
Healthy subject.

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Abstract

Objective: This study was carried out to compare the defense mechanism among Addicts, at risk of addiction and healthy subjects. **Method:** In This descriptive study by cluster method in access, 150 addicted and 150 at risk and 150 healthy people were selected. Used questionnaire to assess defense mechanisms is (DSQ40). The data were analyzed with using ANOVA. **Result:** Data analysis revealed a significant difference among addicted, at risk and healthy subjects are used in terms of defense mechanism. **Conclusion:** According to these results it can be concluded that defense mechanisms is one of the main ingredient in accession or densification symptoms of addiction.

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Introduction:-

Addiction is one of today's global problems and the World Health Organization has estimated its prevalence at 230 million people worldwide (UNODC, 2012) that has involved all countries and any of them have chosen new strategies to tackle it in accordance with their socio-economic and cultural infrastructures. Although we have no published national survey regarding epidemiology of Substance Use Disorder in Iran, according to regional studies it has been estimated that about 3 million of the population are in some way involved by Substance Use Disorder (Aghabakhshi et al, 2009, Kianpoor, Bahredar & Ommizade. 2010)

Addiction can become more important than the need to eat or sleep. The urge to get and use the drug can fill every moment of a person's life. The addiction replaces all the things the person used to enjoy. A person who is addicted might do almost anything—lying, stealing, or hurting people—to keep taking the drug. This could get the person arrested. Addiction is a disease, just as diabetes and cancer are diseases. Addiction is not simply a weakness (Alan, 2000). Substance abuse is a biological, psychological, and social ailment (National Institute of Drug Abuse, NIDA 2008, Badrian, 2006). The precise concept of this word refers to the state that human beings by the consumption of a type of chemical substance physically and mentally become dependent on it, so that they take a feeling of tranquility and enjoyment by accessing and using the drug. In addition, they experience physical pain or annoyance by getting deprived of access to the drug (Ardehshiri, 1999, Penninckx, 2013). Iran, due to its proximity to Afghanistan, is a target country for substance dealers and studies have indicated increasing prevalence of substance consumption (Badrian, 2006). Although we have no published national survey regarding epidemiology of SUD in Iran, according to regional studies it has been estimated that about 3 million of the population are in some way involved by SUD and unfortunately the rate is accelerating dramatically in young people (UNODCCP, 2002)

Many factors influence the propensity to substance abuse. The interaction of these factors leads to substance abuse and later to substance dependency (Karimi, 2013, Dabbaghi, Asgharnejad, Atef & Bolhari, 2007). The increasing number of consumers of illicit drugs implicates the issue that in spite of developing preventive activities and higher knowledge in the community about the harms and risks accompanied by using these drugs, the quantity of substance use doesn't show any decrement. This fact brings the notion up that the maladaptive drug using behavior may have some social or

personal functioning which prevents its extinction. Those with psychodynamic approach believe that nobody becomes addict without a reason. Some of them explain that people use drugs to avoid painful feelings, thoughts and memories, by producing a “chemical dissociation” (Read, 2002). Many of drug services nowadays have recognized that the majority of their clients have suffered emotional, physical or sexual abuse in childhood or major psychological traumas during adulthood (Read, 2002). There are a lot of addicts who resume substance abuse after abstinence and this shows an imbalance in behavior and reaction to internal and external demands. Thus, the psychological aspect and personality qualities play a key role in substance abuse more than any other factors (Monshy, Samoui & Valiayi, 2003).

Defense mechanisms are conceptualized as automatic regulatory processes that function to reduce cognitive dissonance and minimize sudden changes in internal and external reality by altering how threatening events are perceived (Vaillant, 1985, 1992b, 1994). Defenses are thought to alter perceptions of the self, others, ideas, and feelings. There is accumulating evidence (Davidson, MacGregor, Johnson, Woody, Chaplin, 2004). It can be defined as “regulatory processes that allow individuals to reduce cognitive dissonance and to minimize sudden changes in internal and external environments by altering how these events are perceived” (Vaillant, 1993). Defense mechanism are patterns and styles of behavior, thinking, and feeling that spring into action in response to perceptions of psychological danger. This response are generally involuntary and are designed to conceal or reduce the psychological conflicts that causes anxiety

According to Freud, intrapsychic conflicts arise unconsciously between the drives (libido and aggression) that strive to maintain their expression between the agencies (id, ego, and superego) of the mind. When conflicts are handled through compromises that satisfy these agencies, the resulting behavior is adaptive and expresses aspects of the underlying conflict but no symptoms arise. However, when the ego capacity is too weak relative to the intensity of the drive or affective state, compromise formation cannot be reached and symptomatic behaviors occur (Giugliano, 2003).

Method and material:-

The method of this research is descriptive and correlation type. The Statistical population consisted of students in year 2015-2016 in the Azad University of Uoromieh.

This study is survey and descriptive, comparative study that compare three groups of people (addicts, normal and in dangerous people) .Participants were 360 people (120 addicts, 120 healthy, and 120 in dangerous) that was selected by the method of sampling.

The population includes all addicts in city of Uoromieh who visited addictions treatment campus of city of Uoromieh during 2014. From these individuals 120 addicts were randomly chosen by convenience sampling. Also the normal sample, 120 healthy were chosen through random sampling that matched with addicts and in at risk of addiction sample were selected by questioners. At the stage of implementing the research, after providing basic information about the scales and aim of the test, answering method was fully explained to the participants of the test. About the ethical considerations, after obtaining the individuals’ consent and providing the required information, they were ensured that the received information would only be used in the research, and they would be protected from all forms of abuse. To examine the three groups Anova and Manova was performed.

The Defense Style Questionnaire-40:-

The DSQ-40 was specifically designed to draw out people styles in dealing with internal conflicts based on the idea that people can accurately remark on their temperamental behavior (Hyphantis, 2010). According to Mehlman and Slane (1994), although defense mechanisms operate unconsciously, but their use must not necessarily remain unconscious. Individuals are able to report their feelings and behavior that reflects their ego defenses even though they cannot interpret the dynamic meanings of such behavior. Hence, the DSQ-40 self-report instrument was potentially feasible to measure individuals’ defenses. The DSQ consists of 40 items and the defenses are hierarchically grouped based on maturity level (neurotic, immaturity, and maturity), that will be used to derive scores on 20 defense mechanisms with two items for each defense, in a 9-point Likert format. The English version of the DSQ-40 was translated and adapted to Malay version through Back Translation Procedure adapted from Parekh et al., (2004). A pilot study was carried out on inmates at Karak Drug Rehabilitation Centre to examine whether the DSQ items were comprehensible and determine the reliability of the instrument. Samples who participated in the pilot study were inmates in phase two and three of the treatment and rehabilitation process. 30 subjects were selected to participate and considered to be sufficient in a pilot-test study (Malhotra, 2004). The overall Cronbach alpha value of the DSQ-40 Malay language version was .793 which is considerably similar with other language of DSQ that has ranged from .71

to .80 (Yilmaz, Gencoz, & Ak, 2007; Blaya, Blaya, Kipper, Heldt, Isolan, Manfro, & Bond, 2007; Bond & Perry, 2004; Trijsburg, Vant, Van, Hesselink, & Duivenvoorden, 2000; Andrews *et al.*, 1993).

Findings:-

The three groups of addict, healthy and at risk were relatively identical in age, level of education, marriage, gender and the statistical comparison by Anova didn't show any significant difference among the groups in these areas. The Pearson correlation coefficient for age and education shows no actual correlation between ages, education defensive mechanism.

Table 1: Descriptive statics

		N	Mean	Std. Deviation
Developed style	healthy	150	37.4083	6.67177
	At risk	150	37.7000	6.07461
	addict	150	32.8833	6.84423
	Total	450	35.9972	6.88404
Neurotic style	healthy	150	29.2917	7.84342
	At risk	150	32.0500	7.86851
	addict	150	37.4750	6.68871
	Total	450	32.9389	8.20569
Immature style	healthy	150	97.0750	16.87132
	At risk	150	103.5083	14.99299
	addict	150	118.1000	16.66295
	Total	450	106.2278	18.39805

In this study 450 people were surveyed in three groups. Based on the information provided in table 1 it is observed that healthy have better scores in Defense mechanisms scale and addicts have worst. To compare, we used an ANOVA analytical model. In this model the independent variable was being addict or not and at risk, dependent variables were defensive mechanisms. Results of Anova analysis showed that there are significant differences ($p \leq 0.05$) among healthy, addict and at risk groups in Defense mechanisms by f test (table 2).

Table 2: ANOVA

		Sum of Squares	df	Mean Square	F	Sig.
Developed style	Between Groups	1750.439	2	875.219	20.472	.000
	Within Groups	15262.558	357	42.752		
	Total	17012.997	359			
Neurotic style	Between Groups	4160.239	2	2080.119	37.107	.000
	Within Groups	20012.417	357	56.057		
	Total	24172.656	359			
Immature style	Between Groups	27854.206	2	13927.103	53.084	.000
	Within Groups	93663.117	357	262.362		
	Total	121517.322	359			

Table (2) the difference between the three groups using f shows and indicates that the difference between the three groups is significant. So we can say there is a difference between the three groups in defense styles and each group would use different defensive styles.

Table 3: Univariate analysis of variance for examining patterns of different variables defense mechanism

variable	df	Mean Square	f	sig	Eta square
Defense mechanism	2	18570	42/10	0/000	0/19

As shown in Table (3) Post Hoc multiple comparisons shows significant difference among three groups. But there is not significant difference between Healthy and at risk at Developed style .

Conclusion:-

In relation to addiction defense mechanism can be seen in three classic ways. First, they may unconsciously underreport the amount of their drug use. Second they may have limited awareness that their drug use is a problem, but minimize the actual severity of the addiction. Also, people may believe that their drug use has caused severe adverse consequences to themselves and others. Then addict and at risk of addict failure to perceive severity of addiction, have partial awareness of reality or severity of and false explanations for addiction and behaviors. They avoid interpersonal conflict by avoiding other people, blaming another for one's thought and behaviors and for consequences of one's actions, and avoiding feeling by focusing on thinking and logic. When they use drug, they experience a reduction in anxiety, and an increased ability to socialize. After repeated blackouts, addicted people may develop rigid defense mechanism such as denial, minimizing, or projection to reduce the powerful psychological conflicts. Defense mechanisms are patterns and styles of behaviors, thinking, and feeling that spring into action in response to perceptions of psychological dangers. These responses are generally voluntary and are designed to conceal or reduce psychological conflicts that cause anxiety. For most people much of time inner conflicts and anxiety can be handled by rational measures. Perhaps the most basic conflicts involve the loss of control over drug use and the continued drug use despite adverse conscious intentions and behavior. The logical center of the brain (the cerebral) is unable to control the intense cravings for psychoactive drugs that originate in the more primitive limbic system. The limbic system is the part of brain associated with feelings, emotions, and motivation. The limbic system also includes the body's pleasure center; where many psychoactive drugs exert their psychoactive drugs exert their euphoric effect. When the styles and patterns of copings become inflexible and rigid and don't allow the individuals to perceive objective reality for extended period of time, the defense mechanism become unhealthy and dangerous.

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