

Abstract

Objective: The aim of this study was to compare the differentiation of self and cognitive self-control between addicts with a successful withdrawal attempt and drug dependent individuals.

Method: In a causal comparative study, 32 patients with substance dependence and 31 addicts with a successful withdrawal attempt were selected via convenience sampling method and were matched together in terms of age, gender, marital status, education, and occupation. The participants responded to Differentiation of Self Inventory (DSI) and a demographic questionnaire.

Results: The results showed that the mean scores of the addicts with a successful withdrawal attempt were higher than those of the group of patients with substance dependence in terms of the differentiation of self and cognitive self-control. **Conclusion:** According to the findings of this study, differentiation of self and cognitive self-control seem to be among the important factors in the success of addiction abstinence and withdrawal.

Keywords: addiction, differentiation of self, cognitive self-control, success in addiction abstinence

Comparison of Differentiation of Self and Cognitive Self-Control between Addicts with a Successful Withdrawal Attempt and Drug Dependent Individuals

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Introduction

Today, drug-dependent disorders and their unpleasant consequences are among the most important public health problems all around the world (Daley et al., 2005). According to statistics, 22.6 million people are drug-dependent in the United States (WHO Substance Abuse and Mental Health Services Administration, 2011). The World Health Organization (2000) reported that addiction was responsible for nearly 200,000 deaths (Saniotis, 2010). In recent years, many prevention, treatment, and rehabilitation programs have been designed and implemented to treat substance-dependent disorders; however, addiction statistics are still high, especially for people with a withdrawal attempt (Nielsen, 2012). According to the available statistics, addicts refer to rehabilitation centers more than 2 to 3 times (Hojjati, Alvastani, Akhondzadeh, Heydari, & Sharifniya, 2010). Moreover, studies reveal that 20% to 90% of addicts undergoing treatment return to addiction (Rozen et al., 2006); to the point that some experts use the term 'chronic and recurrent disorder' to describe addiction. In this regard, a study in Taiwan has reported that the rate of individuals' recurrence to addiction after withdrawal is 70% (Ching, Yu-Jhen, & Fu-Cun, 2007). Marlatt, & Gordon (1985; cited by Snow, & Anderson, 2000) predicted the possibility of returning to drugs up to 50 percent in the most optimistic form. They believed that this probability is valid up to 90%. Coob (2000; cited by Hedayati, 2005) also estimates that 80 percent of addicts who have successfully completed the period of detoxification, will return to drug abuse within one year or less and only 20% of them will continue to recover after detoxification. This high rate of recurrence can indicate that factors affecting the motivation for withdrawal and abstinence have not been accurately identified and that treatment methods and control programs are not very effective (Nastyzayy, 2010); therefore, for effective treatment of this disorder, the personality, familial, and social factors intervening the treatment and preventing the recovery of these patients should be identified. In general, recurrence factors can be classified into the individual, familial, social, geographical, and economic factors (Yoonesi & Mohammadi, 2006). So far, a considerable amount of research in Iran and outside the country studied different variables in the development and continuation of substance-dependent disorders. In recent years, many attempts have been made to treat these patients, and several studies have been done in this regard. However, a few has been devoted to the patients' returning and recurrence to drug after withdrawal.

With regard to the above-mentioned issues, it is necessary to consider the effective factors in the recurrence of this disorder for more effective treatment plans and also for the prevention of the consequences of addiction. However, the studies that have been conducted in Iran focused on the role of the environmental factors such as addicted friends, unpleasant situations, and the community (Narimani, 2000; Amini, Afshari Moghaddam & Azar, 2003; Sadeghi, Azami,

Berak, Amani & Sediq, 2004). In recent years, different models have been proposed in the area of etiology, prevention, and treatment of substance abuse. These models have examined a wide range of genetic, psychological, familial, and social factors (Botvin, & Kantor, 2000). It is generally believed that social and environmental factors play an important role in the first experience of drug consumption, while psychological and biological factors play a more important role in the addiction disorders (West, 2001).

The results of Safari et al.'s (2014) meta-analysis study indicated the higher role of environmental factors in comparison to the personal and familial factors in recurrence to addiction. However, other studies (Latifian & Fakhari, 2014) emphasize the important role of family communication patterns and differentiation of self from the family system. The emergence and development of many personal or social problems and other disorders and deviations such as addiction could be due to the disruptions in the family functioning (Noori, 2005). In this regard, one of the important psychological factors in returning to addiction is the degree of differentiation of self in patients with drug dependence (Skowron, & Friedlander, 1998; Narimani et al., 2010). Differentiation is the most important concept of the theory of family systems and expresses the individual's degree of ability to distinguish between rational and emotional processes: In other words, to achieve a degree of emotional autonomy through which a person can decide autonomously and rationally in affective and emotional situations without being affected by the emotional atmosphere of those situations. Four components can be defined for differentiate including: 1. Emotional Reactivity: A state in which individuals' emotions overcome their reason and logic, and their decisions are made only on the basis of emotional responses. 2. My position: It means having certain opinions and beliefs in life. Differentiated people have a strong personal identity or a powerful position of mine and do not change their opinion and beliefs for the sake of others' satisfaction. 3. Emotional Escape: Children who are involved in the process of family projection and typically use different strategies to escape the unsolved emotional links of the family during or after their adulthood. These strategies can create physical distance from the family or create the psychological barriers such as not talking to one of the family members. 4. Fusion with others: Bowen shows differentiation on a hypothetical continuum; differentiation is placed on one side and fusion with others on the other side. People who have fusion with others are heavily in need of others' approval and support, and their behaviors are influenced by the emotional system of the environment and the reaction of the surrounding people (Skorn & Dendy, 2004). Differentiated people have a definite definition of their own and their own beliefs, are able to choose their own way of life, do not lose their own control in the emotional situations in which people may do involuntary behaviors, and make wrong decisions and decide based on logic and reason. In contrast, non-differentiated people who do not have a defined identity for themselves, move in line with the emotional wave

of the family in tensions and the existing interpersonal problems. As a result, they experience high chronic anxiety and are susceptible to various types of diseases. The differentiation of self is the ability to gain emotional control while staying in the family's emotional atmosphere; this concept includes a kind of intrapersonal capacity to distinguish between thought and feeling; it is also the interpersonal ability to maintain autonomy within the context of deep relationships with important people's of life (Bowen, 1976; cited by Seyyed Mohammadi, 2011). According to Bowen's (1967) theory, the differentiation of self is necessary for Compatibility at the psychological level as well as the communication level (Jenkins, Bubolts, & Schwartz, 2005). Jounson, Walter, and Seeman (2003) and Beebe and Frisch (2009) argue that non-differentiated individuals experience higher levels of chronic anxiety and psychological and physical symptoms such as anxiety, headache, depression, substance and alcohol abuse, and psychosis.

The degree of differentiation of family members from each other is a key indicator of family functioning and since the family members have a close and strong involvement with the aspects of addiction, their reaction against addiction and toward the addicts plays an important role in the tendency toward addiction, treatment, post-treatment care, recovery, or sudden recurrence (Nirmala, 2005). This factor seems to play a major role in the degree of response to treatment and the successful treatment. The members of these families are involved and preoccupied with the addict and the problems related to him. They have less differentiation from their own families, are not able to differentiate their thoughts and feelings from others, and are easily disturbed by the feelings impose by family, and this is codependency and differentiation (Fritzlan, 2008). The low differentiation in addiction and the individuals' codependency have a significant impact on the addict and the addictive behaviors; working on this problem will affect their recovery and mental health (Selm, 2002). Kianipoor and Akram Poozad (2012) showed that normal family boundaries and higher emotional intelligence play a role in the withdrawal of addiction. Kazemiyan and Delavar (2012) investigated the relationship between the differentiation of self and the rate of tendency toward addiction in married men. The results revealed that differentiation and its sub-scales predict the men's tendency toward addiction; on the other hand, there was a difference between the differentiated and undifferentiated men in terms of the desire for addiction. Kalantar Hormozi (2012) explored the relationship between differentiation and the rate of tendency toward addiction in married men. She concluded that differentiation and its sub-scales such as emotional reaction, emotional separation, I position, and fusion with others can predict the men's tendency toward addiction. Narimani et al. (2010) found that self-differentiation training could be effective in reducing the recurrence among drug users. Moreover, other studies showed that drug abuse disorder was associated with communication problems and low differentiation (Afarel & Bichler, 1987; cited by Thorberg, & Lyvers, 2006). In Latty's (2005)

study, university students with low-differentiation are more likely to turn to alcohol, and high differentiation is considered as a deterrent factor against the risk of alcohol and drug use. Anand, Chen, Lindquist, & Daughters (2017) indicated that differentiation of self, especially from the emotional dimension, increases the likelihood of follow-up treatment in drug addicts.

In examining the factors affecting the recurrence of substance abuse, several studies have emphasized the role of temptation (Safari, Kamali, Dehghani, & Esfahani, 2014). Temptation expresses the feelings of desire and tendency toward the pleasant stimuli. Therefore, cognitive self-control can be a factor in reducing the temptation to drug use. Cognitive self-control is an intrapersonal conflict between logic and desire, cognition and motivation, and internal planning and action that results in overcoming the first part of each of these couples on the second part (Gilbert, 2005). Studies have shown that success in reducing smoking is strengthened by the belief in cognitive control (Shapir, Astin, Bishop, & Cordova, 2005). Basharpour et al. (2013) revealed that the motivation for treatment in drug and alcohol addicts has an indirect relationship with low cognitive self-control and a direct relationship with kindness to self, self-judgment, common humanity, isolation, and mindfulness. Mowlaei, Abolqasemi, & Aghababaei (2016) showed the moderator role of cognitive self-control in drug abuse treatment. In the research conducted by Karshaki & Momeni (2012) and Savadi (1999), there was a relationship between self-control and the tendency toward substance abuse. According to Chauchard et al. (2013) self-knowledge, self-control, concern about health, interpersonal relationships, and social acceptance are likely to play an important role in the individuals' abstinence after withdrawal. Since addiction is a chronic and recurrent disease, several factors (biological, psychological, social, and familial) play a role in the relapse of its symptoms after the completion of the detoxification period (Nathan 1980; Rotgers, 1996; Golestani, 2007). Several studies have pointed out the role of self-differentiation and cognitive self-control in addiction. However, almost no study has compared these two important factors by controlling the effective demographic variables such as age, gender, marital status, employment, and education in two groups of addicts with a successful withdrawal and drug dependent individuals. Therefore, the current study intends to answer the question of whether the degree of self-differentiation and cognitive self-control is different in the group of drug dependent individuals and the addicts with a successful withdrawal.

Method

Population, sample, and sampling method

The present study is a descriptive (causal-comparative) study in which two groups of drug addicts with successful withdrawal attempt for 2 years and those with substance dependence are compared in terms of the differentiation of self and cognitive self-control. In the current study, the statistical population of the

addicts with successful withdrawal attempt included those who were referred to the centers and organizations of narcotics anonymous called Hamdeli, Isar, and Aramesh in Robat-Karim and Parand from 2012 to 2016. The statistical population of drug dependent individuals included addicts who referred to the drug treatment called Mehraban and Javid in 2015-2016. Based on the type of the study and the nature of the statistical population, 35 people with substance dependence were selected using the convenience sampling method. After collecting the demographic data, 35 addicts with successful withdrawal attempt were matched with the first group in terms of age, sex, and education. The inclusion and exclusion criteria were followed for both groups. Inclusion criteria includes the diagnosis of addiction based on DSM-V diagnostic criteria in a diagnostic interview by a psychiatrist or psychologist for the group of addicts, and failure to diagnosis of addiction based on DSM-V diagnostic criteria in a diagnostic interview by a psychiatrist or expert psychologist for drug addicts with successful withdrawal attempt for two years. The exclusion criteria for the individuals with substance dependency and drug addicts with successful withdrawal were a history of admission to a psychiatric hospital due to the psychiatric disorders caused by drug poisoning or deprivation. It should be noted that after the exclusion of a number of people, 32 people in the substance dependence group and 31 people in the group with successful withdrawal (totally 63 people) remained as the final sample.

Instruments

1. The Inventory Differentiation of Self: This questionnaire was first designed and implemented by Skowron, and Friedlander with 43 items in 1998. Then, it was reviewed in 2003 and was redesigned with 45 items and 4 factors. Its main focus is on the individuals' important relationships and their current communication with their families of origin (Skowron, & Schmitt, 2003). This questionnaire is answered by a six-point Likert scale. It is made of four subscales of emotional cutoff, emotional reaction, fusion with others and my position. In Skowron, & Schmitt's (2003) study, the reliability coefficient of the total test was estimated to be 0.92. In Iran, it was standardized and its reliability was evaluated through test re-test reliability by Younesi and Mohammadi (2006). The Cronbach's alpha for the whole scale, the emotional reaction, I position, emotional cutoff, and fusion with others was estimated to be 0.85, 0.77, 0.60, 0.65, and 0.70 respectively. The validity of the test was also evaluated through factor analysis and four factors with eigen values above one were obtained, which explained 57.67% of the variance as a whole.

2. Cognitive Self-Control Scale: This questionnaire was developed by Grasmick et al. (1993). It is originally a 24-item questionnaire that is used to measure the individual's self-control status. Considering the research conducted by Allahverdipoor et al. (2007), in order to reduce the number of questions, 12 items of this questionnaire were used to measure the individual's low self-

control. Responses are introduced to the 7-point Likert scale continuum (1 = strongly agree, 7 = completely disagree). The low scores indicate high self-control and high scores show low self-control. This scale has been used in several studies and has shown the acceptable psychometric properties. According to previous research, the factor analysis of this questionnaire reflects only one factor. The scores in this questionnaire showed a significant correlation with other self-control cognitive scales and the reliability coefficient of 0.81 was reported. The Cronbach's alpha coefficient was estimated to be 0.86 in the study conducted by Basharpour et al. (2013).

Results

The statistics pertaining to gender are presented in Table 1.

Table 1: Descriptive statistics of Gender for Each Group

<i>Gender</i>	<i>Individuals with drug dependency</i>		<i>Individuals with successful withdrawal</i>	
	<i>Frequency</i>	<i>Percent</i>	<i>Frequency</i>	<i>Percent</i>
Female	10	31	10	32
Male	18	56	18	58
No response	4	13	2	10

Chi-square results showed that there was no significant difference between groups in terms of gender ($\chi^2 = 0.67$, $P > 0.05$). The descriptive statistics related to the mean age for each group are presented in Table 2.

Table 2: Descriptive Statistics of Mean Age for Each Group

<i>Groups</i>	<i>N</i>	<i>Mean</i>	<i>SD</i>
Individuals with drug dependency	32	34.28	9.68
Individuals with successful withdrawal	31	35.12	8.22

The results independent two-sample t-test showed that there was no significant difference between groups in terms of mean age ($t = 1.09$, $p > 0.05$). The descriptive statistics of the educational status for each group are presented in Table 3.

Table 3: Descriptive Statistics of Educational Status for Each Group

<i>Educational status</i>	<i>Individuals with drug dependency</i>		<i>Individuals with successful withdrawal</i>	
	<i>Frequency</i>	<i>Percent</i>	<i>Frequency</i>	<i>Percent</i>
Primary	6	19	10	32
Secondary	17	55	10	32
Diploma	6	19	9	29
Bachelor's degree	2	7	2	7

Chi-square results indicated that there was no significant difference between groups in terms of the educational status ($\chi^2 = 4.40$, $P > 0.05$). Descriptive statistics of marital status for each group are presented in Table 4.

Table 4: Descriptive Statistics of Marital Status for Each Group

<i>Marital status</i>	<i>Individuals with drug dependency</i>		<i>Individuals with successful withdrawal</i>	
	<i>Frequency</i>	<i>Percent</i>	<i>Frequency</i>	<i>Percent</i>
Single	7	22	9	30
Married	20	62	19	63
Divorced	5	16	2	7

Chi-square results revealed that there was no significant difference between groups in terms of marital status ($\chi^2 = 1.74$, $P > 0.05$). Descriptive statistics related to job status for each group are presented in Table 5.

Table 5: Descriptive Statistics of Job Status for Each Group

<i>Job status</i>	<i>Individuals with drug dependency</i>		<i>Individuals with successful withdrawal</i>	
	<i>Frequency</i>	<i>Percent</i>	<i>Frequency</i>	<i>Percent</i>
Employed	18	56	22	70
Student	2	6.5	2	7
Unemployed	10	31	7	23
Housewife	2	6.5	0	0

Chi-square results indicated that there was no significant difference between groups in terms of job status ($\chi^2 = 2.91$, $P > 0.05$). The descriptive statistics related to the variables of the study for each group are presented in Table 6.

Table 6: Descriptive Statistics of the Variables of the Study for Each Group

<i>Variables</i>	<i>Individuals with drug dependency</i>		<i>Individuals with successful withdrawal</i>	
	<i>Mean</i>	<i>SD</i>	<i>Mean</i>	<i>SD</i>
Differentiation of self	146.21	15.26	159.21	17.24
Emotional Reactivity	36.79	7.24	40.21	6.35
I position	43.14	5.17	48.07	6.52
Emotional escape	33.36	6.94	37.50	6.14
Fusion with others	31.71	4.86	34.36	4.58
Cognitive self-control	46.28	6.88	59.29	7.34

In order to analyze the difference between the two groups, a multivariate analysis of covariance should be used. One of the assumptions of this analysis is the homogeneity of variances. The results of the Levene's test showed that this assumption has not been violated for differentiation ($F = 1.195$, $P > 0.05$), emotional reactivity ($F = 1.171$, $P > 0.05$), I position ($F = 1.256$, $P > 0.05$), emotional escape ($F = 2.504$, $P > 0.05$), fusion with others ($F = 2.855$, $P > 0.05$), and cognitive self-control ($F = 0.95$, $P > 0.05$).

Another assumption is the normal distribution of variables. The results of Kolmogorov-Smirnov test showed that this assumption was established for differentiation ($Z = 1.17$, $P > 0.05$), emotional reactivity ($Z = 1.05$, $P > 0.05$), I position ($Z = 1.27$, $P > 0.05$), emotional escape ($Z = 1.14$, $P > 0.05$), fusion with others ($Z = 0.94$, $P = 0.05$), and cognitive self-control ($Z = 1.11$, $P > 0.05$). Therefore, the multivariate analysis of covariance was performed and the results revealed that there was a significant difference between the linear combination of the variables in the two groups (Wilks' Lambda = 0.332, $F = 16.054$, $P < 0.001$). In order to examine the patterns of variation, the univariate analysis of variance was used which is described in Table 7.

Table 7: The Results of the Univariate Analysis of Variance to Examine the Patterns of Variation

<i>Variables</i>	<i>The mean squares</i>	<i>F</i>	<i>Sig.</i>
Emotional reactivity	84.32	15.568	0.0005
I position	3.72	0.109	0.897
Emotional escape	570.42	13.284	0.0005
Fusion with others	178.68	12.266	0.0005
Cognitive self-control	1841.79	13.41	0.0005

As shown in Table 7, there is a significant difference between the two groups in the variables of emotional reactivity, emotional escape, fusion with others, and cognitive self-control. According to the descriptive statistics, it can be said that the mean of the group of the individuals with successful withdrawal had been higher in terms of these above-mentioned variables.

Discussion and Conclusion

The results of the present study showed that individuals with successful withdrawal attempt had a higher degree of differentiation and self-control than those with substance dependency. This finding can conform to the Bowen's view according to which the individuals with low levels of differentiation are more vulnerable to stress and tension. Friedman has also suggested that the individuals who have high levels of differentiation are less likely to behave in an inefficient manner in stressful situations, are more likely to go out of stressful situations faster, and have more ability to tolerate the chronic anxiety. These findings are in consistency with the studies conducted by (Kiyanipoor & Poorzad, 2012; Narimani et al., 2010; Latifiyan & Fakhari, 2014; Kalantar Hormozi, 2012; Kazemiyani & Delavar, 2012; Ghaffari et al., 2009; and Letty, 2005) that investigated the role of differentiation in addiction. A comparison of the dimensions of differentiation also indicates that individuals with successful withdrawal attempt respond to the environmental stimuli with a less emotional sensitivity and variability, have a clear definition of their own feelings, have more loyalty to their own beliefs, are less damaged in their relationships, have less fear from the intimacy, and do not have an excessive emotional involvement in their relationships with others. These findings are consistent with other studies. Thorberg and Lyvers (2006) showed that unsafe attachment, high fear from the intimacy, and low self-differentiation are signs of the capacity to turn to drug. In this regard, the study conducted by Simons-Morton et al. (2007) also showed that the positive and supportive parenting which are the characteristics of the boundaries of normal and distinct communications and include sincere relationships, having clear expectations, and monitoring, protect the juvenile from the consumption of illegal drugs.

With regard to the role of self-control in the treatment of substance abuse, there are studies in line with the results of the current study. For example, the study performed by Blitner et al. (1978) indicated that cognitive self-control training in the experimental group was effective in reducing the behavior of smoking in its follow-up period. Moreover, Basharpour et al. (2013) revealed that treatment motivation has a significant and indirect relationship with low cognitive self-control, so individuals with successful withdrawal can be expected to have higher cognitive self-control than other addicts. In line with the findings of the present study, some studies have shown that there is a relationship between the tendency to substance abuse and low self-control. In this regard, Karshaki and Momeni's (2012) study showed this relationship for university students. Wales,

Duhammer, and Vakaro (1995) also stated that one of the effective variables in substance abuse is the individual's sense of control. Substance abuse is related to low control or control loss; that is, the individual feels that he/she does not have control over a situation and turns to drug abuse in order to obtain that control; in addition, these individuals lose the adaptive skills in life and are more captured by anxiety, anger, and disappointment. Drug addicts have insufficient control over their cognition and behavior (Seraj Khorrami, & Seif, 2003). In explaining the results of the present study, it can be said that low differentiation in the group of addicts is quite predictable and explainable. Since, in the current study, the participants with drug dependency had frequently proceeded to quit the substance abuse and had a long history of frequent recurrence. According to Bowen's definition, this group had a lower score in the four dimensions of differentiation as compared to the group with successful withdrawal: 1. Emotional reactivity: a state in which the individual's feelings overcome his reason and logic, and his decisions are only based on the emotional reactions. It is natural for addicts who have repeatedly failed in withdrawal to decide impulsive and based on immediate feelings. It is difficult for them to postpone the demands, and they frequently use drug after withdrawal. 2. I Position: means having certain opinions and beliefs in life. The differentiated individuals have strong personal identity or powerful I position and do not change their attitudes and beliefs for the sake of others' satisfaction. This dimension is also weak in addicts as they are simply tempted in situations where their addict friends are due to their weak identity and being accepted in the community and getting their friends' satisfaction have priority for them. 3. Emotional escape: children who are involved in the process of family projection and usually use different strategies to escape from the unsolved emotional links of the family at or before adulthood. These strategies can be taking a physical distance from the family or creating psychological barriers such as not talking to a family member. High emotional escape in addicts can be explained. Basically, these people do not have strong emotional connections with the family members and search for intimacy in other groups. 4- Fusion with others: Bowen shows the differentiation on a hypothetical continuum; the differentiation is placed on one side and fusion with others on the other side. The individuals who have fusion with others are heavily in need of others' approval and support, and their behaviors are influenced by the emotional system of the environment and the reaction of the surrounding people (Skorn & Dendy, 2004). Fusion with others is high in addicts with unsuccessful withdrawal, and they are easily influenced by stress and family communication problems. Due to the absence of a strong and differentiated I, this group is vulnerable to the smallest emotional family threats, are anxious, and turn to analgesics and narcotics to escape this anxiety. The differentiated people have a definite definition of their own and their own beliefs, can choose their own way of life, do not lose their own control in the emotional situations in which people may do involuntary behaviors and make wrong decisions, and

decide based on logic and reason. In contrast, non-differentiated people who do not have a defined identity for themselves, move in line with the emotional wave of the family in tensions and the existing interpersonal problems. As a result, they experience high chronic anxiety and are susceptible to various types of illnesses, such as drug abuse.

The results showed that there is a difference in cognitive self-control between the two groups. In the group of addicts who have been successful in substance withdrawal, cognitive self-control is higher. In line with the results of the current study, some studies have shown that there is a relationship between the tendency to substance abuse and low self-control. There is a negative relationship between self-control and smoking, alcohol, marijuana, and other substances. Furthermore, Wales, Duhammer, and Vakaro (1995) also stated that one of the effective variables in substance abuse is the individual's sense of control. Substance abuse is related to low control or control loss; that is, the individual feels that he/she does not have control over a situation and turns to drug abuse in order to obtain that control; in addition, these individuals lose the adaptive skills in life and are more captured by anxiety, anger, and disappointment. Drug addicts have insufficient control over their cognition and behavior (Seraj Khorrami, & Seif, 2003).

With regard to the role of self-control in the treatment of substance abuse, there are studies in line with the results of the current study. For example, the study performed by Blitner et al. (1978) indicated that cognitive self-control training in the experimental group was effective in reducing the behavior of smoking in its follow-up period. Furthermore, Basharpour et al. (2013) revealed that treatment motivation has a significant and indirect relationship with low cognitive self-control, so it can be expected that the individuals with successful withdrawal have higher cognitive self-control than other addicts. The results of this study were quite expected. This study revealed that differentiation of self which is in fact directly associated with the process of finding identity plays an important role in addiction withdrawal. According to the results, it can be argued that finding identity and the successful formation of a strong and differentiated I can play a significant role in the prevention of addiction or its treatment. The sensory processing sensitivity is also understandable from the dimensions of irritability and emotionality. Due to the nature of the study, the sample size was small. Therefore, conducting studies in larger groups is recommended. Moreover, the present study was a causal-comparative study, so it is suggested that this research be replicated in the experimental and interventional design. With respect to the prevention and treatment of addiction, the findings of the present study can be considered as the starting point for future interventional research.

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