Abstract

Objective: This study sought to examine the role of perceived social support and feelings of social-emotional loneliness in addiction relapse. Method: This research was a descriptive study and its statistical population included all self-referred male addicts to drug rehab centers in Zahedan who had at least the history of drug withdrawal for once. Through convenience sampling method, 200 individuals were selected and were studied using two questionnaires, including Zimet, Dahlem, Zimet, and Farley Multidimensional Scale of Perceived Social Support (1988) and Russell Feelings of Loneliness Scale (1993). To analyze the obtained data, T test and correlation coefficient were run in SPSS21. Results: Mean values of social support and feelings of loneliness were equal to 2.6±0.868 and 3.72±0.801, respectively. In addition, 54.5% of the addicts considered lack of social support effective in addiction relapse and 76.5% of them regarded feelings of loneliness effective in addiction relapse (P<0.01). Correlation coefficient of social support and feelings of loneliness was -0.497 that was significant (P<0.01). Conclusion: Lack of social support and feelings of social and emotional loneliness play a key role in addiction relapse.

Keywords: social support, feeling of loneliness, addiction relapse

The Role of Perceived Social Support and Feelings of Social-Emotional Loneliness in Addiction Relapse (Case Study: Self-Referred Addicts to Drug Rehab Centers in Zahedan)

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Research on Addiction Quarterly Journal of Drug Abuse
Presidency of the I. R. of Iran
Drug Control Headquarters
Department for Research and Education

Vol. 11, No. 44, Winter 2018
http://www.etiadpajohi.ir
Introduction

Even after the addict has stopped using drugs for a long time, one can not hope to stop it for over. According to statistics, addiction relapse is occurred among 80% of people in less than 6 months (Nastizayi, Hazare Moghaddam and Molazehi, 2010). Brown (1998) states that only 19% of drug users can continue withdrawal for six years after treatment. In a study by Mutasa (2001), the incidence of relapse was 80%, and about 40% of the individuals had a history of drug quitting three times. It should be noted that the physical withdrawal of drugs is not a major problem; the main problem is the drug relapse (Mirzai, Ravari, Hanafi, Miri, 2010). Detoxification is just the beginning of a long and difficult path against narcotics for the users who want to quit. Also, keeping an addict in addiction rehab centers only prevents his access to drugs (Shargh, Shakibi, Nissari, and Allilo, 2011). This does not mean a definitive drugs withdrawal. After leaving these centers, the person faces a variety of factors, which leads him to drug use after a period of time, due to many factors such as the socioeconomic status, family status, contact with relatives and other factors (Tarahi, Ansari, Heydari, Sharhani, 2013). Currently, there is no exact statistic about how many percent of the patients recovered returned to drugs, but increasing number of drug abusers in Iran may indicate that the treatment methods have not been effective or comprehensive. Therefore, the issue of drugs relapse is of great importance. Therefore, by identifying effective factors in returning to drugs and knowing the underlying factors in drug addiction tendency, by policies and preventive measures and controlling, the high percentage of relapse can be reduced (Meysami, Faramarzi, Halakouei Nayeni, 2006). In the present study, two important factors, namely, the role of social support and loneliness in addiction relapse are discussed.

Social support is defined as enjoying affection, companionship and attention of family members, friends and other people. The important point is that all relationships of a person with others have are not considered social security. In other words, relationship is not a source of social support, unless the individual perceives them as an available or appropriate source for meeting their needs (Jena Abadi and Sabeghi, 2013). Social support is studied in terms of received and perceived social support. In received social support, the amount of support received by the individual is emphasized, and in perceived social support, individual assessments of the availability of support are considered when necessary. (Gülaçt, 2010). Researchers have claimed that providing social support has a positive effect on mental health, physical, social and economic health, and has a positive impact on quality of life and a good sense of life (Rambod and Rafiei, 2010). Those who enjoy social support feel that someone love them, they are valued, others regard them as honorable people and consider themselves part of the social network of family, friends or social organizations that can be a source of material, spiritual, and service benefits when needed and thus better able to withstand the stressful events of life (Sarafino, 2002),
effectively confront them and show less signs of depression or psychological disturbances (Bradley, & Cartwright 2002). In fact, social support acts as a social shield against stressful factors (Jesse, Jacqueline, Shaun, & Kristin, 2010).

People who are incapable of establishing and maintaining satisfying relationships with others, and therefore having difficulty meeting the "need for belonging", are likely to experience a sense of deprivation that shows itself with feeling of loneliness. Loneliness may be persistent or temporary. Although temporary loneliness is often situation-based and common experience, persistent sense of loneliness is disturbing (Asher, & Paquette, 2003). Loneliness can be seen as a perceived weakness in interpersonal relationships that results in dissatisfaction with social relationships. Dunn, Dunn, & Bayduza(2007) state that loneliness in individuals indicates lack of interpersonal communication with peers that results in dissatisfaction with social relationships with others. Loneliness is described one’s cognitive awareness of poor personal and social relationships, which leads to a sense of sadness, absurdity, or regret. In other words, loneliness is defined as the feeling of discomfort from isolation and rejection by others (Tahmasian, Anari, Saleh Sedgpour, 2009). Loneliness is a fundamental fact of life, and so everyone experiences it differently in some periods of life. Loneliness is not limited to age, sexual, racial, economic or physical boundaries (Neto, & Barros, 2000). Feeling of loneliness is different in terms of quality with loneliness or discretionary and non-contradictory social isolation (Stoeckli, 2010). Loneliness is not synonymous with being alone (physical), but it relates to one’s lack of interpersonal intimacy (Hughes, Waite, Hawkley, & Cacioppo, 2004). Hecht, & Baum (1984 quoted from Ahadi, 2009) found that the period a person is alone doesn’t determine feeling of loneliness in him. Instead, the threat of separation and the quality of attachment that is experienced in insecure individuals is important in loneliness. In other words in sense of loneliness, a person’s subjective feeling from the quality of intimate emotional attachment with the attachment image has a much greater effect than the absence of others.

Therefore, feeling loneliness is a common practice when it comes to rapid and sudden changes, and it is not interpreted as incompatibility, but when it inhibits success seriously in the tasks and natural functions of life, it can lead to emotional, social and even harmful consequences (Black, 2012). In this case, loneliness is a threat to mental health and psychosocial function of an individual (Henrich, & Gullone, 2006).

One of the most important factors on addiction relapse is the history of addiction, socializing with addicted friends, education, the history of addiction in the family, the employment condition, smoking, type of drug, age and the number of households (Shaterian, Menati, Kesani and Menati (2014), easy access to drugs, unemployment and having addicted friends (Tarahi et al., 2013), subjective involvement to drug use, weakness and dizziness and family disputes (Rimaz, Mohseni, Morghati Khoiy, Dastourpour, Akbari, 2012).
Insomnia and temptation, family conflicts, and non-adherence to treatment (Haghdoust Skuyi, Mirzaie Khalibaddi, Mirzaie, Ravari, Hanafi, Miri, 2010), depression, anxiety, schizophrenia and drug addiction (Pani, Trogu, Contu, Agus, & Gessa, 1997), the problem of cognition, preparation or motivation for treatment, the patient's statistical data, the duration of drug use, the history of delinquency and accompanying psychiatric disorders, and the history of previous therapies (Joe, Simpson, & Broome, 1998), drug exposure at home (Walton, Reischl, & Ramanthan, 2005), socializing with addicted and delinquent friends, unemployment, economic factors such as poverty and family factors such as inappropriate behavior of family members (Friedman, 2008).

Drugs relapse is of great importance. Under the best conditions and best treatments, 95% of addicts return to drugs after six months of quitting, and the remaining 5% will return to this cycle in the next two years. Other studies indicate that complementary measures such as psychotherapy, group therapy, occupational therapy, sport therapy, faith therapy and, finally, family therapy besides medicinal therapy, reduce the probability of relapse from 25% to 2% (Shargh et al., 2011). Even after the drug addict stops the drug for a long time, one can not hope to stop using it forever, as the addition relapse statistics indicate that the disease of 80% is returned again after at least six months (Nastizayi, 2007). By identifying effective factors in returning to the drug and raising awareness of the underlying factors in drug addiction tendency, it is possible to reduce the high percentage of relapse by implementing preventive and controlling policies (Shateryan et al., 2014). Therefore, This study sought to examine the role of social support and feelings of loneliness in addiction relapse in these patients. So, the main problem of this research is whether the lack of social support and loneliness play a role in the addiction relapse?

Method
Population, sample and sampling method
This research was a descriptive study and its statistical population included all self-refereed male addicts to drug rehab centers in Zahedan who had at least the history of drug withdrawal for once. Through purposeful and convenience sampling method, 200 individuals were selected in Mehr 2015.

The method of research was that after the library studies, the Sistan and Baluchestan Provincial Council for the Coordination of Combating Narcotics had corresponding with the Zahedan Welfare Organization to introduce the researcher. Then the wellbeing organization introduced the researcher to drug rehab centers. The researcher personally referred to each of the drug rehab centers and, while introducing themselves and expressing the purpose of the research, selected clients who had at least history of drug addiction for once. They were allowed to participate in research voluntarily. The selected persons have been assured that the information will remain confidential and the specifications will not be published. Therefore, their names were not asked
during the implementation process. After gaining the confidence of the clients, those who were literate filled out the questionnaire, but in the case of illiterate and low-literate individuals, the researcher read the questions verbally and the responses were written.

**Instrument**

1-The Multidimensional Perceived Social Support Scale: This scale, developed by Zimt, Dahlm, Zimert, and Farley (1988), consists of 12 questions and 3 subscales of family, friends, and others, which are rated on a 5-point Likert scale from totally disagree to totally agree. The minimum score is 12 and the maximum score is 60. Gaining a high score reflects the high perception of social support. The family subscale consists of questions (3,4,8,11), friends including (6,7,9,12) questions, and significant other including questions (1,2,5,10). Afshari (2007) obtained a positive and significant relationship between the scores of this scale and its subscales with life satisfaction, which indicates the convergent validity of this scale. In the studied sample, the internal consistency by Cronbach’s alpha for the subscale of family, friends and significant others was calculated to be 0.90, 0.92 and 0.87, respectively. The total score of scale is obtained from the sum of scores of questions (Bayrami, Movahedi and Movahedi, 2014). Examples of questionnaire questions include: There is a specific person to access in case of need (the scale of significant others).

2-Russell's loneliness questionnaire (1993): Russell's loneliness scale has 20 questions that the reader must answer to each question on a five-point Likert scale of: never (score 1), rarely (score 2), sometimes (score 3), often (score 4), and always (score 5). Questions 1, 5, 6, 9, 10, 15, 16, 19 and 20 are scored in reverse order. The scores of this test are from 20 to 100. A higher score is a sign of severe loneliness. Russell's loneliness scale was first developed by Russell and Ferguson. After three revisions, the final version of this scale was implemented in four groups of students, nurses, teachers and elderly people in a variety of methods, such as self-reporting and interview, and the alpha ranged 0.89 to 0.94. In elderly, one year later, a retest was performed and a correlation of 0.73 was obtained that was satisfactory. Davarpanah translated this scale into Persian, and the Cronbach's Alpha coefficient was reported 0.78. Meanwhile, by factor analysis of the scale, four factors of isolation, sociality, lack of intimate friendship and lack of loneliness were obtained which explained 44.2% of the variance of loneliness scores (Aliakbar Dehkordi, Mohtashami, Paymanfar, and Borjali, 2014). An example of questionnaire questions is: Do you feel like you are compatible with the people around you?

**Findings**

In this study, 200 male patients with a history of at least one addiction treatment were studied. The descriptive statistics of their demographic variables are presented in Table 1.
To examine the status of the sample group in social support and loneliness variables, a single-sample T-test with an average of 3 was used, the results of which are presented in Table 2.

**Table 2: Results of Responding Method of Clients to Study Variables and its Comparison with Average Value**

<table>
<thead>
<tr>
<th>Factors</th>
<th>Totally disagree</th>
<th>Disagree to some extent</th>
<th>Agree</th>
<th>Totally agree</th>
<th>Average (of 5)</th>
<th>SD</th>
<th>T statistics</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family</td>
<td>(5/5) 11</td>
<td>(50/5) 10</td>
<td>(21/5) 43</td>
<td>(16/5) 33</td>
<td>(6/12)</td>
<td>2/67</td>
<td>1/01</td>
<td>37/27</td>
</tr>
<tr>
<td>Friends</td>
<td>(13/5) 27</td>
<td>(63/5) 126</td>
<td>(14/5) 28</td>
<td>(7/5) 15</td>
<td>(2/4)</td>
<td>2/21</td>
<td>0/844</td>
<td>37/11</td>
</tr>
<tr>
<td>Significant others</td>
<td>(5/10) (47/5) 95</td>
<td>(25/5) 50</td>
<td>(16/5) 33</td>
<td>(6/12)</td>
<td>2/71</td>
<td>1/00</td>
<td>38/31</td>
<td>0/0005</td>
</tr>
<tr>
<td>Total support</td>
<td>(4/5) 8</td>
<td>(50/5) 101</td>
<td>(30/5) 60</td>
<td>(12/5) 25</td>
<td>(3/6)</td>
<td>2/6</td>
<td>0/868</td>
<td>42/35</td>
</tr>
<tr>
<td>Loneliness</td>
<td>-</td>
<td>(13/5) 26</td>
<td>(10/5) 21</td>
<td>(67/5) 135</td>
<td>(9/18)</td>
<td>3/72</td>
<td>0/801</td>
<td>65/71</td>
</tr>
</tbody>
</table>

As shown in Table 2, the average social support and all three components (family, friends, and significant others) support are lower than the theoretical average of 3. Therefore, it can be concluded that, according to most of the clients, they did not enjoy appropriate social support during the period of drug withdrawal. Also, the average feeling of loneliness was 3.72 above the theoretical average, 3 was higher. Therefore, it can be concluded that, from the
viewpoint of most of the clients, they felt lonely during the period of drug withdrawal.

To determine the relationship between social support and loneliness, Pearson correlation coefficient was used. The results are presented in Table 3.

**Table 3: Correlation Coefficients of Social Support with Loneliness**

<table>
<thead>
<tr>
<th>Variables</th>
<th>R statistics</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family support</td>
<td>-0/458</td>
<td>0/0005</td>
</tr>
<tr>
<td>Friends support</td>
<td>-0/405</td>
<td>0/0005</td>
</tr>
<tr>
<td>Significant others support</td>
<td>-0/435</td>
<td>0/0005</td>
</tr>
<tr>
<td>Social support (total)</td>
<td>-0/497</td>
<td>0/0005</td>
</tr>
</tbody>
</table>

According to Table 3, there is a significant negative relationship between social support and all three components with loneliness of clients (p < 0.001), which means that with increasing social support of families, friends and significant others, the level of loneliness of the patients is decreased.

**Discussion and conclusion**

The negative and harmful personal, family, social, moral, spiritual and cultural effects of drug abuse, dependence and addiction have caused addicts and their families and community authorities to take some actions to prevent, stop and avoid addiction relapse and identify the effective factors on addiction relapse. In this regard, the present study was conducted to investigate the role of non-social support and loneliness in addiction relapse of self-referred addicts to drug rehab centers affiliated to wellbeing organization of Zahedan. Based on descriptive findings, the mean age of the patients was 28.26 ± 5.41 and 76.5% of them were married. In terms of education, 46 (23%) were illiterate, 81 (40.5%) elementary and secondary education, 56 (28%) high school and diploma, and 17 (8.5%) had university degree. 44.5% were unemployed and 83.5% were friends with addicted people. In a study done by Tarahi et al., 2013, 11% of clients were illiterate, 43% primary and secondary education, 34% of high school and 12% of college degrees, 57.1% were unemployed and 54.5% considered socializing with addicted friends effective on relapse which is consistent with the findings of this study. Also, in terms of the type of drug used, 41.5% used opium and its residue, 13.5% cannabis, 9% heroin, 4.5% crack, 4% glass, 9% tablet and 13.5% combination of narcotics. Also, other descriptive findings of this study showed that 35.5% had quit history once, 34% twice and 30.5% of patients had more than twice of quitting, 56.5% smoked, and 36.5% had an addicted member in the family. In response to research questions, the findings of this study showed that lack of social support and loneliness play a role in addiction relapse. The findings also showed that there is a negative relationship between social support and loneliness of clients. The researcher did not find any review of literature directly related to the subject, but some researches close to the findings of this study are mentioned. In the study of Nastizayi (2007), it was aimed to determine the family
factors of addiction relapse from the viewpoint of self-referred addicts to drug rehab centers in Zahedan. The results showed that the family's inappropriate control method (strict rules or being lenient toward the actions and behavior of the quitting member), discrimination practices, in particular the comparison of children, the family disputes, family neglect of religious matters, and the non-acceptance of the quitter in the addict's family were important in addiction relapse. In the study done by Nastizayi et al. (2010), it was aimed to investigate the effective factors on addiction relapse in self-referred addicts to drug rehab centers in Zahedan. Findings showed that factors such as contaminated living environment, addicted friends, inefficiency of psychotherapy sessions and associated factors play a role in addiction relapse. Also, the effects of addiction relapse (contaminated living environment, addicted friends, inefficiency of psychotherapy sessions and related factors) were similar on gender and age groups of self-referred addicts. Safari and Mousavizadeh (2011) in a study aimed to investigate the effective factors on drugs relapse in patients referred to drug rehab centers in Maragheh town. The results showed that 62.6% of patients with substance abuse had failed once to three times in treatment. The most important factors in addiction relapse from the viewpoint of the patients were: unsatisfactory physical symptoms due to abstinence (72.6%), mental disorders (57.3%), relationship with addicted colleagues (29.5%), cheap price of drugs (40.5%), illiteracy (23.4%), lack of family control (27.4%), and socializing with addicted friends (57.9%). They finally concluded that various factors affect the return to substance abuse. Therefore, it seems that eliminating physical dependence through medicinal therapy (pure detoxification) approach is not enough to quit addiction, and considering the factors that are linked to the inability for complete quit is of great importance. Rimaz et al. (2012) conducted a study to determine the effective factors on the relapse of substance abuse among addicts referring to the two drug rehab centers in Tehran. The findings showed some factors including smoking after quitting, mental involvement with drug use, socializing with addicted friends, dizziness, and family disputes. In opium and residue users less chance of relapse was observed than crack and glass users. Overall, the results of the study show the relationship between individual, social, psychological, medical variables, and drug abuse relapse. Shargh et al. (2011) conducted a study to determine the effective factors on addiction relapse from the viewpoint of addicts referring to drug rehab centers. The results of the study showed that 32.9% of the subjects had addiction withdrawal history for once, and the reason for their relapse was the mental problem of majority of them (50.9%). The research findings of the study showed that in individual factors, resolving loneliness and isolation (36%) regarding family factors, inappropriate parenting relationships with children (17.5%) and in the field of social factors, the presence of addicted friends (35%), in the field of economic factors, unemployment (34.6%) and in the field of cultural factors, lack of recreation and leisure activities (40.4%) had the highest importance, respectively. According to
the research findings, they conclude that for addiction relapse, only one factor is not sufficient and a set of individual, familial, social, cultural-economic factors with different ratios causes addiction relapse, which indicates the need to design studies focusing on the causes of relapse and prevention strategies as the main problem of drug dependence. In the study of Seraji et al. (2010), the most important cause of addiction relapse in self-help addicts was unemployment income change (12.6%). In this study, there was a significant relationship between education level and place of residence with drug addiction. Miller, Westerberg, Harris, & Tonigan (2001) have investigated the effective factors on returning to alcohol addiction based on four causes of adverse conditions in life, cognitive assessment, patient’ adjustment sources and emotional and moo state and it seems that these factors are effective on addiction relapse. In the study of Swift, Miller, & Gold(2000), it has been shown that improvement and training skills in avoiding drugs and the ability to adapt to stress, as well as creating self-esteem and self-confidence can reduce addiction relapse. Friedman's study (2008) showed that from the view of addicts, socialization with the addicted and deviant friends are described as the most important interpersonal factor associated with the return to addiction. Nonetheless, job-related factors such as unemployment, economic factors such as poverty and family factors such as inappropriate behavior of family members are other sources of addiction relapse.

In explaining the main finding of this research (the role of lack of social support and loneliness addiction relapse), one can say that during quitting, if the addict finds out that his family does not really try to support and doesn’t enjoy the emotional support and help of his family members, he can not talk about his problems with his family (lack of family support), not having normal friends to share his happiness and sadness, talk about his problems, can not count on their help (lack of support from friends), there is no person or certain people to have access in case of need and make him relaxed, value their feelings (lack of support of significant others); he feels that he is not close to anyone; he is rejected; has no companion; he is isolated from others (feeling alone). As a result, to compensate for this emotional and social emptiness and to resolve his loneliness, he returns to his addicted friends and addiction which results into addiction relapse. One of the limitations of this study is its quantitative nature. Also, this study only focused on addicted men with a history of addiction abstinence, so we should be careful in generalizing the results to other groups. Finally, according to the findings of this study (the role of lack of social support and loneliness in addiction relapse), it is suggested that the authorities of drug rehab centers should be given the necessary training in the field of post-quit period stress to the families and present some suitable solutions to recovered individuals, during the post-quit period, families by their own emotional and social support can create a new life for the recovered person and reduce their concern and pessimism toward addiction relapse, and with optimism and hope think about his recovery, by participating the recovered person in family,
religious, group sport activities prevent him to be alone and socialize with the addicted individuals and increase addiction relapse. It is recommended to other researchers to perform studies as combined (quantitative and qualitative), and in particular, conducing interventional studies to improve social support and reduce feelings of loneliness.

Reference


