

Abstract

Objective: This study was an attempt to compare the effectiveness of group cognitive-behavioral therapy and logotherapy in Reducing Depression and Increasing Life Expectancy in Drug Addicts.

Method: This was an experimental study along with pretest/posttest and control group. All the addicts referring to one of the methadone addiction treatment centers in Qorveh City (Naikoo Salamat Center) in 2013 constituted the population of the study. Initially, 60 students were selected by simple random sampling. Then, 30 participants were randomly divided into two experimental groups and one control group based on their scores on Beck Depression Inventory and Snyder's Life Expectancy Test. One of the experimental groups received 10 logotherapy sessions and the second experimental group received 13 sessions of group cognitive-behavioral therapy. This is so while the control group received no intervention.

Results: The results showed that there was not any significant difference between group cognitive behavioral therapy and logotherapy in reducing depression. However, group cognitive behavioral therapy was found to be more effective in increased life expectancy than logotherapy. **Conclusion:** The results contain practical implications.

Keywords: Cognitive-Behavioral Therapy, Logo Therapy, Life Expectancy, Depression, Addiction

On the Effectiveness of Group Cognitive-Behavioral Therapy and Logotherapy in Reducing Depression and Increasing Life Expectancy in Drug Addicts

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Introduction

One of the major social problems of today's world is drug addiction and its growing influence among the young generation. Drug use has a long history in Iran and plants from which the traditional drugs such as opium and cannabis are obtained had been aborigine of Iran. According to statistics and reports of the international institutions and organizations such as the World Health Organization, along with the progress of societies, the needs, attitudes, and behavior patterns of young people have been changed as well. In addition, the drug abuse pattern among young people all over the world, including Iran and its capital city, is rapidly changing from traditional drugs to synthetic drugs. In such a way that the agent of the United Nations Office against Drugs and Crime in Iran has warned about the spread of synthetic drugs in Iran (Islam Doost, 2010). A few phenomena can be found that threatened the human societies like addiction. Despite the risks and complications of addiction, the number of victims of this deadly trap is increasing every day. Despite the perception of its terrible scene, it failed to be considered as a serious warning for the avoidance of other people, especially young people (Yousefi and Khaledian, 2012).

Due to the low age of addiction, the human and financial costs of fighting against the distribution of drugs, the physical and psychological bad effects, spending time and high costs, the low percentage of success, and the addicted people's lack of motivation for recovery, it can be said that treatment of the addicted people has not led to favorable results. In addition, according to the investigations, it seems that 20 to 90 percent of the drug addicts who are under drug treatment may experience relapse (Kammar Zarrin, Khalediyan, Shoushtari, and Ahmadi Mehr, 2013). Previous studies show that without the psychosocial interventions, the effectiveness of drug maintenance treatment methods may not lead to success because the emphasis is merely on medicine (Rosen, Warth, Windet, Brink, Yung, Kurkbof, 2006). It seems that there is more need to psychological treatments at rehabilitation and trauma reduction centers in order to change the negative attitude of drug users. Therefore, the necessity of psychological and non-drug treatments is felt more than ever (Kamar Zarin, Zare, and Brooke Milan, 2012).

Depression is one of the most common mental illnesses and may be one of the individual factors affecting addiction. In order to treat and prevent addiction relapse, one is required to gain information in relation to group cognitive-behavioral therapy. Beck defined clinical depression (or unipolar) as a pathological disorder that involves changes in five areas namely emotional, motivational, behavioral, cognitive, and physical conditions. Depression is a state of sadness, shock, and impatience. In diagnostic dimension, it contains a wide range of mood disorders and multiple branches. The main feature of depression is that it decreases profoundly the desire to daily enjoyable activities like communication, recreation, sports, food, and sexual desire. Inability to gain

pleasure remains stable and its degree depends on the number of symptoms and the intensity of its influence (Sadock & Sadock, 2011). Life expectancy causes a person to be hopeful to the future and to be in search of a better future and success. If there is hope, life will be full of joy and happiness. For this reason, psychologists in recent years have addressed a new theme called positive psychology (Hosseini, 2009). Life expectancy is a combination of one's ability to create pathways towards the desired goals and to have a motivation to achieve these goals. Hope is a powerful motif when it is followed by valuable goals that can be achieved in the medium term despite the existence of challenging but soluble obstacles (Khaledian, Gharibi, Gholizadeh & Shakari, 2013). Cognitive-behavioral approach puts emphasis on the role of task, assigning responsibility to the client in order to take an active role inside and outside the therapy sessions, and using a variety of cognitive and behavioral strategies to bring about change. This therapy is based on the assumption that reconstruction of the person's statements leads to reconstruction of his/her behavior and mood. In cognitive-behavioral therapy, the focus is on minimizing the negative and self-destroying attitudes to help patients have a more realistic view (Kerry, 2006, the translation of Seyed Mohammadi in 1387). Clinicians pay attention to the cognitive-behavioral therapy because the cognitive-behavioral therapy is dealing directly with thoughts and feelings and is more capable in the assessment of clinical activities. Especially, it has attracted the attention of most therapists in the planning process of the depression treatment. In cognitive-behavioral treatment, the reason of disorders is negative automatic thoughts. These thoughts reduce mood and the reduction of mood increases the probability of negative automatic thoughts. Thus, a vicious circle is created that serves to perpetuate depression (Houghton et al. 2005, translated by Ghasemzadeh 2007). Cognitive-behavioral therapy and relapse of addiction is based on cognitive deficits on the one hand and the lack of appropriate behavioral skills to deal with internal and external pressure and achieving happiness (or getting rid of negative emotional feelings); This model entails a set of cognitive and behavioral interventions by means of which it is possible to identify and correct wrong and dysfunctional cognitions in addicts. It is also possible to alter adaptation skills and then exert beneficial effects on addicted individuals. In this way, their shortcomings in terms of behavioral and social skills are rebuilt and strengthened in such a way that they do not have to take refuge in substance abuse in order to deal with hazardous or critical situations (Lit, kodon, Kabla KKormir, 2009).

Logo therapy approach is another common treatment strategy to reduce disappointment and depression in people's life. Lotography is rooted in existential approach that provides an excellent theoretical and philosophical context for teamwork. Logo therapy teamwork can provide clients a conceptual structure in order to help them to solve the challenge of finding meaning of their lives. Lotography constitutes the Frankel's principles and methods of treatment. Logotherapy is a method in which a person is guided to find his/her life

meaningful. Thus, the logotherapy principle is an effort to find a meaning for life, which is the most fundamental driving force in every person's lifetime (Shoae Kazemi & Saadati, 2011). Personal responsibility is a requirement of search for meaning. No one can give us a sense of meaning and purpose in life, not our father, mother or wife and not other people. It is our responsibility to find our way and to be stable in it (Kong et al., 2009).

The results of a study conducted by Khaledian et al (2013) on the effectiveness of cognitive-behavioral group therapy on reducing depression and increasing life expectancy in Empty Nest Syndrome showed that the treatment is effective in reducing depression and increasing life expectancy. Studies reveal the effectiveness of cognitive therapy on depression (Kamar Zarin et al., 2011; Siegel, Stein Haier, Friedman, Thompson, and Thase, 2011). The results of the study conducted by Pedram, Mohammadi, Naziri, and Aaein Parast (2010), on the effectiveness of cognitive-behavioral therapy in the treatment of anxiety and depression disorders and giving hope to women with breast cancer in Ahvaz, illustrated that cognitive-behavioral group treatment sessions has a positive effect on reducing anxiety and depression and increasing life expectancy. Ranjbar, Asktorab, and Dadgari (2010) conducted another study about investigating the effectiveness of cognitive-behavioral group therapy on depression. The results of this study showed that group cognitive-behavioral therapy is effective in reducing depression in patients suffering from dysthymia. The results of the study conducted by Khalediyan, Kammar Zarrin & Jalaliyan (2014), on the effectiveness of cognitive-behavioral group therapy in reducing the addicts' depression, revealed that this treatment is effective in reducing the addicts' depression. The results of the study conducted by Kammar Zarrin et al (2012), on the effectiveness of cognitive-behavioral therapy to enhance self-efficacy and improve the symptoms of addiction in the addicted people, proved the effectiveness of this treatment. The results of another study by Brockie Milan, Kammar Zarrin & Zare (2014), on the effectiveness of cognitive behavioral therapy on improving coping strategies and symptoms of drug addiction in the addicted people, indicated that cognitive-behavioral therapy is effective in improving coping strategies and improving mental and physical health of the addicts. The results of the study conducted by Gholami, Pasha, & Soudani (2009) on the effectiveness of logotherapy group training on life expectancy and the general health of female patients suffering from thalassemia demonstrated that this treatment is helpful in increasing life expectancy and the general health and in decreasing depression. The results of the study conducted by Ghanbari Zarrandi & Goudarzi (2008), about the effectiveness of group counseling logotherapy-based approach on improving the general health of women suffered from the earthquake (Zarand), indicated that this treatment is beneficial in increasing the general health and decreasing depression (as one of the dimensions of general health). The outcome of the research done by Mehri Nejad & Rajabi Moghaddam (2011), about the effectiveness of logotherapy on

increasing life expectancy of the addicts quitting drug for a short time, indicated the effectiveness of this treatment. The study conducted by Moshtaghi, Allameh & Aghaei (2011), on the impact of group logotherapy on improving the mental health of blind people in Isfahan, illustrated that this treatment improves the mental health and decreases depression. The results of another research done by Shoaee Kazemi and Saadati (2010) investigating the effects of training logotherapy dimensions (responsibility, freedom, values, etc.) on reducing disappointment in women suffering from cancer showed that training logotherapy could reduce the level of disappointment.

The aim of group cognitive therapy is to train clients to identify their dysfunctional cognitions, replace them with efficient knowledge and to deal with unpleasant events occurring in their lives. Since logotherapy and group participation are beneficial in creating sympathy and preventing people from loneliness is effective, researchers in this study sought to use this approach technics to examine its effect on reducing depression and increasing life expectancy of the addicts. The results of this study can be useful to health system managers in order to paying more attention to the non-pharmacological treatments by employing experienced workers. This action reduces the per capita consumption of drugs, leads to fewer drug side effects and causes a larger number of patients suffering from depression to use this therapy by spending less time and cost. The aim of the current study is to compare the effectiveness of two group therapies of cognitive-behavioral therapy and logotherapy in reducing depression and increasing life expectancy in the addicts.

Method

Population, sample, and sampling method

The research design of the current study was an experimental design including pretest-posttest control group. The population consisted of 100 clients of Nickou Salamat methadone-based treatment center of Qorveh city in the winter of 2013. Initially, 60 addicts referring to addiction clinic were selected by simple random sampling. Then, based on the scores obtained from Beck Depression Inventory and Snyder's Life Expectancy Test, 30 subjects were selected. These 30 subjects got the highest scores in Beck Depression Inventory test and the lowest scores in Snyder's Life Expectancy Test. Then, they were randomly divided into three groups (two experimental groups and one control group). According to the Michael Ferry's instruction (2005), one of the experimental groups received 10 logotherapy group sessions and the second experimental group received 13 sessions of group cognitive-behavioral therapy. The control group received no intervention.

Instrument

1. The revised version of Beck's depression inventory: It is a self-reporting 21- item questionnaire designed to assess depression. The scores to multiple choice items range from zero to three. They mark an alternative which is more consistent with their current status. The total score varies from zero to 63. Beck believes that the presence and severity of depression symptoms in patients, normal population, and also teenagers and adults can be obtained from the revised form. The internal consistency of this instrument has been reported .73 to .92 with an average of .86 and .86 for the patient group and .80 for the non-patient group (Khaledian, et al., 2013). In the present study, the reliability coefficient was obtained by Cronbach's alpha of .81.

2. Life Expectancy Test: This questionnaire, developed by Snyder et al. (1991), is administered to measure life Expectancy. It is a self-reporting 12-item test. Four items are used to measure the agency thinking. Four items measure the pathway thinking, and four items are distractors. It measures two subscales, namely agency and pathway. In periods more than 8 to 10 weeks, the internal consistency of the whole test has been reported .74 to .84; test-retest reliability of the test has been reported .80 (Snyder & Lopez, 2007). In terms of validity, the correlation between the scores of optimism, the expectation to achieve goals, and self-esteem is calculated. It has been reported significant; it was between .50 and .60 (Snyder, 2002). In the current study, the reliability is obtained by the Cronbach's alpha of .85.

Procedure

The content of Cognitive-behavioral group therapy sessions is presented in the table below.

Table 1: The content of cognitive-behavioral group therapy sessions

<i>Sessions</i>	<i>Content</i>
Preliminary:	Preparations and identifying goals, welcoming, familiarity with the group members, the introduction of cognitive-behavioral therapy, and pre-test administration.
1	Training how to enhance motivation (hope), identifying, recognizing, and fighting against the stimulants, describing the desire and how to deal with desires, and avoiding symptoms.
2	Training how to improve motivation and the commitment to quitting the drug, cognitive theory of depression. Practice: Classifying beliefs, identifying the automatic thoughts, identifying some possible resistance to treatment, and the methods of prevention, relaxation practice, determining the next session's task.
3	Clarification of the goals of therapy, thinking infusion, thinking infusion giving priority to the other target issues, investigation and consideration of

	the patient's ambivalence in relation to quitting drug, determining the next session's task.
4	Reviewing the previous session's task, a variety of beliefs, practice: Classifying beliefs, assessing the availability of drugs, identifying suppliers of drugs (coping with friends and family members), how to deal with the drug suppliers, and to decide for the next session's task.
5	Reviewing the previous session's task, preparing the main list of beliefs, initiating the main list of beliefs, cognitive maps, the training lecture, discussion about methods to communicate with members, training drug refusal skills, playing a role in treatment sessions, . Reviewing the difference between passive, aggressive and daring responses, deciding for the next session's task.
6	Reviewing the previous session's task, making a list of beliefs which have changed in human history and in the lives of the participants themselves, beliefs tests, the reality analysis, the practice of objective analysis, the criterion analysis, the management of depression disorder without drug dependency, identifying and dealing with thoughts associated with drug and depression, determining the next session's task.
7	Reviewing the previous session's task, the utility analysis, utility, consistency, the practice of consistency analysis, familiarity with the model ABCD, practical practice with the ABCD model, report presentation and determining the next session's task.
8	Reviewing the previous session's task, logical analysis, practice: logical analysis, understanding the seemingly unrelated decisions, denial, doubt, acknowledgment and acceptance, practice on correct decisions, and determining the next session's task.
9	Reviewing the previous session's task, preparation the hierarchy order, initiating to create the opposite beliefs, interpreting and identifying early signs of disturbance, predicting hazardous situations, developing a coping Program, determining the next session's task.
10	Reviewing the previous session's task, perceptual change, practicing how to complete perceptual cahnge sheets, practicing optional cortical inhibition in a large group, introduces the basic steps of problem solving, practicing problem-solving skills (about depression and drug use, one for each case, and the interaction between these two disorders), determining the next session's task.
11	Reviewing the previous session's task, practicing self-punishment and self-reward, developing a maintenance plan, problem identification (psychosocial problems), identifying goals (identification and giving priority), identifying resources (solutions and necessary facilities), identifying the program (preparation of a concrete supportive program and necessary steps to achieve the goals), determining the next session's task.
12	Task reviewing, program reviewing, a program to following up and evaluating after treatment, providing feedback on progress, get feedback from patients about successful and unsuccessful aspects of treatment, administering the posttest, and the closing program.

The content of cognitive-behavioral group therapy sessions is presented in the table 2.

Table 2: The content of logotherapy group sessions

<i>sessions</i>	<i>content</i>
1	Determining goals and rules of the group, familiarity of group members with each other, consultation and discussion about addiction, providing the charter of the group and treatment contract.
2	The statement of the problem, discussion and debate about the effects of drug addiction on occurring mental disorders.
3	A Concentrated expression of the concepts and sources of meaning and responsibility.
4	Changing attitudes and getting the meaning by the ways of discovering the meaning.
5	Getting the meaning from the creation of values and sense of responsibility.
6	Getting the meaning from the experience of values and from wishes and hopes.
7	The meaning of death, life, freedom and responsibility.
8	Responsibility, self-supporting, social interest and overcoming despair and increasing life expectancy.
9	1. Member emotional support from each other, completing unfinished sentences in order to interact between members, emotional support of members with each other and encouraging members to seek emotional support from each other.
10	Summary and conclusions and closing sessions, talking about their learning in groups, and administering the post-test.

Results

Descriptive statistics of the studied variables are presented below.

Table 3: Descriptive statistics of the studied variables for each group and test type

<i>Group</i>	<i>Test type</i>	<i>Dpression</i>		<i>Life expectancy</i>	
		<i>Mean</i>	<i>SD</i>	<i>Mean</i>	<i>SD</i>
Cognitive-behavioral	Pretest	40.00	4.49	16.50	1.95
	Posttest	32.30	3.91	21.50	2.46
Logotherapy	Pretest	40.40	4.57	16.90	1.91
	Posttest	32.70	3.75	20.00	1.69
Control	Pretest	37.60	5.05	17.20	1.75
	Posttest	37.70	6.90	17.90	1.37

To investigate the effectiveness of treatments the covariance analysis should be used. One of the preconditions for the correlation analysis is slope of the regression which is presented in the table below.

Table 4: Results of the homogeneity of regression slopes for depression and life expectancy

<i>Variable</i>	<i>F</i>	<i>Mean Square</i>	<i>Sig.</i>
Depression	14.320	88.62	.12
Life expectancy	263.94	3210.05	.32

According to the above table, the assumption of regression slope homogeneity has been met. Another condition is the equality of error variances. The results of Levene's test indicate the establishment of this condition in both depression and life expectancy variables ($F=2.80, P>.05$). Thus, multivariate analysis of variance has been done and the results indicated a significant difference (Wilks Lambda= .21, $F=10.290, P<.001$). Univariate analysis of variance was used as follows to examine the difference patterns.

Table 5: Results of univariate analysis of variance to examine the difference patterns

<i>Variable</i>	<i>Mean Square</i>	<i>F</i>	<i>Sig.</i>
Depression	159.32	15.240	.001
Life expectancy	21.15	9.580	.02

According to the above table there is a significant differences in both variables. To examine the differences, with respect to the three groups compared, the Bonferroni test was used. The results are presented in the table below.

Table 6: Results of Bonferroni test to compare pairs of groups

<i>Variable</i>	<i>Group i</i>	<i>Group j</i>	<i>Mean difference</i>	<i>Standard error of mean</i>	<i>Sig.</i>
Depression	Logotherapy	Cognitive-behavioral	.09	1.40	.99
	Control	behavioral	7.17	1.40	.001
Life expectancy	Logotherapy	Cognitive-behavioral	-1.76	.58	.01
	Control	behavioral	-3.40	.61	.001

According to the above table, both treatment methods had been effective. That is, compared to the control group, they have been more successful in reducing depression and increasing life expectancy. But there is no significant difference between these two methods.

Discussion and Conclusion

The aim of the current study was to compare the effectiveness of group cognitive-behavioral therapy and logotherapy in reducing depression and increasing life expectancy in addicts. According to the findings of this study, it can be concluded that there is no difference between the cognitive-behavioral therapy and logotherapy in reducing depression, but group cognitive-behavioral therapy has been more significantly effective than logotherapy in reducing depression. Regarding the effectiveness of cognitive behavioral therapy in reducing depression and increasing life expectancy, the results are in line with

the results of the studies conducted by Pedram et al. (2010), Ranjbar et al (2010), Kammar Zarin and colleagues (2012), Khaledian and colleagues (2013) , Khaledian and colleagues (2014), Brooke Milan and colleagues (2014), Khaledian and Jalalian (2015), and Siegel et al. (2011). The findings also indicate that group therapy is effective in reducing depression and increasing life expectancy; these results are in line with the results of the studies conducted by Ghanbari Zarand and Goudarzi (2008), Gholami et al (2009), the Shoaie Kazemi and Saadat (2010), Moshtaghi et al. (2011), Mehri Nejad et al. (2012). The important point in group therapy is that this therapy is cost-effective, and it leads to facilitating and accelerating the treatment process. Many patients suffering from depression acknowledge the uniqueness of their thoughts and problems. This feeling causes patients to become more isolated from the society; and social isolation increases the feeling of uniqueness (Ranjbar et al 2010). Group therapy makes it possible for these people to gather in one place and communicate with each other and talk about their shared problems. The elimination of the feeling of uniqueness not only leads to peace and comfort, but also it helps to develop relationships outside of the treatment environment. While group members help each other during the engagement and support each other during the treatment, they play up to each other, suggest and share their insights.

To explain the results of this study, it should be said that the mental system of the depressed person is consisted of his negative thoughts about himself and about the current and future experiences. Negative thoughts of the depressed person about the experience includes his interpretation of the events happening to him. He sees the obstacles as unsolvable ones, even when there are more positive and reasonable views about his experience. He tends to the most negative interpretation about what happens to him. . Finally, the negative attitude of the depressed people about the future is an attitude of helplessness. Thinking of the future, he believes that the negative events now occurring to him will be continued in the future because of his personal shortcomings; this leads him to be disappointed (Beck et al., 1979). Cognitive behavior therapy emphasizes negative bias in the information process. This bias is the result of distorted interpretations of the self, environment, and the future, which are associated with those maladaptive beliefs that are motivated by the person. Cognitive-behavioral techniques, by challenging negative thoughts, improve the plans to reach your goals and reduce depression (Hallon, 1981). Since there is a negative relationship between depression and life expectancy (Feldman & Snyder, 2005), it is likely that this decline in depression leads to increased life expectancy. In this method, the patient is encouraged to regard the relationship between negative automatic thoughts and his feelings of depression as hypotheses that should be tested He should also take advantage of the behaviors that result in negative automatic thoughts as a touchstone to evaluate the validity or accuracy of those thoughts. Cognitive-behavioral therapy seeks to encourage the patient to a cooperative experience during which the patient's own experiences are used

in a series of behavioral tests to evaluate the accuracy of those beliefs (Mehryar, 1994). According to Beck's theory of depression, human beings on the basis of some negative events make an extreme generalization and destroy their thoughts and minds (Houghton et al., 1989; translated by Ghasemzadeh, 2007). Since addicts may have negative thoughts about their life, one can argue that participation in such sessions can correct a large number of cognitive distortions, such as do's and don'ts and replace them with positive words. This makes him out of personal selection and inferences mode, and also makes him more flexible to the environment. Therefore, it leads to reducing depression and increasing life expectancy.

In other words, it can be said that in logotherapy the focus is on this fact that depression and despair are the result of meaningless life. In other words, when one because of his problems considers life meaningless, he would be depressed and disappointed. He sees life full of fear in such a way that there is no way to overcome this fear. He views himself as a slave and limited creature against the life events. A person with addiction sees life as a meaningless phenomenon. Without realizing the value and purpose of life, he feels that he has come to an end. Purposefulness and hope in life are the strengthening components of mental health. Purpose and meaning in life can help patients to overcome depression and despair. It can also help them to take responsibility in life based on freedom in life selections. In Frankel's logotherapy method, it is assumed that if people have purpose and meaning in life, they will be able to overcome depression, despair, and mental disorders; and based on freedom in life selections, they can take responsibility. Logotherapy attempts to make individuals adequately aware of their responsibilities. It charges them with the responsibility to choose what and who they should be responsible for. This method has been effective in reducing depression and increasing life expectancy. Using logotherapy, patients learn to stop anxiety and pay attention to something else. This leads to increasing life expectancy. In practice, Frankl was quite successful in transforming the patients' attention from unnecessary and neurotic concerns to more fundamental issues of existence and meaning. Therefore, logotherapy eliminates the symptoms of disease, and enables the individual to face life difficulties and to reach wellbeing and mental health. It can also result in reducing depression and increasing life expectancy in addicts (Kammar Zarrin, 2013). From a logotherapy point of view, one of the main goals of helping people is to find a meaning for life. If they did not think such as this, they would be helpless and depressed. Therefore, the cause of despair is that we do not believe in life meaning (Baaboli, 2000). Participation in such training sessions, with emphasis on the meaning, purpose and value of life, as well as interaction with counterparts increases responsibility in individuals. Accepting this responsibility and the current situation, every individual is encouraged to attempt to improve himself. This sets the stage for increasing life expectancy and reducing depression. In fact, according to Rogers' client-centered theories of

counseling and psychotherapy, Gestalt therapy and Frankel's logotherapy, the principle of accepting responsibility is of crucial importance. A person with a sense of responsibility feels that he has control over life affairs. He can control the situation by accepting responsibility and doing some activities. Feeling power and dominance over life affairs and changing the internal control results in the internal control of despair in the process of achieving goals and desires. . Through such interventions, the patient is helped not to underestimate his current improvement and not to fear from the future that is yet to come. This leads to increasing life expectancy. The enjoyment of a meaningful life is the result of engagement, which encompasses commitment to creativity, love, work, and innovation. Purposful and meaningful life can help the defeated and traumatized people to overcome depression and despair and to accept responsibility for their lives (Kammar Zarrin, 2013). In short, the problems of the people on the verge of addiction can be decreased by being aware of the consultation methods; the risk of addiction can be decreased. That is, it is necessary to train people not to be trapped in negative propaganda of addiction. The goal is to prevent addiction which is an obstacle to development and achievement of the desired goals in the society. In cognitive-behavioral therapy, because of illeteracy of some participants, oral tasks were used instead of written ones. This was one of the limitations of this study. With regards to the increase of drug use in the country, it is recommended that a comprehensive study be done about the drug use. It is suggested to hold some training workshops in order to familiarize people with addiction and its bad effects. Authorities, experts and those who are involved in society should develop a comprehensive program to reduce drug use in the community. Some other suggestions include a variety of prevention, treatment, and relapse avoidance programs. Programs such as: fighting against the drug supply by the government; the important role of mass media in increasing people's familiarity with addiction; the important role of parents in interaction with each other and also with their children; training people for refusal skills; training how to resist to peer's pressure... . This study is applicable in the prevention of addiction. In addition, it can be helpful for family counselors, therapists, psychiatrists, university officials to accurately deal with addiction.

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