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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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 Ziment, 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 $SPSS_{21}$. **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

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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 withdrawl 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 Khoyi, 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-referred 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 apha 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 quetions 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.

Table 1: Descriptive Statistics of Demographic Variables of Selected Sample

Variables		*N(%)*	*Variables*		*N(%)*
Marital status	Married	153 (76/5)	**Type of drug**	Opium residue	(41/5) 93
	Single	(23/5) 47		Cannabis	(13/5) 27
Education	Illiterate	(23) 46		Heroine	(9) 18
	Primary and guidance school	(40/5) 81		Crack	(4/5) 9
	High school and diploma	(28) 56		Glass	(4) 8
	University	(8/5) 17		Tablet	(9) 18
Employment	Employed	(49) 98		More than one substances	(13/5) 27
	Retired	(6/5) 13	**Socialization with addicted friends**	I had	(83/5) 167
	Unemployed	(44/5) 89		I had not	(16/5) 33
Quitting history	Once	71 (35/5)	**Smoking**	Yes	(56/5) 153
	Twice	(34)68		No	(23/5) 47
	More than twice	(30/5) 61	**Addiction of other members of family**	Yes	(36/5) 73
age mean (28/62 ±5/41)				No	(63/5) 127

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

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

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

Variables	*Loneliness*	
	R statistics	**Significance**
Family support	-0/458	0/0005
Friends support	-0/405	0/0005
Significant others support	-0/435	0/0005
Social support (total)	-0/497	0/0005

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 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 were investigated. 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

Ahadi, B. (2009). Relationship between loneliness and self-esteem with attachment styles of students. *Psychological Studies*, 5(1), 95-112**.**

Ali Akbari Dehkordi, M., Peymanfar, E., Mohtashemi, T., & Borajali, A. (2014). Comparison of different levels of religious attitude on sense of meaning, loneliness and happiness in elderly life covered by the wellbeing organization. *Iran's Elderly Magazine*, 9(4), 297-305**.**

Asher, S. R. & Paquette J. A. (2003). Loneliness and peer relations in childhood. *Current Directions in Psychological Science*, 12(3), 75-78.

Bairami, M., Movahedi, Y., & Movahedi, M. (2014). The Relationship between Perceived Social Support and the Social-Emotional Feeling Loneliness with Internet Addiction in Student Society. *Journal of Social Recognition*, 3(6), 109-122**.**

Black, K. (2012). Exploring adolescent loneliness and companion animal attachment. *Journal of Pediatric Nursing*, 27(2), 103-112.

Bradley, J. R. & Cartwright S. (2002). Social support, job stress, health, and job satisfaction among nurses in the United Kingdom, *International Journal Stress Management*, 9(3), 163-182.

Brown, B. S. (1998), Drug use-chronic and relapsing or a treatable condition? *Substance Use and Misuse*, 33(12), 2515-2520.

Dunn, J. C., Dunn, J. G. H. & Bayduza, A. (2007). Perceived athletic competence, sociometric status, and loneliness in elementary school children. *Journal Sport Behavior*, 30(3), 249-269.

Haghdust O., Sayyedeh, F., Mirzaie, Kh., Mirzaei, T., Ravari, A., Hanafi, N., & Miri, S. (2010). Factors related to addiction relapse from the point of view of drug abuse patients referring to the drug rehab center in Rafsanjan. *Journal of Nursing*, 23(67), 49-58**.**

Henrich, L. M. & Gullone, E. (2006). The clinical significance of loneliness: A literature review. *Clinical Psychology Review*, 26(6), 695-718.

Hughes, M. E., Waite, L. J., Hawkley, L. C. & Cacioppo, J. T. (2004). A shortscale for measuring loneliness in large surveys: Results from two populationbased studies. *Research on Aging*, 26(6), 655-672.

Jena Abadi, H., & Sabeghi, F. (2013). The relationship between social support and the feelings of alienation of newly arrived students. *Journal of Zabol University of Medical Sciences*, 5(4), 33-41**.**

Jesse, S. M., Jacqueline, K. M., Shaun, P., & Kristin, L. C. (2010). Clarifying relationships among work and family social support, stressors, and work-family conflict. *Journal Vocational Behavior*, 76 (1), 91-104.

Joe, G. W., Simpson, D. D., & Broome, K. M. (1998). Effects of readiness for drug abuse treatment on client retention and assessment of process. *Addiction*, 93(8), 1177-1190.

Meysami, A. P., Faramarzi, B., & Halakouei Nayeni, K. (2006). How do addicts think about addiction and community problems? *Journal of Tehran University of Medical Sciences*, 64(5), 34-43.

Miller, W. R., Westerberg, V. S., Harris, R. J., & Tonigan, J. S. (2001). What predicts relapse? Prospective testing of antecedent models. *Addiction*, 91(1), 155-172.

Mirza'i, T., Ravari, A., Hanifi, N., Miri, S., Haghdust Oskuyi, S. F., & Mirzai Khalil-Abadi, S. (2010). Factors related to relapse of addiction from the point of view of drug abuse patients referring to the drug rehab center in Rafsanjan. *Iranian Journal of Nursing*, 23(67), 49-58.

Mutasa, H. C. (2001). Risk factors associated with noncompliance with methadone substitution therapy (MST) and relapse among chronic opiate users in outer London community. *Journal of Advanced Nursing*, 35(1), 97-107.

Nastizai, N., Hezareh Moghadam, M., & Molazehi, A. (2010). Factors Affecting the Relapse of Addiction in Self-Referent Addicts to Zahedan Drug Rehab Centers. *Journal of Urmia Nursing and Midwifery Faculty*, 8(3), 174-181.

Nastizayi, N. (2007). Investigation of familial factors of relapse of addiction from the viewpoint of self-referent addicts to Zahedan drug rehab centers. *Tolu Health Journal*, 6(2), 17-23.

Neto, F., & Barros, J. (2000).Psychosocial concomitants of loneliness among students of Cape Verde and Portugal. *The Journal of Psychology*, 134(5), 503-514.

Pani, P. P., Trogu, E., Contu, P., Agus, A., & Gessa, G. L. (1997). Psychiatric severity and treatment response in a comprehensive methadone maintenance treatment program. *Drug Alcohol Dependence*, 48(2), 119-126.

Rambod, M., & Rafii, F. (2010). Perceived social support and quality of life in Iranian hemodialysis patints. *Journal of Nursing Scholarship*, 42(3), 242-249.

Rimaz, Sh., Mohseni, Sh., Merghatikhuyi, E. S., Dasturpour, M., & Akbari, F. (2012). Case Study of Factors Affecting the Relapse of Substance Abuse in Addicts Referring to Two Drug Rehab Centers in Tehran. *Journal of School of Public Health and Institute of Public Health Research*, 10(3), 53-64.

Safari, M., & Mousavizadeh, S. N. (2014). Investigating the Factors Affecting Return on Substance Abuse in Patients Referring to Drug Rehab Centers in Maragheh in 2011. *Nursing and midwifery*, 24(86), 57-64.

Sarafino, E. P. (2002). *Health psychology* (4th ed). New York: Jhon Wiley & Sons, Inc.

Seraji, A., Momeni, H., & Salehi, A. (2010). Factors Affecting Drug Dependence and Relapse in Users in Khomein in 2008. *Journal of Arak University of Medical Sciences*, 13(3), 68-75.

Shahriyan, M., Menati, R., Kesani, A., & Menati, V. (2014). Factors related to relapse of addiction in patients referred to Ilam drug rehab centers. *Journal of Ilam University of Medical Sciences*, 22(6), 165-173.

Shargh, A., Shakibi, A., Nissari, R., & Alilo, L. (2011). The study of factors affecting relapse of addiction from the point of view of addicts referring to drug rehab centers in West Azarbayjan province in 2009. *Urmia Medical Sciences Journal*, 22(2), 129-136.

Stoeckli, G. (2010). The role of individual and social factors in classroom loneliness. *The journal of educational research*, 103(1), 28-39.

Swift, R. M., Miller, N. S., & Gold, M. S. (2000). *Treatment of addictive disorders: Manual of therapeutic for addictions*, New York; Wiley press.

Tahmaseyan, K., Anari, A., & Saleh Sedghpour, B. (2009). Direct and indirect effects of social self-efficacy on adolescent loneliness. *Journal of Behavioral Sciences*, 3(2), 93-97.

Tarahi, M. J., Ansari, H., Heydari, K., Sharhani, A., Akrami, R., & Holakouee Naeini, C. (2013). The survey of the views of addiction quit experts and self-referent addicts to drug rehab centers in Khorramabad about the factors associated with the relapse of addiction in 2010. *Journal of Rafsenjan University of Medical Sciences*, 12(4), 299-308.

Walton, M. A., Reischl, T. M., & Ramanthan, C. S. (2005). Social settings and addiction relapse. *Journal of Substance Abuse*, 7(2), 223-233.