

The Effectiveness of Short-term Intensive Dynamic Psychotherapy Interventions and Twelve-step Method in Reducing Drug Temptation and Reducing the Projective Defense Mechanisms of Recovering Addicts in Tehran Province

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Abstract

The aim of the present study was to evaluate the effectiveness of short-term intensive dynamic psychotherapy interventions and the 12-step method in reducing drug temptation and reducing the projective defense mechanism of recovering addicts in Tehran province. The study method was pretest-posttest with experimental and control groups. The statistical population of the study consisted of all recovering addicts in Tehran province in 1399, of which 58 people (30 people in the intervention group and 28 people in the control group) were selected using purposive non-random sampling. Data were collected using the Defense Styles Questionnaire (DSQ-40) by Anders et al. (1993) and Wright craving (2003). Data were analyzed using uni-variate analysis of covariance. The results of univariate analysis of covariance showed that by controlling the effect of F-tests obtained on the variable mechanisms of projection and temptation "at the level of 0.05 is significant. In other words, there are significant differences in the post-test scores of these variables in the "experimental group" and the "control group". The results of univariate analysis of variance in the first to fourth hypotheses also showed the difference between the two intervention groups and the control group in the variables of drug temptation, defense mechanisms of denial, projection and splitting. It is concluded that short-term intensive scanning psychotherapy and the twelve-step method are effective in reducing drug temptation and reducing the projective defense mechanism of addicts.

Keywords: Short-Term Intensive Scanning Psychotherapy, Twelve-Step Method, Temptation, Projective Defense Mechanism.

Introduction

The word addiction means getting used to and feeling the need (Edward, Ohlson, Sandquist, Sandquist & Candler, 2020). In this regard, the definition of the World Health Organization is as follows: The concept of addiction consists of four elements: advancement, mental employment, perceived lack of control, and perseverance despite the long-term negative consequences. Addictive behavior is therefore a progressive condition in which a person spends increasingly time and energy and as a result feels out of control that can only be overcome by relying on an external factor (drug, superior power). This condition, despite the negative consequences, continues to cause chronic intoxication, which is disrupted by repeated use of drugs and crack (natural or artificial) in the individual and society (Wang, Zang & Nang, 2020). The hallmarks of addiction include an intense and uncontrollable urge to obtain substances at any cost, an accidental increase in substance use, and severe psychological and sometimes physical reliance on substance use (Pallangi, Zolkifli, Maiden, & Fitteri, 2020). The main clinical signs of addiction include a dual and intense tendency to use drugs or cravings, impaired self-control (impulsivity and forced behaviors), lack of emotional regulation, and an intensified reaction to stress. These symptoms are associated with decreased function of the anterior part of the prefrontal cortex and adjacent areas. Addiction is generally associated with decreased function of the brain's self-control network that surrounds this area (Goldstein & Volkow, 2011 & Tang, Posner, Rothbart & Volkow, 2015). One of the most important aspects of addiction, which has become a challenge, is the return to drug use after a period of withdrawal. Numerous studies show a high prevalence of relapse to addiction, along with a high rate of relapse of drug use by addicts after release from prison or rehabilitation centers (Batool, Manzoor, Hassnain, Bajwa & Abbas et al, 2017). This has made the issue of addiction more complex and difficult, and has placed the location of these centers in a state of ambiguity.

Appetite or temptation is one of the main concerns of addiction therapists, and many people who attend only the 12-step sessions will continue to have it. Given that suppressing a thought constantly requires trying to engage with that thought (Webb, 2021). Therefore, the more an addicted person becomes involved with the thought of quitting, the more he / she happens to think about drugs and consequently consumes more. On the other hand, many people with substance abuse disorders report that the substance somehow relieves their negative emotions. Thus, substance use is a manifestation of a defensive reaction that is activated when approaching negative emotional experiences, and substances play a calming role and contribute to the addicted person's emotional regulation system. The so-called point that materials are not difficult; Rather, they are the solutions, it stems from this analysis (Khantzian, 2012).

The coexistence of substance abuse disorders with borderline personality disorder confirms the inability that the inability to regulate emotions and, more precisely, the lack of capacity to experience love in anger and experience anger in love (experiencing mixed feelings and guilt) leads to use. It is made of materials (Nia, 2018). Lack of access to appropriate emotional regulation strategies, or in other words, lack of use of mature

defense mechanisms, causes people to become addicted to drugs (Di Pierro, Benzi, & Madeddu, 2015).

Freud also considered addiction to be stabilization in the early stages of development (Geng, Gu, & Zhang, 2021). On this basis, the defense mechanisms of people with primitive addiction are very immature (Sripada, 2022). Projection is one of the most basic defenses in the early stages of development that addicts are more likely to engage with than others (Ishaq, Ghayas, & Adil, 2021).

The anonymous addicts program is based on twelve steps. These steps are a set of guidelines for practical improvement. In the twelve steps, the goal is to invite members to follow the path of recovery. Twelve-step traditions govern the work and goals of the association, which can be used by each member (White, Budnick, & Pickard, 2011). The effectiveness of the 12-step meetings steps, the effectiveness of which has been confirmed based on intercultural research in Iran and the United States (Galanter, White, & Hunter, 2019).

In a study that examined the effectiveness of the 12-step group therapy on the stability of recovery, quality of life and anxiety of patients with heroin use disorder, it was found that the 12-step group therapy can be used as an effective approach (Shirazi Tehrani & Mazaheri, 2017). In another study, which aimed to evaluate the effectiveness of anonymous addicts association programs on drug addiction, it was found that participation in sessions and a 12-step recovery program for anonymous addicts was effective in changing attitudes and improving its members (Alivardinia, 2009).

A longitudinal study showed that social support resulting from anonymous alcohol sessions played a mediating role in substance abuse (McInerney, Garip, & Benson, 2022). In a study by Ewing (2021) showed that twelve-step sessions are no better or worse than other suggested withdrawal therapies, so they can be used instead. A new meta-analysis of dozens of studies examining the effectiveness of the 12-step approach compared to cognitive-behavioral therapy has shown that the 12-step approach is more effective than cognitive-behavioral therapies. Cognitive-behavioral therapy is recommended (Kelly, Humphreys & Ferri, 2020). Among the codified psychotherapeutic therapies that directly target unhealthy and primitive defense such as projection, intensive and short-term dynamic psychotherapy can be mentioned (Abbass & Town, 2021). The relationship triangle and the conflict triangle form the basis of this treatment (Chiang, 2021).

This treatment is much codified and has effective results. In an effectiveness study, Abbass, Kisely & Kroenke (2009) analyzed the main results of 33 short-term psychodynamic studies with common mental disorders. These studies evaluated the effect of short-term dynamic psychotherapy on the initial results of review studies (including general disorders, anxiety, and depressive symptoms) as well as interpersonal problems and social adjustment. Except for short-term bodybuilding assessments, all classifications showed significant and significant progress in treatment compared to the short- and medium-term control group. In the latest studies on the effectiveness of short-term intensive scanning psychotherapy, Abbas et al. (2020) showed that this treatment is associated with a very high effectiveness in reducing bodily functional disorders. This treatment prevents emotional suppression by making the person aware of their body and recognizing the physical states of emotions.

There are several treatment options for addiction, but one of the most effective and important of these is the Twelve-Step Program with a treatment protocol used in anonymous addicts' sessions, which is used all over the world. These sessions, which are very low-cost, long-term, and supportive, will work on acceptance, beliefs, emotions, social issues, and spirituality, controlling consumption and reducing relapse (Tonigan, Book, Pagano, Randall, Smith, Randall, 2010). However, it has been shown that the 12-step approach is more effective when combined with therapeutic approaches to treat concomitant disorders such as depression and anxiety management (Kelly & Bergman, 2016). For this reason, the present study analyzes the simultaneous application of another treatment method along with the twelve-step approach to addiction treatment.

The present study examines the effectiveness of short-term intensive dynamic psychotherapy along with the 12-step approach on temptation as a resistant trait in addicts and reduced projection defense as one of the underlying defense mechanisms of addiction from a psychodynamic perspective, to try to present a new treatment model and it is cohesive in the field of addiction

Methods

The present quasi-experimental study was conducted as a pretest-posttest design with a control group. The statistical population included all recovering addicts in Tehran province. 58 people were selected by purposive non-random sampling method (30 people in the experimental group and 28 people in the control group) and were randomly replaced in one of the intervention or experimental groups. Inclusion criteria included **addicts**, having at least a diploma and participating in 12-step sessions, satisfaction and commitment to cooperate during the sessions and exit criteria were unwillingness to continue cooperation and not attending more than two sessions. Ethical considerations of the research were also assured to all sample people that their names will not be mentioned in any part of the research and only the results of the data will be used. In order to conduct the research, a briefing session was held and a consent form and a questionnaire containing demographic information were distributed among the participants. In order to be anonymous and to ensure the privacy of the participants, an appropriate code was assigned to each participant. After selecting and assigning the subjects and before performing the treatment sessions, the subjects of both groups were evaluated through a defense styles questionnaire. The experimental group then underwent a 7-session intervention based on 60-minute sessions over 7 weeks. The control group did not receive any intervention. At the end of the treatment sessions, the subjects of both groups were re-evaluated with research tools. The data were analyzed using SPSS version 26 and statistical method of analysis of covariance.

Measuring tool

Defensive Styles Questionnaire (DSQ): A 40-item version was developed by Andrews et al. In 1993 that included 40 questions and assessed 20 defense mechanisms at three

levels: mature, mentally retarded, and immature. To modify the previous questionnaire, they considered several criteria to evaluate the validity of the structure and the validity of the criteria and validity of each material. This new version had a much better psychometric quality than the previous versions. The defense mechanisms and styles examined by DSQ include Pseudo-altruism (1,39), Suppression (2,25), Humor (5,26), reaction formation (6,29), Dissociation (34, 37), Devaluation (10, 13), Autistic fantasy (8,18), Splitting (19,22), Idealization (3,38), Passive aggression (23, 36), Anticipation (30, 35), Somatization (12,27), Acting out (31, 33), Undoing (32, 40), Isolation (34, 37) And Mature styles (2, 3, 5, 25, 26, 30, 35), Neurotic styles (1, 7, 21, 24, 28, 32, 39, 40) and Immature styles (4, 6, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 23, 27, 29, 31, 33, 34, 36, 37) .In 1993, Andrews et al. Reported a correlation between test and retest between 0.46 and 0.86, and also reported Cronbach's alpha for 0.68, 0.58, and 0.80 for mature and mentally disturbed and immature styles, respectively. In several other studies, other forms of DSQ were also performed on various groups from normal to abnormal and its validity and reliability were reported to be appropriate (Andrews et al., 1993; quoted by Heidari Nasab and Sha'iri, 2011).

How to score this questionnaire is in the nine-point Likert scale. The 40-item Defense Styles Questionnaire in Iran was reviewed and standardized by Heidari Nasab (2006). The standardization steps were generally followed after translating the questionnaire into Persian and eliminating its literary deficiencies in two sections: validity and validity. To check the validity of its content, a questionnaire was presented to a group of psychologists and they were asked to determine the relationship between each phrase and the definitions of defense mechanisms derived from reliable sources on a 5-point scale set in Likert style. To evaluate the simultaneous validity, the correlation of mechanisms with personality traits was studied based on the Neo 5 personality factor questionnaire. The construct validity of the questionnaire was evaluated based on the calculation of the correlation between each item (phrase) and the related mechanism and style. According to the findings related to validity, it was found that the questionnaire has the same validity as the original version. The validity of the defense style questionnaire was also done through the retest method and the calculation of Cronbach's alpha. Alpha validity coefficient was shown in the study groups separately for students and the gender of the sampling group as well as defense styles. The highest overall alpha was observed in male students (0.81) and the lowest total alpha was observed in female students (0.69). In defense styles, the highest alpha was related to the immature style (0.72) and the lowest was related to the mentally disturbed style (0.50) (Heidari Nasab et al., 2011).Cronbach's alpha reported in the present study for Mature styles, Neurotic styles, and Immature styles was 0.79, 0.83, and 0.70, respectively.

The following is a summary of the objectives and content of the short-term intensive dynamic psychotherapy sessions and the twelve-step method:

Table 1.Content of sessions and goals of short-term intensive scanning psychotherapy and twelve-step method

Session 1:	Questions about the problem: The scan sequence begins with a question about the patient's problem.
Session 2:	Pressure: After requesting further explanation from the patient, the therapist's pressure to identify, objectify and clarify the patient's responses gradually begins the second stage of the scanning sequence.
Session 3:	Challenge: When asked about the patient's problem and the pressure for specific answers and the experience of emotions, the patient's defense systems are activated and the therapist enters the stage of checking and analyzing defenses by challenging them at this stage. Becomes.
Session 4:	Transitional Resistance: Part of the patient's personality, characterized by defense systems, responds to the therapist's challenge with anger. While part of the patient's personality, which is the center of contract therapy with a tendency to autonomy and relief from problems, reacts to the therapist's relentless effort to help with warmth and gratitude. During the fourth stage, the therapist must be very careful about the symptoms of transmission, which are mostly non-verbal.
Session 5:	Direct access to the unconscious (direct experience of transitional feelings and first penetration): When the patient is able to communicate his feelings to the therapist, the therapist asks him to describe his inner experience of that feeling.
Session 6:	Transmission Analysis: The first five stages of the scan sequence are pre-interpretive in nature, but after the first penetration into the unconscious, interpretation can be used. The therapist analyzes these similarities or differences at this stage. This is done with the aim of dissolving the patient's remaining transient resistance and strengthening the insight gained. Scanning exploration in the unconscious: After a systematic analysis of the transmission and the two conflict-person triangles,
Session 7:	the therapist explores the patient's current and past relationships. Such an exploration should be done in the form of a scan, and this is possible only after analyzing and dissolving the remaining transition resistance using systematic transmission analysis. In most patients, information about the past appears spontaneously. The therapist uses the conflict triangle and the person to analyze the material being disclosed. This analysis emphasizes the different and

similar ways of transmitting the present and the past in which the patient defends himself against his emotions and impulses.

Table 2. Steps of the Twelve Steps Sessions

first step	We admitted that we were powerless over our addiction, that our lives had become unmanageable.
Step Two	We came to believe that a Power greater than ourselves could restore us to sanity.
Third step	We made a decision to turn our will and our lives over to the care of God as we understood Him.
Step four	We made a searching and fearless moral inventory of ourselves.
Fifth step	We admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
Step six	We were entirely ready to have God remove all these defects of character.
Seventh step	We humbly asked Him to remove our shortcomings.
Step eight	We made a list of all persons we had harmed and became willing to make amends to them all.
Ninth step	We made direct amends to such people wherever possible, except when to do so would injure them or others.
Tenth step	We continued to take personal inventory and when we were wrong promptly admitted it.
Eleventh step	We sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.
Twelfth step	Having had a spiritual awakening as a result of these steps, we tried to carry this message to addicts, and to practice these principles in all our affairs.

Results

Table 3. Comparison of mean and standard deviation of consumption temptation scores between the two groups at two times before and after the intervention

group	Before intervention		After intervention		the
	Average	Standard deviation	Average	Standard deviation	

The temptation to consume	examination Group	97.3	29.3	72.2	27.2
	control group	96.7	28.6	98.4	28.6

Table 3 shows that the experimental and control groups show a close average before the intervention, but after training the experimental group in temptation shows a decrease in the mean, while in the control group an average increase is observed.

Table 4. Comparison of mean and standard deviation of projection defense mechanism scores between the two groups at two times before and after the intervention

group		Before intervention		After the intervention	
		Average	Standard deviation	Average	Standard deviation
Projection defense mechanism	examination Group	10.02	4.69	6.82	3.57
	control group	10.9	4.06	10.2	3.51

Table 4 shows that the experimental and control groups showed a close average in the projection defense mechanism before the intervention, but after intensive scanning psychotherapy and the 12-step method, the mean scores reported for this variable in the experimental group decreased. While in the control group, the mean difference after the intervention in the control group is not greater than before the intervention.

In order to evaluate the normality of the variables in this study, the calmograph-Smirnov test was used to apply the appropriate test. So that for the temptation variable before the intervention in the experimental group (0.19, $p > 0.05$) and in the control group (0.183, $p > 0.05$) and after the intervention, the temptation variable in the experimental group (0.161, $p > 0.05$) and was reported in the control group (0.134, $p > 0.05$); Also, before the intervention, the variable defense mechanism of the projector in the experimental group (0.185, $p > 0.05$) and in the control group (0.192, $p > 0.05$) and after the intervention, the defense mechanism of the projection in the experimental group (0.125, $p > 0.05$) and was reported in the control group (0.186, $p > 0.05$). Also, the assumption of homogeneity of variance for consumption variable and projection defense mechanism (which is greater than 0.05) was reported ($p > 0.05$).

Table 5. Summary of one-way test (ANCOVA) to evaluate the effect of short-term intensive scanning psychotherapy and twelve-step method in reducing drug temptation of recovering addicts

Source of changes	Total squares	Degrees of freedom	Average squares	F	The significance level	Effect size
Group	8174.6	1	8174.6	19.2	0.001	0.259
Error	23372.8	55	424.9			
Total	460076	58				

As Table 5 shows the difference between the pre-test-post-test scores of the experimental and control groups for the temptation variable and the mean scores of the experimental group in the temptation variable with a value of $F = 2.19$ at the level of 0.01 and 0.259. Eta squared (ETA squared is a value to indicate the effect size for the analysis of covariance (ANCOVA) test and is the ratio of variance in a target to total variance in a test of analysis of variance and covariance; The whole is calculated); More than the control group. Therefore, the results indicate the effectiveness of short-term intensive scanning psychotherapy and the 12-step method in reducing the drug temptation of addicts leaving.

Table 6. Summary of one-way test (ANCOVA) to evaluate the effect of short-term intensive scanning psychotherapy and twelve-step method on reducing the projection defense mechanism of recovering addicts

Source of changes	Total squares	Degrees of freedom	Average squares	F	The significance level	Effect size
Group	141.9	1	141.9	13.03	0.001	0.192
Error	599.1	55	10.8			
Total	4831	58				

As Table 6 shows the difference between pre-test-post-test scores of experimental and control groups for the projection defense mechanism variable is significant and the mean scores of the experimental group in the projection defense mechanism variable with $F = 13.03$ at the level of 0.05 And $0.192 =$ Eta squared is less than the control group. Therefore, the results indicate the effectiveness of short-term intensive dynamic psychotherapy and the twelve-step method in reducing the defense mechanism of projection of addicts leaving (confirming the third sub-hypothesis).

Discussion

The aim of this study was the effectiveness of short-term intensive dynamic psychotherapy and the 12-step method in reducing drug temptation and reducing the defense mechanism of projection and fragmentation of recovering addicts in Tehran province. The results of the present study showed that short-term intensive scanning psychotherapy and the 12-step method are effective in reducing drug temptation and the defense mechanism of recovering addicts. The present result is consistent with the results of researchers such as Abbas et al. (2021), Abbas et al. (2020), Kober et al. (2013), and Tonigan et al. (2010).

Explaining the present findings, it can be said that the most important feature of dynamic psychotherapy is the rapid elimination of resistance, and the main intervention of this system is the challenge of resistance, which is reflected in the direct relationship between the patient and the therapist. Head-to-toe defenses are the technique of this treatment and the therapist tries to internalize the patient's mental crisis. The challenge begins when resistance is noticeably crystallized between the therapist and the patient, and this challenge must be commensurate with the level of defense (Abbas, 2021). Patients subconsciously constantly strive to get rid of the disease and suffering, and if the therapist directly informs the patient about this, it creates instant healing, whereas in traditional psychoanalysis, healing was formed by long sessions and indirect exposure to the unconscious. The disease was pessimistic; the concept of unconscious contract therapy refers to the existence of mental life and the concealment of mental health and not just its absence.

This treatment is used when people become anxious in important situations, these patients often experience hurt feelings that lead to conflict in their relationships with others, and patients use defensive strategies to keep feelings and anxiety away. People who benefit from this treatment are those whose routine defense mechanisms prevent them from enjoying and understanding the meaning of life. This treatment is very common for those who have problems in relationships with their parents, children, peers and lover, and like other treatments. Psychodynamics is based on helping the patient understand that resentment is the result of unconscious emotions. Therapists will reveal how the patient's defenses prevent him or her from living a healthy life. This method focuses directly on the patient's experiences, which makes this treatment difficult at the beginning of the course. It has an active approach that helps the patient experience deeper emotions, and therapists need to identify defenses and keep them away to prevent harm to the patient.

Intensive dynamic psychotherapy is the link between experience and reflection, not mere reason. In fact, the therapist shows emotional symptoms to the patient by neutralizing the patient's defenses and drawing attention to his body, and it is this reflection after experiencing the emotion that leads to change and healing (Kober et al,

2013). Reason is rationalization, reasoning, and obsession that lead to rumination and escape from experience, not the "life of experience." How does this experience manifest itself in short-term intensive dynamic psychotherapy? The emotions experienced here and now with the therapist are a triggering event that releases feelings and memories from the past and allows them to experience and resolve them, a process that sometimes greatly increases the patient's flexibility and unconscious fluid flow. Sometimes, after experiencing buried emotions, a flood of images, memories, and dreams invade the patient, revealing the source of the nature of their core conflicts. Therefore, after treatment, patients should be able to have intimacy and experience emotions without a pathological reaction. Also in this treatment process, self-punishment changes to self-care (Abbas et al., 2020).

Frederickson et al. (2018) summarizes the treatment process as follows: The therapist assesses each patient's expression and body sensations, whether they are a reflection of emotion, anxiety, or defense. If the patient is expressing feelings, he listens to them and encourages them to express their feelings. If the patient's anxiety is high, he immediately regulates his anxiety and encourages him to deal with his emotions. If you therapists are not able to detect the patient's anxiety in the moment, you should not move towards his feelings. If the patient is using the defense, help him to see his defense, put it aside to see his feelings. Therefore, this treatment includes many intensive interventions that are much more than other forms of psychotherapy; These interventions work to bring the patient closer to the core of his unconscious emotions, the therapist's goal is the patient's emotions, and the experience of these emotions requires increasing the patient's mental and physical capacity. A deeper understanding of this treatment requires identifying the types of defenses, anxiety, and emotions.

On the other hand, it can be added: paying attention to anxiety and defense will activate the patient's self-control capacity and his emotional regulation, which can be seen in reducing the defense mechanisms and reducing cravings. Also, the basis of treatment is through the reconstruction of the conflict triangle (sequence of feelings, anxiety and defense) in the form of a triangle of relationships, especially the patient's relationship with the therapist in the treatment session. Experience is processed and registered, the experience of emotions leads to the neutralization of defenses and liberation from self-made suffering. Self-inflicted suffering is the result of a sick conscience, fueled by a feeling of unconscious guilt and a desire to become a victim and resist. In other words, the destructive patterns of emotion regulation (conflict triangle) that are rooted in the patient's past communication will be revived in the form of a relationship with the therapist (person triangle) and the therapist with experience-focused interventions here and now he does.

One of the limitations of the present study is the selected sample of this study, which has been selected only from recovering addicts in Tehran; Compactness of educational materials and its presentation in a limited time; Lack of follow-up was noted due to lack of access and prevalence of coronary heart disease and sampling was

available. Considering the effect of intensive scanning psychotherapy and twelve-step method on reducing consumption temptation, reducing the defense mechanisms of denial, projection and fragmentation, and since these variables are very important and vital in the recovery process of this group. Therefore, it is suggested that more attention be paid to these two treatments by addiction treatment clinics and psychological clinics so that these people can have a better life and better mental health in the community and do not have the problem of recurrence.

Conclusion

Attention to anxiety and defense will activate the patient's self-control capacity and emotional regulation, which can be seen in reducing the defense mechanisms and reducing cravings. Also, the basis of treatment is through the reconstruction of the conflict triangle (sequence of feelings, anxiety and defense) in the form of a triangle of relationships, especially the patient's relationship with the therapist in the treatment session. Experience is processed and registered, the experience of emotions leads to the neutralization of defenses and liberation from self-made suffering. Self-inflicted suffering is the result of a sick conscience, fueled by a feeling of unconscious guilt and a desire to become a victim and resist. In other words, the destructive patterns of emotion regulation (conflict triangle) that are rooted in the patient's past communication will be revived in the form of a relationship with the therapist (person triangle) and the therapist with experience-focused interventions here and now he does.

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