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THE RELATIONSHIP BETWEEN TEN OF IRRATIONAL BELIEFS AND SEVERITY OF ADDICTION

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ABSTRACT

Objective: This study is devoted to a relationship between irrational beliefs and severity of addiction in methadone treatment addicts in shahrood city, Iran. Method: the research was conducted between 56 addicts that was in treatment with methadone. They were selected with using Simple random sampling method then evaluated by Irrational Beliefs Test (IBT) and and severity of addiction Semi-structured interviews (ASI). **Results:** findings showed positive and significant relationship between total score of irrational beliefs and severity of addiction. the entire beliefs, These relationship was significant in: Anxious over concern (PA), Despondency (D), helplessness changes (HC),but relationship was not significant in: demand for approval (DA), high self-expectation (HSE), Blame proneness (BP), Frustration reactive (FR), emotional irresponsibility (EI), problem avoiding (PA), perfectionism (P). **Conclusion:** training and identifying irrational beliefs have a significant effect on reducing severity of addiction. This finding suggests that to reduce severity of addiction and prevention of social harms and treatment of addiction, irrational beliefs must be modified.

Keywords: *Irrational Beliefs, Severity of Addiction*

INTRODUCTION

According to Ellis human behaviors and emotions arises from his beliefs, principles, and attitudes (Safee, 2001; Solati, 2000). Demandingness is The core irrational belief (Bernard and Cronan, 1999) It refers to absolute requirements expressed in terms of “must”, “have to”, and “should”(Robert and Richard, 2010). Ellis proposed four categories of irrational beliefs: demandingness, awfulizing (or catastrophizing), low frustration tolerance, and global evaluation (or self-downing) (Ellis, 2000).

In Ellis theory, there are ten irrational beliefs which are as follows: 1. demand for approval, 2. high self – expectation, 3. blame prone mess, 4. frustration reaction, 5. emotionality irresponsibility, 6. Anxious over concern, 7. Problem avoidance, 8. dependency, 9. help lessens for change, 10. perfectionism (Moradi *et al.*, 2010).

These thoughts can affect people in different ways (Thomas and Luren, 2011). Major studies have shown that there is significant difference between people’s life with irrational beliefs and other groups ‘clinical and ordinary issues (Timothy and *et al.*, 2008; Janice and *et al.*, 2007; Mandic and *et al.*, 2010). This process may also be reflected upon studies that point to irrational attitudes varies according to region and culture (Jones and Chao, 1997).

Ellis believes that emotional and cognitive disorder is greatly the result of unreasonable and irrational beliefs of a person and if he or she learns to decrease irrational thoughts, then he may be released of mental, emotional and behavioral disorder (Karami, 2014).

Studies have a lot of emphasis on changing attitude of individuals through Rational Emotional Behavior therapy (REBT) to reach more rational beliefs, to remedy symptoms of depression and other mental disorders (Nel and Nel, 1982; Macaskill and Macaskill, 1996; Faramarzi, 1997; Nikmanesh, 2000; Safaee, 2002; Fooladgar, 2000). Some studies also showed that education has no impact on improving irrational beliefs (Terry and *et al.*, 2007; Motlagh, 2004).

Ellis have explained alcohol addiction in terms of REBT theory (Geoffrey, 1998). To test the role of irrational beliefs in alcohol problems, Camatta & Nagoshi (1995) tested a stress-model following REBT

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logic. In essence, REBT holds that frustrations and irritations are a normal part of human existence, and when people construe these simple annoyances as catastrophic and "awful" events, emotional and behavioral distress emerges (Ellis & Harper, 1975). Therefore, Camatta & Nagoshi (1995) theorized that irrational beliefs would mediate the relationship between daily stress and hassles (representing the normal irritations of life) and alcohol problems, however, they discovered that irrational beliefs served only as a partial mediation between stress and alcohol abuse.

One of the cognitive therapy which was introduced in 1993 by Marsha Linhan has a successful function in the therapy of disorder especially drug abuse (Linhan, 2002), disturbance of mind and stress reduction (Mami, 2014).

Another therapy which is introduced by Albert Alice based on cognitive behavior therapy. Internal factors of individuals are referred as a cognitive therapy (Mami, 20014), he believes that the activating events are not important, but the beliefs and deduction of events by people are important. It means that this is our deduction which has some consequences. So, this therapy can be useful as a determining and informative factor (Asaei, 2012).

Hence, more efforts should be done to the cognitive development of individuals, so reflection and recognition of these beliefs is constructive and useful in reduce severity of addiction and dysfunctional cognitive problems of addicts. Thus, the aim of this study is to investigate the relationship between ten of irrational beliefs and severity of addiction.

MATERIALS AND METHODS

Method

Subjects

The research was conducted between 56 addicts that was in treatment with methadone in shahrood city, Iran. They were selected with using Simple random sampling method.

Tests and Tools

Jones Irrational Beliefs Questionnaire (1968):

This scale is constructed by Jones at 1968 to measure and evaluating the irrational beliefs and includes 10 subscales and 100 items. Each subscale is related to one of the irrational beliefs which are:

Demand for Approval, High Self Expectation, Blame Proneness, Frustration Reactive, Emotional Irresponsibility, Anxious Over concern, Problems Avoiding, Dependency, Hopelessness Changes and Perfectionism. Scoring of the test is done on a 5- point rating scale from "1" (very agree) to "5" (very disagree) which scoring for some of the items is reversely. Various studies confirm the result of this test and show that the cronbach alpha of the test is 0.71. This test has also an acceptable validity and consistency. Jones has observed the test-retest reliability to be 0.92.

Addiction Severity Index (ASI):

This instrument was aimed to measure a variety of real-life domains in which SDI typically have problems. It is composed of seven subscales measuring severity of medical, employment, alcohol and drug use, legal, family/social, and psychiatric problems. These measures of real-life functioning were used as predictive variables of behavioral performance.

RESULTS AND DISCUSSION

Results and Findings

In Table 1 Mean and standard deviation of the variables are reported. Moreover, the correlation coefficient of the studies variables is presented in Table 2.

As shown in Table 2, there are significant positive correlations between helplessness for change, dependency, Anxious over concern and severity of addiction. There is no significant correlation between demand for approval, high self – expectation, blame prone mess, frustration reaction, emotionality irresponsibility, Problem avoidance, perfectionism and severity of addiction.

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Table 1: Descriptive Statistics: Mean, standard deviation

	Mean	Std. Deviation	N
demand for approval	30.2679	5.04342	56
high self – expectation	32.0536	4.42069	56
blame prone mess	29.0536	4.46163	56
frustration reaction	30.0893	5.08930	56
emotionality irresponsibility	25.1607	6.06863	56
Anxious over concern	32.7679	5.47720	56
Problem avoidance	26.6964	4.74407	56
dependency	30.3214	4.46443	56
help lessens for change	33.4643	4.03604	56
perfectionism	28.2679	4.55468	56
severity of addiction	11.4821	4.03616	56

Table 2: Correlations

		severity of addiction
demand for approval	Pearson Correlation	.204
	Sig. (2-tailed)	.131
	N	56
high self – expectation	Pearson Correlation	.248
	Sig. (2-tailed)	.065
	N	56
blame prone mess	Pearson Correlation	.179
	Sig. (2-tailed)	.186
	N	56
frustration reaction	Pearson Correlation	.208
	Sig. (2-tailed)	.125
	N	56
emotionality irresponsibility	Pearson Correlation	.133
	Sig. (2-tailed)	.327
	N	56
Anxious over concern	Pearson Correlation	.315*
	Sig. (2-tailed)	.018
	N	56
Problem avoidance	Pearson Correlation	.078
	Sig. (2-tailed)	.567
	N	56
dependency	Pearson Correlation	.405**
	Sig. (2-tailed)	.002
	N	56
helplessness for change	Pearson Correlation	.341*
	Sig. (2-tailed)	.010
	N	56
perfectionism	Pearson Correlation	-.098
	Sig. (2-tailed)	.472
	N	56

*. Correlation is significant at the 0.05 level (2-tailed).

** . Correlation is significant at the 0.01 level (2-tailed).

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Discussion

The present study identified that severity of addiction have significant positive relationship with dependency, help lessenes for change, Anxious over concern. This shows that, if this factor increases, addiction severity would also increase. Research findings were compatible with the findings in Khasti and Mohammadi (2008), Elahifar (2008); Delavar (2006). Most of these studies have shown that instructing irrational beliefs and awareness toward them in some way is effective in reducing and modifying these beliefs.

This finding suggests that to reduce severity of addiction and prevention of social harms and treatment of addiction, irrational beliefs must be modified.

It is suggested that a possible generalization of the results should be done with caution, because as mentioned above culture, economic and differences may be important concerns in changing the results.

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