

The Relation between Religious Orientations, Irrational Beliefs, and Substance Abuse Tendencies among Teenagers

*Mohammad Bahrami*¹

Lecturer Department of Educational Sciences, Payam-e Noor University, Tehran, Iran

Maryam Roshan

Assistant Professor Department of Psychology, Payam-e Noor University, Tehran, Iran

Received: 21 September 2017

Accepted: 23 December 2017

Extended Abstract

1. Introduction

Addiction is a physical, mental, and social illness in which pre-addiction backgrounds play a substantial role. The readiness of addiction is considered to be the beliefs of the individual about the outcome and outcome of any work and value that a person makes for this result (Galanter, 2006). Tendencies toward substance use in individuals are assessed according to their beliefs and views about substance. The present study was conducted with the purpose of examining the relationship between the religious orientations and irrational beliefs and the substance abuse tendencies among teenagers. Due to the high prevalence of substance dependence among different classes and the difficulty in treating it, attempts to identify the causes of this problem in many populations are very important, and the awareness of the family and authorities in juvenile adolescents and how to deal with this phenomenon is also very effective as such.

2. Theoretical Framework

Religious beliefs can be employed as an antidote against the disorders caused by substance abuse. According to Allport (1967), individuals with an external religious orientation will be the tool of satisfaction of their basic needs, and those with internal religious orientation, while integrating religious values, will consider religion as a goal. In this case, findings show that people with high religious orientations are less likely to consume alcohol and other substances. Studies in this area have confirmed that when religious beliefs and the sense of meaning and purpose are at a low level in one's life, they would be more prepared for substance abuse (Miller, 1988).

The presence of irrational thoughts and beliefs also play a significant role in the etiology and treatment process for the individuals who are dependent on substances (Gastfriend, 2005). The results of a study conducted by Mahmoudi (2013) showed

¹ Corresponding author, ba_mohammad2003@yahoo.com

that people with higher irrational thoughts are less resilient toward substance and have a more positive view about them. Ghorbani, Kazemi, & Ghorbani (2011) demonstrated that people suffering from methamphetamine abuse disorder had more irrational beliefs as compared with normal individuals. Aminpour and Ahamd Zadeh (2011) compared the irrational beliefs in addicted and normal people and discovered that these beliefs were more significant in the former type than the latter one. In view of the above discussion, the purpose of this study is to investigate the relationship between religious attitudes, irrational beliefs and substance abuse tendencies.

3. Methodology

The population of the study included the students of the 2nd grade of high school in Shahin Dezh County studying during 2016-2017 academic year. The sample population included 219 students who were selected through multi-stage cluster sampling. To analyze the data, the Pearson correlation method as well as multi-variable linear regression were used. Furthermore, the questionnaires including *addiction preparedness* (Zargar, 2006), *religious orientation* (Allport, 1967), and *irrational beliefs of Ahwaz (4IBT-A)* (Ebadi & Motamedin, 2005) were given to the sample population.

4. Results

The results showed that substance abuse tendencies have a positive, significant relationship with extrinsic religious orientations and irrational beliefs, while it has a negative, significant relationship with intrinsic religious orientations. The three variables of intrinsic and extrinsic religious orientations and irrational beliefs are capable of predicting teenagers' substance abuse tendencies; in fact, it could predict that 41% of the variance was related to substance abuse tendencies.

5. Conclusion

The results of this study show that teenagers with intrinsic religious orientations are less likely to have substance abuse tendencies, whereas individuals with extrinsic religious beliefs are more likely to have drug abuse tendencies. In fact, enforcing religious beliefs across the entire stages of life can be a preventive measure to reduce mental disorders and its consequences, such as Substance addiction, depression, and anxiety (Asghari, Kordmirza, & Ahmadi, 2013). Other studies also assert the fact that the minimum function of religion plays a direct protective role against any type of damage. As a result, it can be stated that individuals' religious beliefs and outlooks increase their immunity against substances; it appears that individuals with more intrinsic and real religious beliefs are more immune against addiction.

Furthermore, teenagers who had irrational beliefs faced more substance use tendencies. According to Ellis (1995), mental and behavioral problems are the result of individuals' incorrect understanding as emotions are the products of awareness (Zareidoost, Atefvahid, Bayanzadeh, & Birashk, 2007). In addition, sometimes there are incorrect beliefs among people regarding drugs and addiction, which only complicates and worsens the situation. For instance, false beliefs such as "recreational and very inconsiderable use of substances will not lead to addiction" and "everything is worth experiencing for one time", unfortunately result in the spread of addiction across the society.

Ultimately, religious orientations and irrational beliefs are capable of predicting 41% of changes in the scores related to substance abuse tendencies among teenage students. Consequently, the absence of intrinsic religious outlooks and rational beliefs in individuals would make them more susceptible to dangerous behaviors such as substances abuse, providing the context for their addiction. It is thus recommended that proper strategies and models be used to confront religious disbeliefs, irrational beliefs, and substances use in order to change the students' views about substances use and enforce their religious beliefs.

Keywords: Substance abuse tendencies, Intrinsic religious orientation, Extrinsic religious orientation, Irrational beliefs

References (In Persian)

1. Aminpour, H., & Ahmadzadeh, Y. (2011). Barrasi va moghayese vaziat bavarhaye gheir manteghi dar afraad motad va adi [The study of irrational beliefs among addicted and normal people]. *Journal of Research on Addiction: Presidential Drug Control Headquarters*, 17(5), 107-120.
2. Asghari, F., Kordmirza, E., & Ahmadi, L. (2013). Rabete negaresh mazhabi, manbae control va gerayesh be soe masraf mavad dar daneshjuyan [A relationship between religious attitudes, locus of control and the tendency to substance abuse among university Students]. *Journal of Research on Addiction: Presidential Drug Control Headquarters*, 25(7), 103-113.
3. Bakhtiari Shohani, M., & Bakhtiari Shohani, Z. (2015, April). *Barrasi rabete amalkard khanevade va bavarhaye gheir manteghi ba gerayesh be etiad dar beyne daneshamuzan pesare motevasete shahr Ilam* [The study of the relationship between the family performance and irrational beliefs with a tendency to the addition among male high-school students in Ilam]. Paper presented at the First National Conference on Islam and Mental Health, Bandar Abbas, Iran.
4. Dastjani Farahani, A., Rahmani, M. A., & Tizdast, T. (2013). Asarbakhshi goruh darmani shenakhti-raftari bar bavarhaye gheir manteghi va keyfiyat zendegi afraad vabaste be amftamin [The effectiveness cognitive-behavioral

- group therapy on irrational beliefs and quality of people's life addicted to Amphetamine]. *Journal of Research on Addiction: Presidential Drug Control Headquarters*, 28(7), 119-129.
5. Ghazinejad, M., & Soulanpour, A. (2009). Barasi rabete tard ejtemai va amadegi baraye etiyad [The relationship between social exclusion and tendency to drug addiction]. *Journal of Research on Social Problems of Iran*, 13(63), 139-180.
 6. Ghorbani, M., Kazemi, H., & Ghorbani, T. (2011). Moghayese bavarhaye gheir manteghi bimiran mobtala be ekhtelal sue masraf shishe va افراد ادای [Comparing irrational beliefs in patients with crystal abuse disorder and normal people]. *Research in Applied Psychology*, 12(45), 31-37.
 7. Ghoreishizadeh, M. A., & Torabi, K. (2002). Barasi avamel moaser dar vabastegi be mavad mokhader dar morajekonandegan be markaz khod moaref Tabriz [Factors contributing to drug dependence among those referred to drug addiction treatment centers in Tabriz]. *Iranian Journal of Psychiatry and Clinical Psychology*, 8(1), 21-28.
 8. Karimi, A. (2014). *Asar bakhshi ruykard bazsazi shenakhti bar bavarhaye gheir manteghi va naomidi dar afarad mobtala be ekhtelal sue masraf mavad* [The effectiveness of the approach of cognitive reconstruction on irrational beliefs and disappointment among those suffering from drug abuse disorder] (Unpublished master's thesis). University of Mohaghegh Ardabili, Ardabil, Iran.
 9. Khodayari Fard, M., Shahabi, R., & AkbariZardkhaneh, S. (2009). Rabete dindari va khodcontroli ba gerayesh be masraf mavad dar daneshjuyan [The relationship between religiosity, self-control and tendency to substance abuse among university students]. *Journal of Research on Addiction: Presidential Drug Control Headquarters*, 9(34), 115-130.
 10. Mahmoodi, H. (2013). Barasi rabete bavarhaye gheir manteghi va naomidi dar افراد mobtala be ekhtelal sue masraf mavad [Exploring the relationship between irrational beliefs with resilience and attitudes towards the drug addiction among the university students] (Unpublished master's thesis). AllamehTabataba'i University, Tehran, Iran.
 11. Motamedin, M., Badri, R., Ebadi, G. H., & Zamani, N. (2012). Hanjaryabi azmoon bavarhaye gheir manteghi ahvaz (4IBT-A) [Standardization of irrational beliefs test (4IBT-A) in Ahvaz]. *Journal of Psychological Models and Methods*, 2(8), 73-87.
 12. Prochaska, J. O., & Norcross, J. C. (2009). *Theories of psychotherapy* (Y. Seyed Mohammadi, Trans.). Tehran, Iran: Roshd.
 13. Sarokhani, B. (2009). Dayratolmaaref egtmaai. [Social Encycloped]. Keyhan, Tehran, Iran.
 14. Shahriari, S., Dastjerdi, R., Hojjatzade, N., Kiankhani, R., & Ramezani, A. (2013). .Nagsh va karkad khanavadeh dar gerayesh daneshjuyan be etiyad va sue

- masraf mavad. [The role and function of family on the tendency students of Zabol University of Medical Sciences towards addiction and substance abuse]. *Journal of Zabol University of Medical Sciences and Health Services*, 5(4), 59-67.
15. Yaghoobi, A., Mohagheghi, H., Amiri, L., & Sfandiari, K. (2016). Rabete beyne negaresh nesbat be sue masraf mavad ba bavarhaye gheir manteghi va ehmkari tahsili [On the relationship of attitudes towards substance abuse with irrational beliefs and academic procrastination]. *Journal of Research on Addiction: Presidential Drug Control Headquarters*, 36(9), 9-18.
16. ZareiDoost, E., Atefvahid, M. K., Bayanzadeh, S. A., & Birashk, B. (2007). Moghayese manbae control, shivehaye moghabele va bavarhaye gheir manteghi dar zanan ruspi va adi shahr Tehran [Comparing locus of control, coping styles and irrational Beliefs in prostitutes and non-delinquent women in Tehran]. *Iranian Journal of Psychiatry and Clinical Psychology*, 17(13), 13-20.
17. Zargar, Y. (2006, April). *Sakht va eatebaryabi meghyase Irani amadegi be etiyad* [Constructing and validating the Iranian scale of tendency to drug addiction]. Paper presented at the 2nd Psychology Association of Iran, Tehran
18. Zargar, Y., Najarian, B., & Naami, A. Z. (2008). Barasi rabete vijegihaye shakhsiati (hayejan khahi, ebraze vojvod, sarsakhti ravan shenakhti), negaresh mazhabi va rezayat zenashuie ba amadegi etiyad be mavad mokhader dar karkonan yek sherkat sanati dar ahvaz [The relationship of some personality variables (sensation seeking, self-assertiveness, and hardiness) religious attitudes and marital satisfaction with addiction potential in employees of an industrial firm in Ahvaz]. *Education Journal*, 15(1), 99-120.

References (In English)

1. Allport, G. W., & Ross, I. M. (1967). Personal religions orientation and prejudice. *Journal of Personality and Social Psychology*, 5(2), 432-433.
2. Arnold, R., Avants, S. K., Margolin, A., & Marcotte, D. (2002). Patient attitudes concerning the inclusion of spirituality into addiction treatment. *Journal of Substance Abuse Treatment*, 23(4), 319-326.
3. Avants, S. K., Warburton, L. A., & Margolin, A. (2001). Spiritual and religious support in recovery from addiction among HIV-positive injection drug users. *Journal of Psychoactive Drugs*, 33(1), 39-45.
4. Beythe-Maroon, R., Austin, L. Fishchhoff, B., Palmgren, C., Jacobs-Quadtel, M. (1994). Percivevd consequences of risky behaviors, adults and adolescents. *Developmental Psychology*, 29(3), 549-563.
5. Edlund, M. J., Harris, K. M., Koenig, H. G., Han, X., Sullivan, G., Mattox, R., & Tang, L. (2010). Religiosity and decreased risk of substance use disorders: is the effect mediated by social support or mental health status? *Social Psychiatry and Psychiatric Epidemiology*, 45(8), 827-836.

6. Galanter, M. (2006). Spirituality and addiction: A research and clinical perspective. *The American Journal on Addictions, 15*(4), 286-292.
7. Gastfriend, D. R. (2005). Physician substance abuse and recovery: What does it mean for physicians—and everyone else? *JAMA – The Latest Medical Research, Reviews, and Guidelines, 293*(12), 1513-1515.
8. Gordon L, Flet P, Hewitt K, Blankstein R. (2008). Demintion of perfectionism and irrational thinking, Journal TOC, York University.
9. Homayouni, A. (2011). The role of personality traits and religious beliefs in tendency to addiction. *Procedia - Social and Behavioral Sciences, 30*(1), 851-855.
10. Jarusiewicz, B. (2000). Spirituality and addiction: Relationship to recovery and relapse. *Alcoholism Treatment Quarterly, 18*(4), 99-109.
11. Miller, W. R. (1998). Researching the spiritual dimensions of alcohol and other drug problems. *Addiction, 93*(7), 979-990.
12. Moss, W., Ray, E., & Woodruff, K. (2013). Relationship of spirituality or religion to recovery from substance abuse: A systematic review. *Journal of Addictions Nursing, 24*(4), 227-228.
13. Nooripour, R., Tavalaei, S. A., Hosseinian, S., Alikhani, M., Zademohammadi, A., & Pour Ebrahim, T. (2016). Relationship between religious attitude and mental health of addicts. *Romanian Journal of Experimental Applied Psychology, 7*(1), 8-17.
14. Regnerus, M. D., & Elder, G. H. (2003). Religion and vulnerability among low-risk adolescents. *Social Science Research, 32*(4), 633-658.
15. Sarvela, P. D., & McClendon, E. J. (1988). Indicators of rural youth drug use. *Journal of Youth and Adolescence, 17*(4), 335-347.
16. Tonato, T. (2008). Metacognition and substance abuse. *Addictive Behaviors, 24*(2), 164-174.
17. Waters, P., & Shafer, K. (2005, July). *Spirituality in addiction treatment and recovery*. Paper presented at the Southern Coast ATTC Beacon, Florida.