Abstract

Objective: This study aimed to investigate the relationship of irrational beliefs and academic procrastination with attitudes towards drug abuse in students. **Method:** This correlational study was carried out on a sample of 254 senior high school students in Kermanshah. Students were selected via random cluster sampling and filled in Jones Irrational Beliefs Test (1968), Solomon & Rothblum's Academic Procrastination (1984) and Rahmati's Attitude to Drug Use (2001). **Results:** The results showed that irrational beliefs and procrastination were positively correlated with attitudes towards drug use. In addition, regression analysis showed that irrational beliefs and academic procrastination could account for the 38.9 percent of variance pertaining to attitudes towards drug use. **Conclusion:** It can be argued that academic procrastination and irrational beliefs underlie addiction; therefore, they should be considered in the treatment and prevention of addiction.

Keywords: Attitudes towards Drug Use, Irrational Beliefs, Academic Procrastination, Drug Dependency

On the Relationship of Attitudes towards Substance Abuse with Irrational Beliefs and Academic Procrastination

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Introduction

Substance abuse is one of the major health, social and economic problems in today's world and has a direct impact on health. Problems caused by drug abuse are viewed as a global concern and are considered one of the serious behaviors threatening teenagers (Farhadinasab, Allahverdipour, Bashirian & Mahjoob, 2007). Drug abuse mostly starts from high school age and this brings the necessity of entry into the prevention of drug use from the adolescence. The majority of people who work with adolescents believe that the most important danger that threatens this group is that they take refuge in narcotics as a reaction in response to their repeated exposure to inappropriate situations (Rahimi, Sahmi & Izadian, 2005). Due to the dominance of certain emotional conditions and changes arising from the course of puberty, preparation for compatibility problems and resorting to the use of drugs will be provided. On the other hand, irrational beliefs are mediators of emotional states that can be experienced as the main cause of emotional distress. A person who makes him/herself get caught in irrational thoughts and beliefs will probably put him/herself in a state of anger, resistance, hostility, defense, guilt, anxiety, lethargy, extreme inertia, and lack of control (Taghipoor, 1999, Shafiabadi & Naseri, 2007). Misconception and confusion about everyday activities can create unrealistic and irrational beliefs. People who are persistently involved in irrational beliefs will face many problems and it is difficult for them to achieve happiness (Hallin, 1996).

Irrational beliefs lead to an increase in the incidence of disorders and gradually cause inability to deal with life problems. Avoidance style also exacerbates feelings of failure and inefficiency and, thereby, slowly predisposes a person to use this style to solve all life problems (Cipiriano, 2003). According to Bandura (1993), severe and extreme criteria for self-assessment lead to abnormal reactions and feelings of worthlessness and aimlessness and can provide the conditions for inclination to drug use. In other words, drug use is one of the short-term methods of solving life problems and escaping from stressful situations, which can temporarily release the person from these pressures. From one perspective, beliefs can be divided into two categories, namely rational and irrational beliefs. In rational beliefs, people believe that they undoubtedly have the ability to do a task and, thereby, will succeed in the accomplishment of it. In contrast, the belief that one needs the support and confirmation of familiar people for doing something is referred to as irrational belief (Flain, 1977, cited in Taghipour, 1999). There are different classifications on irrational beliefs. In one classification, there are ten types of irrational beliefs, including demand for approval, high self-expectation, blame prone mess, frustration reaction, emotionality irresponsibility, anxious over concern, problem avoidance, dependency, helplessness for change, and perfectionism (Ellis & Knaus 1997, translated by Salehi & Yazdi, 1996). Bernard regards irrational beliefs as the desires and goals that stand as the necessary priorities so that chaos will be brought about if these goals are not met (cited in Biabangard, 1994). Therefore,

such problems as emotional disorders also remain in force as long as there are irrational thoughts at paly. Those who get themselves entangled in irrational thoughts will experience states of anger, resistance, hostility, defense, guilt, anxiety, lethargy, extreme inertia, lack of control, and helplessness and sometimes think of escaping from these feelings with the help of maladaptive behaviors such as drug dependence (Taghipoor, 1999).

Educational procrastination is one of the other problems that adolescents encounter. It occurs when a person puts off doing a responsibility to a later time because s/he is busy doing unrelated activities. The negligent person is characterized with symptoms such as behavior of time stalling and wasting, feeling of sinking in responsibilities, inability to reach important goals in life, doing things at the last minute at high speed, fantasizing and dreaming instead of doing things, and the lack of planning for life. Procrastination causes nocturnal restlessness and poor sleep, high levels of stress and fear, falling behind due to lack of time or inappropriate completed assignments (Kagan, Cakir, Lihan & Kandemir, 2010). This condition affects millions of people and always has a negative and detrimental effect on productivity and wellbeing of people (Balkis & Duru, 2009). Since procrastination entails task postponement or avoidance, it causes feelings of guilt, inadequacy, a sense of low self-esteem, anxiety, and depression among the sufferers. Procrastinating behaviors have a high potential for the generation of painful psychosocial effects; therefore, withdrawal of these issues requires the enjoyment of a high coping ability. However, senior high school students lack such ability and they may undergo specific damages, including tendency to drug use. Procrastination is followed with some kind of negative uncomfortable feeling that discourages people from doing or starting a work. Negativism and low assessment of personal abilities often lead to fear of failure and can eventually lead to procrastination and substance abuse.

Procrastination and irrational beliefs fall within psychological factors underlying drug dependency. Aminpour & Ahmadzadeh (2012) showed that addicted individuals suffer from irrational beliefs to a relatively greater extent than normal individuals do. Sepehrian (2011) conducted a study on students and showed that academic procrastination and perfectionism are positively correlated with anxiety and found that these variables are predictors of anxiety among students. Hafezi & Mahmoodi (2010) investigated the relationship between irrational beliefs and public health in addicts and showed that there are significantly less intense irrational beliefs among the addicts in abstinence periods. Alizadeh Sahrayi, Khosravi & Besharat (2009) showed that irrational beliefs and its subscales (including demand for approval, frustration reaction, emotionality irresponsibility, and problem avoidance) are positively correlated with negative perfectionism. In addition, irrational beliefs were negatively associated with positive perfectionism. According to the research conducted in this area and lack of specific research in this field, this study is aimed at

investigating the relationship of irrational beliefs and academic procrastination with attitudes toward substance abuse in high school students.

Method

Population, sample, and sampling method

A descriptive-correlational research method was employed for the conduct of this study. The population of the study included male high school students of Kermanshah in 2013. In this year, there were 5451 high school students in this city according to the statistics released by Department of Education. A sample of 254 students was found sufficient for the purpose of this study based on Cochran formula. Random cluster sampling method was used to select participants. In this regard, 10 schools were selected from among three districts. Then, three classes were selected from each school and nine students responded to questionnaires from each class. Through this process, the sample size reached 270 participants. Final analysis was carried out on 254 questionnaires since 16 questionnaires had not been sufficiently filled in.

Instrument

1- Jones Irrational Beliefs Test: This questionnaire was constructed based on Ellis's theory and evaluates a variety of irrational thoughts. This scale enjoys desired validity because of its highly frequent application. This questionnaire includes 100 items that are scored based on a five-point Likert scale [strongly disagree (1), somewhat disagree (2), no idea (3), somewhat agree (4), strongly agree (5)]. It has been composed of ten components, including: demand for approval, high self-expectation, blame prone mess, frustration reaction, emotionality irresponsibility, anxious over concern, problem avoidance, dependency, helplessness for change, and perfectionism. Each component consists of ten items and measures one of the irrational beliefs. In each component, the high scores indicate the intensity of irrational beliefs. Total score of irrational beliefs is obtained from the sum score of all components. The maximum scores of the total test and each of the ten factors (components) are 500 and 50, respectively. A low score represents rational thinking (Sadegh, 2004). Taghipoor (1999) conducted a study on a sample of 106 students of Allameh Tabatabai University with an average age of 24.25 and reported an acceptable validity for this test. The results of the above study showed that Cronbach's alpha reliability of this test equaled .71. Thomas F. Kashi (1984) studied the relationship between irrational beliefs test and other cognitive behaviors. The results showed the correlation of .24 between irrational beliefs and inner-outer control and the correlation of .27 between irrational beliefs and failure-victory component. This means that one's feeling of success is reduced as his/her irrational beliefs increase. In addition, the correlation of irrational

beliefs and self-expression was reported to equal .43. In fact, all the above correlations were significant at the level of .99. Jones (1968) reported the test-retest reliability of the total test equal to .92 and obtained the test-retest reliability of the test components within the range of .66 to .80 with an average of .74 (Sadeghifard, 1996).

2- Academic Procrastination Scale: This scale was developed by Rothblum (1984) to examine academic procrastination in three domains, including performing administrative tasks, studying for an exam, and writing a term paper. It contains 21 items that are scored based on a 4-point Likert scale, i.e. "rarely" (1) to "almost always" (4). In addition to the above-mentioned 21 items, items numbered 7, 8, 18, 19, 26, and 27 measure two characteristics of "feeling of discomfort to procrastination" and "willingness to change the habit of procrastination". As suggested by the scale developer, these six questions have not been taken into consideration in calculating the validity and reliability of the scale. Jokar & Delavarpoor (2007) reported Cronbach's alpha reliability of the test equal to .91. Factor analysis was used to examine the validity of the scale through principal component analysis. The results indicated that one general factor existed in the questionnaire. Moreover, the items were correlated with the total score in a desired and significant level.

3- Attitude to Drug Use: This questionnaire was constructed by Rahmati (2001) and consists of 34 items. Each item is followed by three options and the respondent should mark one of the options where zero represents negative attitude, one indicates moderate attitude, and two represents positive attitude towards drug use. This questionnaire evaluates individuals' attune based on four scales, namely general attitudes, beliefs, emotions (affects), and readiness to act (behave) towards substance abuse. Factor analysis along with Varimax rotation was used to determine the validity of the scale. The questions of the scale benefit from appropriate discriminant power. Test-retest reliability coefficient (one-week interval) and Cronbach's alpha coefficient of the scale were reported to be .80 and .81, respectively (cited in Rahmati, 2004).

Results

According to the results of data analysis, it was found that irrational beliefs and attitudes towards drug use were significantly correlated with each other ($P < .001$; $r = .52$). This means that 27.2% of the variation in attitude towards drug use is explained by irrational beliefs. In addition, there was a significant relationship between academic procrastination and attitude towards drug use ($P < .001$; $r = .42$). Thus, 17.5% of the variation in attitudes toward drug use is accounted for by academic procrastination.

Regression analysis was used to investigate the predictive role of academic procrastination and irrational beliefs in attitudes to drug use. Correlation of these two variables with attitudes to drug use was obtained equal to .63. This means

that 40% of the variance in attitudes to drug use is accounted for by these two variables. Regression coefficients are presented in the table below.

Table1: Regression coefficients of attitudes to drug use based on irrational beliefs and academic procrastination

Variable	*B*	*SD*	*β*	*t*	*Sig.*
Constant	14.50	5.62	-	2.570	.01
Irrational beliefs	.10	.01	.48	9.540	.001
Academic procrastination	.24	.04	.31	5.660	.001

Discussion and Conclusion

The results of the present study showed that there was a positive correlation between irrational beliefs and attitudes towards drug use. In fact, an increase in the levels of irrational beliefs leads to the intensification of attitudes toward drug use. This finding is consistent with that of the studies done by Aminpoor & Ahmadzadeh (2012) and Hafezi & Mahmoodi (2010). Irrational beliefs have a specific role in the psychological organization of human behavior. Completely erroneous and false understanding about daily activities leads to the incidence of unrealistic and irrational beliefs. Those who put their focus on irrational beliefs will face many difficulties in life. If a person is unable to identify healthy coping styles in the face of life events, s/he will encounter difficulty in actively reacting to life challenges and will take refuge in deviant behaviors to solve his/her life problems. As a result, irrational beliefs will act as some mediator and will provide the groundwork for attitudes towards substance use.

Moreover, the results of this study indicated that there was a positive relationship between academic procrastination and attitude towards substance abuse. With the increase of procrastination, positive attitude towards substance abuse will be strengthened. To explain these findings, it is possible to conclude that individuals may sometimes have a resort to dysfunctional and maladaptive coping behaviors such as positive attitudes towards drug abuse in certain problematic circumstances and conditions. This procrastinating situation may result from experiencing extreme anxiety over the delay of the task. Irrational beliefs and low educational achievement will increase the probability of academic failure. Procrastination causes the emergence of important objective consequences (such as loss of opportunities, income, and time) and emotional consequences (such as demoralization, increased stress and anxiety, fear and anger, as well as low motivation). Similarly, procrastination can bring about grounds for attitudes towards drug use. Therefore, it seems that there is a direct relationship between the two variables.

Regression analysis showed that irrational beliefs and academic procrastination predict 27.2% and 11.6% of the variation in attitudes towards drug use. These two variables could predict the 38.9 percent of the variation in attitudes towards drug use. These results are not directly aligned with the results

of any other studies. However, it can be argued that this finding is indirectly consistent with that of the studies carried out by Aminpoor & Ahmadzadeh (2012) and Hafezi & Mahmoodi (2010). Aminpoor & Ahmadzadeh (2012) showed that there are more intense irrational beliefs in addicted individuals than in normal people. Hafezi & Mahmoodi (2010) showed that irrational beliefs are less intensely found in the addicts abstaining from drug use and they enjoy better health status. To explain this finding, one can state that irrational beliefs have seriously detrimental effects at home, at work and in one's personal environment. Irrational beliefs affect emotional health and lead to depression, self-harm and self-blame, regret, and deep emotional effects. On the other hand, academic procrastination may also reduce employment opportunities and income in the future. Therefore, it is logical that an increase in irrational beliefs and academic procrastination can properly predict attitudes towards drug use in students. According to the current findings, it is suggested that students' irrational beliefs be given special attention in order to increase their awareness and change their attitudes towards drugs. Students should be taught how to cope with positive attitudes towards drugs by using cognitive models. In addition, the students with procrastination should be identified and they then should be trained how to deal with negative emotions caused by negligence and procrastination with the help of counseling and cognitive-behavioral approach.

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