The Level of Prevalence of Irrational Beliefs Among Drug Addicts in Jordan

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Abstract

The study aimed to discover the prevalence of irrational beliefs among drug addicts in Jordan and find out the difference in the level of prevalence of these beliefs among them according to their educational qualifications and ages. And to achieve this, the descriptive survey approach was used, and the questionnaire was used as a tool to collect data. The study sample consisted of (103) addicts in Amman, who were chosen using the available sample method, and the data were collected using the irrational beliefs scale prepared by Ellis and translated (Al-Rihani, 1985). The results showed the prevalence of irrational beliefs among drug addicts in Jordan, at high levels in general, and a mean of (2.36). The results also showed that there are statistically significant differences at the level of ($\alpha \leq 0.05$) on the scale of irrational beliefs and the areas (Cruel blaming of oneself and others, excessive anxiety, dependence, feeling helpless, and the importance of past experiences) attributed to the educational qualification variable. In contrast, there were no statistically significant differences on the scale of irrational beliefs and in all domains due to the age variable. The study recommended focusing on cognitive rebuilding in drug addicts to modify their irrational convictions and prepare treatment programs based on the theory of rational, emotional therapy to help specialists identify irrational beliefs and work to remove them in addicts.

Key words: Drug addicted; Irrational beliefs; Jordan

INTRODUCTION

The problem of drug addiction is one of the serious problems and phenomena that have emerged in Jordanian society during the last two decades, where the problem of drug abuse has become one of the priorities of official and non-governmental organizations and institutions in Jordan after it worsened and increased its spread among members of society. As a result, the phenomenon of addiction becomes a troubling problem that affects the lives of individuals and development in all its domains of society.

The Anti-Drug Administration in Jordan indicated that Jordan, by its location and its vast borders with many neighboring countries, has become the focus of attention of drug traffickers, which has led to an increase of addicts. The Anti-Drug Administration bulletin for the year (2017) indicated that the number of those who were treated for addiction for the first time reached (867) addicts (Public Security Directorate, 2017). Consequently, the increase in the number of addicts requires the development of strategies to address this phenomenon, and the provision of treatment programs and psychological support for addicts, as well as the identification of the beliefs adopted by the addict, which justifies the abuse of one of the addictive drugs, it is noticed that addiction does not arise in a vacuum. Still, many factors lead to it, including those related to the psychological aspects of the addicted person, including those related to the beliefs and ideas of the individual.

Interest has increased in recent decades to study the association between drug addiction, mental and emotional disorders, and personality disorders; some studies have shown that out of every three people with these disorders, one suffers from drug addiction (Alsaghan, 2005). Majali (2011), citing Ellis, states that the existence of a system of irrational Beliefs is responsible for most mental, emotional, organic, and personality disorders, and this is because when people accept the turmoil involved in irrational beliefs, they tend to be aggressive, defensive,

anxious, feel guilty, and withdraw themselves. When they try to get rid of those irrational beliefs, they can fall victim to those disorders.

Irrational beliefs can have dangerous harmful effects on the addict and on his family or workplace and affect his emotional balance and lead to depression, sadness, harm, self-blame, and other profound psychological and emotional effects (Nicseresht, 2001). In the same context, Al-Mukhaini and Hamdi (2017) see that irrational beliefs are dangerous factors in drug addiction, as some irrational convictions prevail among addicts, such as the conviction that drugs lead to improved mood and a sense of happiness. This conviction is incorrect because drugs give a false sense of happiness followed by a state of depression (Davies, 2008) also sees that irrational beliefs have several negative consequences. The individual becomes unable to properly assess the situations facing him, which leads him to exaggerated emotions and dysfunction and a severe lack of self-acceptance.

Bukhari (2015) asserts that circumstances that lead the addict to disorder and anxiety affect his emotions and actions. Perhaps the reason for the increase in the intensity of disturbance and anxiety for the person and its decrease in another person is the nature of his perception and the individual's "rational or irrational" way of thinking through which he explains events Around it. Herbert and Wetmore focus on the cognitive factors represented by irrational beliefs of a non-consensual nature, as they are the first schemes that push the individual to focus his feelings and emotions around the substance or drug he is taking. And then the actual behavior towards this material to obtain it, just as these plans are based on special experiences or semi-stable incompatible beliefs of the individual, which make him characterized by stiffness, and the susceptibility to impulsivity towards performing undesirable behaviors, accompanied by incompatible emotions such as tension, anxiety and psychological depression (Hosni, 2010). The rationalistic emotional theory holds that drug addicts cling to their absolute wrong beliefs with great emotion and urgency and that this group had previously strengthened these beliefs and ideas strongly through repetition and training on them (Al-Amiri, 2000).

The need to uncover the irrational beliefs of addicts comes as a necessity to complete medical treatment for them, as medical treatment helps the addict get rid of the symptoms that accompany addiction. However, it does not change the behavior. Therefore the detection of irrational beliefs in addicts contributes to identifying distorted ideas and dysfunctional beliefs that lie behind the addictive behavior, which subsequently helps prepare behavioral and cognitive therapy programs that contribute to enhancing medical treatment (Bukhari, 2015).

THE STUDY PROBLEM

The statistics of the National Center for the Rehabilitation of Addicts in Jordan (2016) indicate a continuous increase in the number of addicts visiting the center, as the number of auditors increased from (284) in 2014 to (501) by the end of the year 2015, to more than (5000) addicts who referred to the Rehabilitation Center and its clinics in Jordan until the end of 2020. These numbers do not reflect the size of the real problem of addiction in Jordan, given the conservative nature of families in Jordanian society, and it is not easy to reveal the identity of addicts among their children. By looking at previous studies that were conducted on the phenomenon of addiction in Jordan, it is noted that they focused on the economic, family, and social aspects of understanding this phenomenon, and the addict's beliefs were not focused on explaining addiction, where irrational beliefs are an important subjective factor in understanding drug addiction and trying to treat it.

The irrational beliefs of the drug addict may constitute an obstacle to treatment and recovery from addiction. For the individual's treatment of addiction to be more effective. The focus must be on identifying the irrational beliefs of this group as the most important step in developing guidance plans and programs in the future to reduce the irrational beliefs of addicts, especially in light of the lack of interest by researchers in Jordan - within the limits of the researcher's knowledge- and knowledge in studying the irrational beliefs of drug addicts in Jordan. Therefore, this study revealed the irrational beliefs of a group of drug addicts in Jordan, which may provide an understanding of the relationship of drug addiction to the irrational beliefs of addicts.

The Study Questions

The study tried to answer the following questions:
• How common are irrational beliefs among drug addicts in Jordan?
• Are there statistically significant differences at ($\alpha \leq$ 0.05) in the prevalence of irrational beliefs among drug addicts in Jordan due to their educational qualifications?
• Are there statistically significant differences at ($\alpha \leq$ 0.05) in the prevalence of irrational beliefs among drug addicts in Jordan due to their age?

The Study Objectives

This study aimed to discover the prevalence of irrational beliefs among drug addicts in Jordan and find out the difference in the level of prevalence of these beliefs according to their educational qualifications and ages.

The Importance of the Study

This study may provide suggestions and recommendations that may help therapists and psychological counselors reduce the irrational beliefs of addicts in Jordan.

The study presents field results that can benefit those in charge of addiction treatment centers in Jordan in

modifying the plans and strategies used in treating addicts, in line with the characteristics of this group.

The study provides field results that can be used to prepare counseling programs for therapists and psychological counselors on modifying the irrational beliefs of addicts in Jordan.

The study represents an addition to the theoretical literature on the subject of irrational beliefs among drug addicts in Jordan due to the lack of studies that have dealt with this topic in the Jordanian environment.

The Study Limitations

This study was limited to (103) addicts attending clinics for drug addiction treatment in Amman.

The study is determined by the degree of accuracy of the respondents 'response from the study sample, what the content of the study tool measures, and the methodology used to answer the study tool.

I faced some difficulties in persuading addicts to answer the study tool, as a number of them had concerns and reluctance to accept the answer to the study tool.

CONCEPTUAL AND PROCEDURAL DEFINITIONS

Irrational beliefs: They are "a group of beliefs and ideas that are not based on sound and rational logic, and they afflict a person as a result of his exposure to negative events during the various stages of his life" (Hassan and Al-Jamali, 2003, p.197).

Irrational beliefs are procedurally defined as false beliefs that are characterized by unreality and subjectivity, and that they are based on exaggeration in the interpretation of events, and are summarized by 11 irrational ideas or beliefs, as defined by Ellis, they are: seeking approval, seeking personal perfection, harsh blame for oneself and others, anticipating misfortunes and disasters, emotional recklessness, excessive anxiety, avoiding problems, dependence, feeling powerless and the importance of past experiences, annoyance for others 'troubles, and seeking complete solutions. It is measured by the addict's response to the Irrational Beliefs Scale prepared by Ellis and Arabized by (Al-Rihani, 1985).

Drug addiction: It is defined as a group of physical, cognitive, and behavioral symptoms that lead an individual to continue using the addictive substance, despite the health, psychological and behavioral problems that these substances cause, and it is a recurring pattern related to the use of these substances (APA, 2013).

THEORETICAL FRAMEWORK

The Concept of Irrational Beliefs

Irrational beliefs are defined as: "false beliefs that lead to negative and unhelpful emotions, and to make unhelpful

conclusions or inferences about events" (Bond, Dryden & Briscore, 1999, p.560).

It is also defined as: "evaluative schemes that lead to exaggerated assessments, distorted reality, and are not based on evidence or empirical conclusions" (Szentagotai Schnur, DiGiuseppe & Bianca, 2005, p.140).

Ellis' classification of irrational beliefs

Ellis identified (11) irrational beliefs related to the manifestations of mental disorders in the individual, and they are as follows (Majali, 2011; Al-Owaidah, 2009):

Seeking personal perfection means that the individual must be at a high level of achievement and self-efficacy to be a valuable and worthy person.

Desirability request: It means that the person should be loved in his social environment.

Cruel blame for oneself and others: This idea is based on the fact that humans are characterized by evil and villainy, and therefore they deserve blame and punishment for their behavior.

Predicting calamities and disasters: This idea is based on the fact that things do not go according to what the individual wants for them to be a painful calamity.

• Emotional recklessness: It means that unhappiness appears in the individual as a result of external factors, which the individual is unable to control.

• Excessive anxiety: This is the idea that the individual should always anticipate risks and be prepared to face them constantly.

• Avoidance of problems: It is better to avoid problems and responsibilities entrusted to the individual rather than face them.

• Reliability: It means that the individual has to rely on others and that he always has a strong person at his side to be relied upon.

• Feeling of helplessness and the importance of past experiences: it means that the experiences and events that occurred in the past are the basic determinants of the individual's behavior in the present and that the influences of the past cannot be separated from the present.

• Disturbance for the troubles of others: It is based on the fact that the problems of others should be a source of concern for the individual, and the individual should show sadness over the problems of others.

• Seeking complete solutions: It is summarized that there is always a complete solution for every problem and that the individual must reach this solution. Otherwise, the results will be painful.

Causes of irrational beliefs

The reason behind the irrational beliefs that lead to disorder in individuals is due to several subjective factors, including 1- Ignorance due to the disorder; Many individuals are ignorant of the cause of their disorder and believe that it is natural and inevitable; 2- lack of awareness; as many people do not realize that their false beliefs are the cause of disturbances, 3- Sclerosis; Where

some people cling to their irrational thoughts of approval, overbearing, and self-blame, 4- Defensiveness: Some people resort to avoiding focusing on their problems, or interacting with them, by resorting to justification, omission, avoidance, suppression and cessation, 5- Negligence and indifference; When some people are exposed to a problem, this problem may be exacerbated by their complacency, considering that what they face is a simple problem despite its seriousness (Shehata, 2006).

Characteristics of Irrational Beliefs

Irrational beliefs are characterized by several characteristics, including that they resist change and that they are illogical in the form of illogical conclusions derived from the person's irrational beliefs. They are characterized by chaos, and it is the result of a very general task, which is also not identical with reality, as it is characterized by being sharp and absolute beliefs that are often expressed in terms such as "must" People with irrational beliefs are also characterized by negativity, as some individuals believe that the cause of their unhappiness is circumstances beyond their control. They cannot overcome them and defeatism because they avoid avoiding life's difficulties instead of facing them, and those with irrational beliefs are characterized by dependence on others, especially the powerful. And helplessness as they cannot get rid of the past and its effects. Also, people with irrational beliefs are characterized by narrow-mindedness and insistence on total acceptance (Omar, 2003; Al-Ghamdi, 2009; Aminpoor & Ahmadzadeh, 2010).

Previous Studies

The study of Abu Shanab (2009) aimed to reveal the relationship between drug use, irrational beliefs, and self-concept. The sample included (523) students from Al-Azhar University in Gaza; the researcher used the descriptive and analytical approach, and the study data were collected using three measures (the irrational beliefs scale, the self-concept scale, and the drug attitude scale). The results of the study showed a statistically significant relationship between the total degree and dimensions of irrational beliefs and the trend towards taking narcotic drugs, except the dimensions of personal perfection, excessive attention, and the expectation of disasters, and the existence of an inverse relationship between the total degree of self-concept and the total degree of the tendency towards narcotic drugs. The study also found that there are differences in all dimensions of the trend towards taking narcotic drugs due to the gender variable in favor of males except for the dimension of happiness and pleasure. And another study by Al-Enezi (2009) aimed to uncover irrational beliefs among addicts of hashish and amphetamine compared to ordinary people. The study population and its sample consisted of hashish and amphetamine addicts and residents of Al-Amal Complex for Mental Health in Riyadh. The sample of non-addicts consisted of night high school students in Riyadh, and

a descriptive and analytical approach was followed. For data collection purposes, the Rihani scale of rational and irrational beliefs was used, and the results showed the presence of irrational beliefs prevailing over other beliefs among hashish and amphetamine addicts. The results showed the presence of irrational beliefs more widespread than others in the age stages of the study sample and the presence of differences between hashish addicts, amphetamine addicts, and ordinary people for the spread of irrational beliefs interest of addicts.

The study (Hosni, 2010) revealed the differences in performance between the two groups dependent on alcohol and those dependent on psychoactive substances from the category of amphetamines, which is based on the tests of irrational thoughts and negative health beliefs as opposed to the normal ones. The comparative relational descriptive approach was used. The study sample included (180) male individuals, whose ages ranged from (20 to 45 years), and the sample was divided into three groups: the normal group as a control group, the alcohol-dependent group, and the amphetamine approved group, with (60) individuals for each group. The results showed differences between the two groups of dependent and normal in the quality and quantity of irrational thoughts on the one hand and in the quality and quantity of negative health beliefs on the other hand. The results also showed a positive correlation between irrational thoughts and negative health beliefs in the two dependency groups and the normal.

The study (Hashemi, Fotuhie-Bonab, Karimi, & Bayrami, 2010) aimed to determine the role of irrational beliefs, self-efficacy, and social support networks in predicting relapse and non-relapse in drug addiction and to compare the mentioned variables between these two groups. A number of (100) people were selected from relapsing addicts to achieve the objectives of the study, and (100) people did not have a relapse, they were selected from the rehabilitation organization for addicts in the Iranian city of Tabriz, and measures were used (Albert Ellis for irrational beliefs, self-efficacy, and social support). The results indicated differences between relapsing and non-relapsing on the scale of irrational beliefs and social support in favor of relapsing and the presence of differences between relapsing and non-relapsing on the scale of self-efficacy in favor of non-relapsing ones.

The study of Al-Muhaimzi (2012) aimed to reveal the level of irrational beliefs and anxiety among drug addicts and non-addicts and to determine the relationship between irrational beliefs and their anxiety, and the sample consisted of drug addicts in Al-Amal Mental Health Complex in Riyadh, in addition to a sample of non-addicts in Riyadh. The study followed the correlational descriptive approach, and the researcher used two measures of irrational beliefs and anxiety; and among the most important results of the study: The decrease in levels of irrational beliefs among non-addicts. In contrast to its

high level between cannabis and alcohol addicts, and the presence of a direct correlation between irrational beliefs and anxiety, in addition to the presence of differences in the level of irrational beliefs in favor of addicts, and the presence of differences in the level of irrational beliefs of addicts due to variables (profession - marital status - education) and the absence of differences attributable to a variable Age for addicts.

The study (Abedi, Borjali & Ezzatolah, 2015) aimed to investigate the relationship of irrational beliefs to addiction severity among methadone addicts in Iran. The study sample consisted of (56) addicts of the drug methadone, and they were selected using a simple randomized method. And they were evaluated through the two measures of irrational beliefs and severity of the addiction. The study followed the descriptive approach using semi-structured interviews to obtain data, the results showed a positive and statistically significant relationship between the total degree of irrational beliefs and the severity of addiction, and the relationship was positive and statistically significant between the severity of addiction and beliefs of excessive anxiety, feeling helpless, discomfort with other people's troubles. While the relationship was not statistically significant between the severity of addiction and the rest of the beliefs, it was also found that identifying irrational beliefs has a significant effect on reducing the severity of the addiction.

Jamal's study (2015) aimed to uncover the irrational beliefs of alcohol and drug addicts and compare them with non-addicts according to gender, age, and educational level. The study sample reached (116) male and female addicts in Palestine, and the sample of non-addicts reached (50) ordinary individuals, and the study followed the descriptive approach, and the irrational beliefs scale of addicts was applied, and the results showed that the level of irrational beliefs among the reviewers of addiction centers in Palestine was generally average. There are also statistically significant differences in the level of irrational beliefs between addicts and non-addicts in favor of addicts. The results also showed no statistically significant differences in the irrational beliefs of addicts due to age and gender. The existence of differences attributed to the educational level favors the primary, middle, and high school levels compared to higher educational levels.

The study (Tamannaeifar, Moradi & Golmohamadi, 2015) aimed to compare emotional intelligence and irrational beliefs between addicts and ordinary people. A comparative approach was followed, and the study population and its sample consisted of (160) males between the ages of (20) and (50) years of addicts and ordinary, of whom (80) were addicted, and (80) ordinary people. In this study, the emotional intelligence scale was used. On the scale of Irrational beliefs, the results showed that there is a big difference in irrational beliefs between addicts and ordinary people and in favor of addicted to beliefs in general and for every irrational belief, except for harsh self-blame, excessive anxiety, avoiding problems.

According to some variables, the Sheikh (2017) study aimed to know the relationship between irrational beliefs and depression among addicts in mental health hospitals in Khartoum State and the differences in irrational beliefs. To achieve this, the researcher followed the descriptive approach, and the sample reached (90) addicts, who were chosen by the simple random sample method, and the data were collected using the irrational beliefs and depression scale. The most important results that were reached were: An increase characterizes the irrational beliefs and depression of drug addicts in Khartoum State, and there is a relationship between irrational beliefs and depression among drug addicts in Khartoum State. At the same time, there are no differences in the irrational beliefs of drug addicts in Khartoum State according to the variables of the economic level, educational level, type of substance used by the addict, and age. In light of these results, a set of recommendations has been drawn up, including Benefiting from rational and emotional counseling to develop therapeutic and religious counseling programs.

The study (Vadar, Sajjadi, Hajiyar, Zanoon & Rozi, 2019) aimed to determine the relationship between personal beliefs and personal avoidance with the tempting thoughts of addicts undergoing preventive medical treatment. The study followed both survey and correlational approaches, and the study was conducted on (180) individuals who used drugs undergoing preventive treatment in the Iranian city of Mashhad. They were asked to respond to three questionnaires: Personality Belief Questionnaire (SPB), Cognitive Avoidance Questionnaire (CAQ), and Belief Craving Questionnaire (CQB), the results showed a high level of irrational personal beliefs among addicts, and the results of multiple regression analysis showed that those personal beliefs and a high tolerance for failure are factors that predict the temptation of ideas and their tendency towards irrationality among addicts undergoing preventive medical treatment.

METHOD AND PROCEDURES

The Study Methodology
The study relied on the descriptive approach using the field survey method to collect data using the questionnaire, as it is the most appropriate approach for this study.

Study Population and Sample
The study population consisted of all addicts attending the drug addiction treatment clinics in the capital, Amman, during August and September of 2020 AD. The study sample consisted of (103) drug addicts within the study population. They were selected using the available sample method. All of them responded to the study tool. Table 1

shows the distribution of the study sample according to its variables.

Table 1
Distribution of the sample members according to educational qualification and age

Variable	Variable classes	Number	Percentage
Educational qualification	Less than high school	15	14.56%
	High School	53	51.46%
	Intermediate diploma	11	10.68%
	Bachelor's degree or higher	24	23.30%
	Total	103	100%
Age	Less than 30 years old	49	47.57%
	From 30-45 years old	32	31.07%
	Over 45 years old	22	21.36%
	Total	103	100%

THE STUDY SCALE

The scale of irrational beliefs prepared by Ellis was used and translated by (Al-Rihani, 1985). The scale consisted of two parts; the first part: Includes the primary data of the study sample (academic qualification and age). And the second part: Contains (44) paragraphs distributed into (11) domains that measure the eleven irrational beliefs according to the "Ellis" classification of irrational beliefs, and each field is measured with (4) paragraphs, and these beliefs measured by the paragraphs in each area are as follows: (Seeking approval, seeking personal perfection, harsh blame for oneself and others, anticipating calamities and disasters, emotional recklessness, excessive anxiety, avoiding problems, dependence, Feeling of helplessness and the importance of past experiences, annoyance for the troubles of others, and the desire for complete solutions) and the response was designed according to a triple staging:

Always	Sometimes	Never
3	2	1

This means if the paragraph applies to the addicted person and he replied with (always), then it takes the highest score, which is 3, while if the paragraph applies to him to a lesser degree and he answers with (sometimes), then it takes an average score of 2, but if the paragraph does not apply to the addicted person and he answers "never," then it takes a low score, which is 1.

The Scale Validity

The scale was presented to (7) arbitrators with experience and specialization in Jordanian universities, and an agreement of 4 arbitrators was approved to approve the amendments, which consisted in the reformulation of some paragraphs to directly and briefly refer to the belief that the paragraph measures. In light of the amendments, the scale remained composed of (44) items that measure the eleven irrational beliefs according to the "Ellis" classification.

The Scale Reliability

The scale was applied to (30) addicted persons in the city of Amman as a survey sample, and then the stability of the scale was extracted using the Cronbach's alpha equation, and the reliability coefficients were as in Table 2.

Table 2
Reliability coefficients according to the Cronbach alpha equation for the domains of the study scale

Domains (irrational beliefs)	Number of paragraphs	Reliability coefficient
Request approval	4	0.942
Seeking personal perfection	4	0.866
Cruel blaming of oneself and others	4	0.937
Anticipate misfortunes and disasters	4	0.917
Impulsive recklessness	4	0.913
Excessive anxiety	4	0.885
Avoid problems	4	0.931
Dependency	4	0.847
The feeling of helplessness and the relevance of past experiences	4	0.903
Discomfort with other people's troubles	4	0.922
The desire for complete solutions	4	0.943
(Aggregate scale)	44	0.962

The above Table shows that the scale has good reliability statistically and that the reliability coefficients are high and can be trusted to apply the scale in the current study, and it ranged between (0.953 - 0.847) for the scale domains, and the overall reliability of the scale was (0.962).

Methods of Statistical Analysis

Descriptive statistics scale, through arithmetic averages and standard deviations, were used to answer the first question, and the following criterion was adopted in determining the level of prevalence of irrational beliefs among drug addicts in Jordan, and Table 3 shows that:

Table 3
The cut-off level to determine the level of the sample members' responses

Arithmetic average	The level of prevalence of irrational beliefs
1 – 1.67	Low
1.68 – 2.33	average
2.34 – 3.00	High

Conducting a One-Way ANOVA to detect differences in the level of prevalence of irrational beliefs among drug addicts, according to both (educational qualification) and (age) variables, and dimension comparisons using a "least significant difference" (LSD), to reveal the source of the differences, and to answer the second and third study questions.

THE STUDY RESULTS AND ITS DISCUSSION

The answer to the first question: What is the level of prevalence of irrational beliefs among drug addicts in Jordan?

Table 4
The arithmetic averages and standard deviations of the responses of the sample members on the scale used in the study, arranged in descending order

Arrangement	Domain number	Irrational beliefs	Arithmetic average	Standard deviation	The level of prevalence
1	6	Excessive anxiety	2.62	0.30	High
2	8	Dependency	2.60	0.34	High
3	3	Cruel blaming of oneself and others	2.49	0.35	High
4	9	The feeling of helplessness and the relevance of past experiences	2.44	0.29	High
5	1	Request approval	2.41	0.31	High
6	10	Discomfort with other people's troubles	2.31	0.41	Average
7	11	The desire for complete solutions	2.29	0.37	Average
8	4	Anticipate misfortunes and disasters	2.22	0.40	Average
9	2	Seeking personal perfection	2.21	0.36	Average
10	5	Impulsive recklessness	2.18	0.38	Average
11	7	Avoid problems	2.16	0.36	Average
The overall average for the scale as a whole			2.36	0.17	High

Table 4 indicates that the level of prevalence of irrational beliefs among drug addicts in Jordan was high, as the arithmetic average of the responses of the sample members on the scale of irrational beliefs as a whole was (2.36) with a standard deviation (0.17).

As for the prevalence of each of the irrational beliefs, the level of prevalence ranged between high and medium level, where five beliefs came within the high prevalence level, their arithmetic averages ranged between (2.62-2.41). The area of excessive anxiety came in the first order, followed by the domain of dependency, then the area of harsh blame for oneself and others, followed by feeling helpless and the importance of past experiences, followed by seeking approval. While six beliefs came within the average commonness level, and their arithmetic averages ranged between (2.31-2.16), and their order came in terms of the least common, as follows: avoiding problems, emotional recklessness, seeking personal perfection, anticipating calamities and disasters, seeking complete solutions, discomfort for troubles Others.

The high level of the prevalence of irrational beliefs among drug addicts in Jordan, in general, maybe due to the dimensions of excessive anxiety and dependence, harsh blame for oneself and others, feeling helpless. The importance of past experiences and seeking approval to the socialization of addicts during childhood, as the distortion of thoughts and beliefs of the individual begins to form from early childhood. The cognitive schemes begin to form in the individual through the parents and the surrounding environment. These cognitive schemes are based on special experiences or semi-stable inconsistent beliefs of the individual, which make him characterized by rigidity, helplessness, and a tendency to impulsivity towards performing undesirable behaviors, which is one of the most important characteristics of people with irrational beliefs (Hosni, 2010).

These beliefs are reinforced in the environment of social upbringing for addicts during childhood. This environment is characterized by a lack of positivity and is sometimes based on accustoming the individual to pampering, dependence, and insistence on seeking approval from those around, or resorting to methods of upbringing based on punishment, reprimand, and blame, which may cause the individual to feel helpless, and increase his levels of anxiety and tension, and these beliefs grow as the individual grows and are strengthened by society through school and friends. Thus, addicts acquire special values, beliefs, and attitudes that reinforce their irrational beliefs through their interaction with others, which establishes a fertile base from an early age for irrational beliefs in the environment of the addicted individual. This interpretation supports what has been reported in the theoretical literature in that irrational beliefs affect the emotional balance of the addict and lead to feelings of helplessness and self-blame (Nik, 2001).

As mentioned by (Al-Amiri, 2000), the rationalistic emotional theory sees that drug addicts cling to their absolute wrong beliefs with intense emotion and urgency and that this group had previously strengthened these beliefs and ideas strongly through repetition and training on them. All of the above may have led to an increase in the prevalence of irrational beliefs among the study sample. And this result is consistent with Abu Shanab's study (2009) that showed a relationship between irrational beliefs and the trend towards taking narcotic drugs. It also consisted of Al-Anzi (2009) study that showed that irrational beliefs prevalent among hashish and amphetamine addicts also agree with the study (Hashemi et al., 2010), which showed that relapsing people have a higher level of irrational beliefs compared to non-relapsing ones. And with the study of al-Muhaimzi (2012), which revealed the high irrational beliefs of people addicted to hashish and alcohol, and with a study (Abedi, et al., 2015) that showed a relationship between irrational beliefs and the severity of the addiction. It also consisted of a study (Tamannaeifar et al., 2015) that showed a big

difference in irrational beliefs between addicts and non-addicts. In the interest of addicts, it also agrees with the study of Al-Sheikh (2017), which confirmed that the irrational beliefs of addicts in Khartoum state are high, and with a study (Vadar et al., 2019) that showed a high level of irrational personal beliefs among addicts, while it differs with Jamal's study (2015) Which showed the existence of a medium level of irrational beliefs among addicts in addiction centers in Palestine.

The answer to the second question: Are there statistically significant differences at the level of ($\alpha \leq 0.05$) in the level of prevalence of irrational beliefs among drug addicts in Jordan due to their educational qualifications?

According to the educational qualification variable (less than general secondary, general secondary, intermediate diploma, bachelor's and higher), to determine the differences between the responses of the sample members, according to the educational qualification variable (less than general secondary, general secondary, intermediate diploma, bachelor's and higher). The arithmetic averages and standard deviations were first extracted, for the responses of the sample members on the scale used in the study and its eleven domains, according to the educational qualification variable, and the results were as in Table 5.

Table 5
The arithmetic averages and standard deviations of the response of the sample members to the study scale and its domains, according to the educational qualification variable

Irrational beliefs	Descriptive statistics	Educational qualification variable			
		Less than high school	High school	Intermediate diploma	Bachelor's degree or higher
Request approval	Arithmetic average	2.52	2.44	2.34	2.31
	Standard deviation	0.24	0.32	0.49	0.22
Seeking personal perfection	Arithmetic average	2.22	2.27	2.18	2.07
	Standard deviation	0.41	0.35	0.45	0.30
Cruel blaming of oneself and others	Arithmetic average	2.68	2.52	2.36	2.33
	Standard deviation	0.39	0.30	0.38	0.35
Anticipate misfortunes and disasters	Arithmetic average	2.23	2.24	2.18	2.20
	Standard deviation	0.46	0.41	0.43	0.35
Impulsive recklessness	Arithmetic average	2.25	2.16	2.11	2.22
	Standard deviation	0.35	0.36	0.52	0.40
Excessive anxiety	Arithmetic average	2.77	2.67	2.52	2.49
	Standard deviation	0.26	0.28	0.36	0.31
Avoid problems	Arithmetic average	2.15	2.18	2.09	2.16
	Standard deviation	0.48	0.32	0.45	0.35
Dependency	Arithmetic average	2.72	2.67	2.45	2.47
	Standard deviation	0.25	0.37	0.33	0.30
The feeling of helplessness and the relevance of past experiences	Arithmetic average	2.62	2.48	2.25	2.31
	Standard deviation	0.21	0.28	0.34	0.22
Discomfort with other people's troubles	Arithmetic average	2.37	2.33	2.30	2.23
	Standard deviation	0.60	0.36	0.49	0.32
The desire for complete solutions	Arithmetic average	2.35	2.32	2.30	2.18
	Standard deviation	0.35	0.36	0.37	0.41
The overall scale	Arithmetic average	2.44	2.39	2.28	2.27
	Standard deviation	0.17	0.13	0.19	0.11

According to their educational qualifications, the arithmetic averages in Table 5 indicate an apparent difference in the response of the study sample individuals to the scale of irrational beliefs and its eleven domains. To find out the level of statistical significance for the differences in the arithmetic averages according to the educational qualification variable (less than high school, High school, intermediate diploma, bachelor's and higher), One Way ANOVA was used at the significance level ($\alpha \leq 0.05$), and Table 6 illustrates the results.

Table 6
The results of the One-Way ANOVA analysis to reveal the significance of the differences between the averages of the response of the sample on the study scale and its domains, according to the educational qualification variable

Irrational beliefs	The source of the contrast	Sum of squares	Degrees of freedom	Average of squares	The computed "F" value	Indication level	Indication direction
Request approval	Between groups	0.495	3	0.165			
	Within groups	9.612	99	0.097	1.699	0.172	Not significant
	Total	10.107	102				
Seeking personal perfection	Between groups	0.643	3	0.214			
	Within groups	12.786	99	0.129	1.659	0.181	Not significant
	Total	13.428	102				
Cruel blaming of oneself and others	Between groups	1.383	3	0.461			
	Within groups	11.095	99	0.112	4.113	0.009*	Significant
	Total	12.478	102				
Anticipate misfortunes and disasters	Between groups	0.052	3	0.017			
	Within groups	16.312	99	0.165	0.105	0.957	Not significant
	Total	16.364	102				
Impulsive recklessness	Between groups	0.189	3	0.063			
	Within groups	14.863	99	0.150	0.420	0.739	Not significant
	Total	15.052	102				
Excessive anxiety	Between groups	0.941	3	0.314			
	Within groups	8.418	99	0.085	3.690	0.014*	Significant
	Total	9.359	102				
Avoid problems	Between groups	0.074	3	0.025			
	Within groups	13.408	99	0.135	0.182	0.908	Not significant
	Total	13.482	102				
Dependency	Between groups	1.073	3	0.358			
	Within groups	10.993	99	0.111	3.221	0.026*	significant
	Total	12.066	102				
The feeling of helplessness and the relevance of past experiences	Between groups	1.344	3	0.448			
	Within groups	6.996	99	0.071	6.340	0.001*	Significant
	Total	8.340	102				
Discomfort with other people's troubles	Between groups	0.229	3	0.076			
	Within groups	16.672	99	0.168	0.452	0.716	Not significant
	Total	16.900	102				
The desire for complete solutions	Between groups	0.395	3	0.132			
	Within groups	13.656	99	0.138	0.954	0.418	Not significant
	Total	14.051	102				
The overall scale	Between groups	0.404	3	0.135			
	Within groups	2.001	99	0.020	6.670	0.001*	Significant
	Total	2.405	102				

* *Statistically* significant at ($\alpha \leq 0.05$) level

The results in Table 6 indicate that the differences in the response of the study sample individuals on the scale of irrational beliefs and the domains of (Cruel blaming of oneself and others, excessive anxiety, dependence, feeling helpless, and the importance of past experiences) were statistically significant. According to the educational qualification variable, where the calculated "F" values for the differences between the responses of the four groups to the educational qualification variable ranged between (6.670) and (3.221). These values are statistically significant at the level ($\alpha \leq 0.05$), while the differences in the response of the study sample individuals to the domains of (requesting approval, seeking personal perfection, predicting calamities and disasters, emotional

recklessness, avoiding problems, discomfort with other people's troubles, seeking complete solutions) were not statistically significant depending on the educational qualification variable. And to reveal the source of the differences in the response of the sample members on the scale of irrational beliefs and areas (harsh self-blame and others, excessive anxiety, dependence, feeling helpless, and the importance of past experiences), dimensional comparisons were made using a "least significant difference" (LSD) method, as shown in Table 7.

Table 7
Results of the LSD dimensional comparisons to reveal the source of the differences in the response of the sample members, according to the educational qualification variable

Irrational beliefs	Educational qualification variable		Less than high school	High School	Diploma	Bachelor's degree or higher
	$\bar{X}$		2.68	2.52	2.36	2.33
Cruel blaming of oneself and others	Less than high school	2.68	-	0.16	0.32*	0.35*
	High School	2.52	-	-	0.16	0.19*
	Diploma	2.36	-	-	-	0.03
	Bachelor's degree or higher	2.33	-	-	-	-
	$\bar{X}$		2.77	2.67	2.52	2.49
Excessive anxiety	Less than high school	2.77	-	0.10	0.25*	0.28*
	High School	2.67	-	-	0.15	0.18*
	Diploma	2.52	-	-	-	0.03
	Bachelor's degree or higher	2.49	-	-	-	-
	$\bar{X}$		2.72	2.67	2.45	2.47
Dependency	Less than high school	2.72	-	0.05	0.27*	0.25*
	High School	2.67	-	-	0.22*	0.20*
	Diploma	2.45	-	-	-	0.02
	Bachelor's degree or higher	2.47	-	-	-	-
	$\bar{X}$		2.62	2.48	2.25	2.31
The feeling of helplessness and the relevance of past experiences	Less than high school	2.62	-	0.14	0.37*	0.31*
	High School	2.48	-	-	0.23*	0.17*
	Diploma	2.25	-	-	-	0.06
	Bachelor's degree or higher	2.31	-	-	-	-
	$\bar{X}$		2.44	2.39	2.28	2.27
The overall scale	Less than high school	2.44	-	0.05	0.16*	0.17*
	High School	2.39	-	-	0.11*	0.12*
	Diploma	2.28	-	-	-	0.01
	Bachelor's degree or higher	2.27	-	-	-	-

* The value of the difference in the arithmetic averages is statistically significant at ($\alpha \leq 0.05$).

The results in Table 7 show that the source of the differences in the response of the study sample on the scale of irrational beliefs and the two domains (dependability, feeling helpless and the importance of past experiences), was between the response of those with educational qualifications (less than high School and high School) on the one hand, and the response of the respondents with an educational qualification (intermediate diploma, bachelor's degree or higher) and in favour of those with an educational qualification (less than high School and high School), while the source of the differences in the study sample's response to the two areas (harsh blame for oneself and others, and excessive anxiety) was between those with educational qualifications (less than high school) on the one hand, and between those with an educational qualification (intermediate diploma, bachelor's and higher) and in favour of those with educational qualification (Less than high school), the differences were also significant between the response of the respondents with an educational qualification (high school) on the one hand, and the response of the respondents with an educational qualification (bachelor's and higher) and in favor of those with an educational qualification (high school). This result can be attributed to the fact that those with low levels and educational qualifications are dominated by stereotypical thinking and their inability to

update beliefs characterized by stagnation. They are often found in environments characterized by a low educational level and the prevailing old ways of thinking and building beliefs according to negative schemes that reinforce irrational beliefs among their members. In contrast, those with higher qualifications such as bachelors and diplomas are more likely to join jobs that require some level of rational thinking, and their mixing with educated groups of non-addicts reduces their irrational beliefs compared to those with low educational levels.

This result is consistent with Al-Muhaimzi (2012) study, which confirmed the existence of differences in levels of irrational beliefs in addicts due to the education variable. And with Jamal's study (2015), there are differences in the level of irrational beliefs of addicts due to the educational level and primary, middle, and high school compared to higher educational levels. At the same time, it differs from the Sheikh (2017) study, which indicated that there are no differences in the irrational beliefs of addicts in Khartoum State due to their educational levels.

The answer to the third question: Are there statistically significant differences at the level (α ≤ 0.05) in the level of prevalence of irrational beliefs among drug addicts in Jordan due to their age?

To determine the differences between the responses of the sample members on the irrational beliefs scale, according to the age variable (less than 30 years old, from 30-45 years old, over 45 years old), the arithmetic averages and standard deviations were extracted for the responses of the sample members on the scale used in the study and its eleven domains, according to the age variable. The results were as in Table 8.

Table 8
The arithmetic averages and standard deviations of the response of the sample members to the study scale and its domains, according to the age variable

Irrational beliefs	Descriptive statistics	Age variable		
		Less than 30 years old	From 30-45 years old	Over 45 years old
Request approval	Arithmetic average	2.41	2.34	2.51
	Standard deviation	0.24	0.42	0.27
Seeking personal perfection	Arithmetic average	2.17	2.21	2.28
	Standard deviation	0.37	0.38	0.33
Cruel blaming of oneself and others	Arithmetic average	2.52	2.50	2.39
	Standard deviation	0.37	0.35	0.28
Anticipate misfortunes and disasters	Arithmetic average	2.17	2.23	2.33
	Standard deviation	0.40	0.45	0.32
Impulsive recklessness	Arithmetic average	2.14	2.18	2.27
	Standard deviation	0.31	0.47	0.39
Excessive anxiety	Arithmetic average	2.67	2.60	2.56
	Standard deviation	0.32	0.31	0.26
Avoid problems	Arithmetic average	2.17	2.18	2.10
	Standard deviation	0.32	0.35	0.47
Dependency	Arithmetic average	2.58	2.62	2.64
	Standard deviation	0.34	0.35	0.35
The feeling of helplessness and the relevance of past experiences	Arithmetic average	2.43	2.41	2.49
	Standard deviation	0.34	0.25	0.20
Discomfort with other people's troubles	Arithmetic average	2.32	2.26	2.36
	Standard deviation	0.48	0.34	0.33
The desire for complete solutions	Arithmetic average	2.22	2.31	2.39
	Standard deviation	0.38	0.39	0.32
The overall scale	Arithmetic average	2.35	2.35	2.39
	Standard deviation	0.13	0.19	0.14

The data in Table 8 show an apparent difference in the response of the study sample members to the study scale and its eleven domains, depending on the age variable, and to find out the level of statistical significance for the differences in the arithmetic means according to the age variable (less than 30 years old, from 30-45 years old, more than 45 years old), one Way ANOVA analysis was used at the level of significance (α ≤ 0.05), as in Table 9.

Table 9
Results of (One Way ANOVA) analysis to reveal the significance of the differences between the average response of the sample members on the study scale and its domains, according to the age variable

Irrational beliefs	The source of the contrast	Sum of squares	Degrees of freedom	Average of squares	The computed "F" value	The level of significance	Indication direction
Request approval	Between groups	0.367	2	0.183			
	Within groups	9.740	100	0.097	1.882	0.158	Not significant
	Total	10.107	102				
Seeking personal perfection	Between groups	0.204	2	0.102			
	Within groups	13.224	100	0.132	0.773	0.465	Not significant
	Total	13.428	102				
Cruel blaming of oneself and others	Between groups	0.283	2	0.141			
	Within groups	12.196	100	0.122	1.159	0.318	Not significant
	Total	12.478	102				
Anticipate misfortunes and disasters	Between groups	0.370	2	0.185			
	Within groups	15.994	100	0.160	1.158	0.318	Not significant
	Total	16.364	102				
Impulsive recklessness	Between groups	0.277	2	0.138			
	Within groups	14.776	100	0.148	0.936	0.396	Not significant
	Total	15.052	102				
Excessive anxiety	Between groups	0.212	2	0.106			
	Within groups	9.147	100	0.091	1.158	0.318	Not significant
	Total	9.359	102				
Avoid problems	Between groups	0.095	2	0.047			
	Within groups	13.387	100	0.134	0.353	0.703	Not significant
	Total	13.482	102				
Dependency	Between groups	0.053	2	0.027			
	Within groups	12.012	100	0.120	0.221	0.802	Not significant
	Total	12.066	102				
The feeling of helplessness and the relevance of past experiences	Between groups	0.089	2	0.045			
	Within groups	8.250	100	0.083	0.542	0.583	Not significant
	Total	8.340	102				
Discomfort with other people's troubles	Between groups	0.152	2	0.076			
	Within groups	16.748	100	0.167	0.454	0.636	Not significant
	Total	16.900	102				
The desire for complete solutions	Between groups	0.429	2	0.215			
	Within groups	13.622	100	0.136	1.576	0.212	Not significant
	Total	14.051	102				
The overall scale	Between groups	0.036	2	0.018			
	Within groups	2.369	100	0.024	0.761	0.470	Not significant
	Total	2.405	102				

The results in Table 9 indicate that the differences in the response of the study sample individuals on the scale of irrational beliefs and in each area of irrational beliefs were not statistically significant, and according to the age variable, where the calculated "F" values for the differences between the three categories of the age variable ranged between (0.221) and (1.882), and these values are not statistically significant at the level of significance ($\alpha \leq 0.05$). This result means that the prevalence of irrational beliefs among drug addicts in Jordan does not differ according to age, meaning that the age factor is not considered a factor affecting the prevalence of irrational beliefs among drug addicts in Jordan. This result may be attributed to: If the educational level and qualification is excluded, which may improve irrational thinking methods as a result of their enrolment in jobs that require some level of rational thinking and their mixing with educated groups of non-addicts, so the addicts of all ages underwent socialization during childhood in environments that contributed to the distortion of their cognitive schemes and the resulting adoption of irrational ideas and beliefs from early childhood, and these irrational beliefs are characterized by rigidity, and they become semi-stable in the individual, that is, they are not affected by the passage of time factor, which led to the irrational beliefs of drug addicts not being affected by the variable of age, and this was confirmed by (Al-Amiri, 2000) in that the rationalistic emotional theory sees that drug addicts cling to their absolute wrong beliefs and with intense emotion and urgency, and that this group enormously strengthened these beliefs and ideas through repetition and training, which makes the age factor not affect the level of prevalence of irrational beliefs among drug addicts in the study sample.

This result is consistent with al-Muhaimzi's (2012) study, which found no differences in the levels of irrational beliefs of addicts according to their age. And Jamal's study (2015) indicated that the level of irrational beliefs of addicts is not affected by their age. And with the study of Sheikh (2017), which showed no differences in the irrational beliefs of addicts in Khartoum State due to the age variable. On the other hand, it differs from the study of Al-Anzi (2009), which showed irrational beliefs that are more widespread than others in the life stages.

RECOMMENDATIONS

According to the findings, the study recommends the following:

- Working on the recommendation of physicians and psychotherapists during the treatment of addicts to focus on their cognitive rebuilding, so that the cognitive factors and irrational convictions of addicted people are modified, and so that these programs focus on organizing the cognitive field and reorganizing beliefs by linking different environmental events and stimuli.

- The need to prepare treatment programs based on the theory of rational-emotive therapy to help psychologists and social workers identify irrational beliefs and work to eliminate them among addicts.

- Designating counseling sessions for drug addicts with low educational qualifications aimed at reducing their irrational beliefs.

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