Analyzing the Relationship between Coping Responses and Metacognitive Beliefs with Addiction Potential among Male and Female Students (Case Study: Medical Science University of Behbahan, Iran)

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Abstract

The present study aimed at analyzing the relationship between coping responses and metacognitive beliefs with addiction potential among male and female medical students at University of Behbahan, Khuzestan, Iran. The population of this research was all students of medical science college of Behbahan whom they were selected through available sampling as sample cases. The research type was correlational. In this research, the tools such as Coping Responses Inventory Questionnaire (CRI), Metacognition Questionnaire (MCQ) and Addiction Potential Scale Questionnaire (APS) are used. Pearson Correlation Coefficient and multivariable regression were used for data analysis. The results showed that there is a reverse and significant relationship between coping responses and addiction potential among students; there is a reverse and significant relationship between metacognitive beliefs and addiction potential among students; there is a reverse and significant relationship between coping responses and metacognitive beliefs among students; and finally there is not a significant difference between male and female students in terms of addiction potential, coping responses and metacognitive beliefs. Based on the above-mentioned results, the effectiveness value of the metacognitive beliefs are more than coping responses. The meaningfulness level has been determined as $a=0.05$ in this research.

Keywords: Coping Responses, Metacognitive Beliefs, Addiction Potential, University Students.
1. Introduction

Annually, so many students leave their home to the destination of universities. As this issue brings about the new opportunities to the student, there comes about stressful challenges and factors that are somehow inevitable. The daily increasing domain of psychology science and its penetration in the different social, economic and industrial fields, the structure and form of societies have been turned into a new color in terms of people’s relationship with each other. Given that it can be claimed that there is no reasonable and right compromise without noticing the psychological aspects of the issues. So, leaving the home may interrupt the balance between human resources and receptions of new position; then the person evaluates this balance (trouble in compromise) and defends when coming across the threats. The literature show that people who equipped themselves with a series of coping skills and capabilities are more successful in confronting the difficulties because they might have been helped by using the effective coping responses to overcome the physical and psychological problems, interpersonal and social relationships, and controversies as well, finally these people possess a quality life and psychological health (Garnefski & Kraaj, 2003).

Today, addiction is a health and public hygiene-related problem all over the world. Rarely can a country be found which has not been involved with the problem of abuse of behavioral changing materials. Iran, for example, faces the increasing number of addiction among teenagers, youth and students according to its geographical situation, having 2000 km common borders with Afghanistan and Pakistan, known as golden crescent and producing more than 3500 Ton drugs annually, and the youth rate of population. The existing statistics represent that 16 percent of Iran’s addicts are under 19 and 28 percent of addicts tend to it between 20 and 24 (Barghi, 1381/2002). Thus, the youth, teenagers and students do the self-destructive and harmful behavior that may cause irreparable damages to their physical and psychic healthiness more than other people due to their conditions and living and psychological changes and finally are more in danger. Various factors may make a person susceptible to these sorts of self-destructive behavior among which the drug addiction is the utmost.

On the other hand, there are some preventive factors that can protect a person against drowning in it. Being shy, being unable to reject the others’ request, friends’ pressure, having the feeling of getting older, reducing depression, increasing the emotional feelings, underestimating the danger, and having curiosity are mentioned among the most important factors provoking people to consume drugs (Tonetti, 2010). Some studies suggest the low level of frustration tolerance as being important in starting, continuing and abusing (Lindgren, 2010). In fact, tendency to drugs (addiction potential) is more prevalent among youth and students and has a direct relationship with cognitive and attitude-related parts of people such as their understanding of legitimacy and the rate of social reception for drugs, the damages as a result of drug use and/or pleasant states and consequences of drug use (Sarvela & McClendon, 1988). Drug addiction exacerbates daily in the form of unpleasant consequences and the world faced such an outbreak of drug use in the recent decade with wonderful statistic generally in society and especially among adolescents and youth. Various factors play a role in drug use. Understanding the phenomenology and the factors associated with it are necessary for designing the effective programs in terms of drug use prevention. In the recent decades, different
theories tried to present a lucid illumination in the case of reasons why individuals tend toward drugs. These theories have investigated a wide spectrum of basic genetic, psychological, family and social factors (Polimeni, Moore & Gruenert, 2010).

Today, tension and stress are accounted as important and inevitable parts of the human life. The investigations in the field of tension emphasize that what puts the healthiness of behavior in danger is not the tension per se, but the way of evaluating the tension by the person himself/herself, coping strategies and tension management (Tweets, 1986). Lazarus and Folkman (1984) have defined the coping strategies as a series of behavioral and cognitive responses that their goal is to minimize the pressures of stressful conditions. Coping strategies have been defined as a principle that is in relation with the pressures of stressful conditions. Coping strategies have been in focus as a principle that interferes between psychic pressures and psychiatric disorders. Therefore, analyzing the coping strategies plays an important part in predicting the drug abuse, use times, completing the treatment period, and relapse process among addicts (Ball, 1998; Romer and Henson, 2007). Robinson and Walsh (1994) have related that the adolescents that were successful in continuing the drug abstinence have had better and more efficient coping strategies in contrast to others and had less relapses in the dangerous situations and tolerated drug abstinence at high level. After studying the American adolescents, Lewinsohn, Gotlib and Seeley (1995) have presented the lack of enough coping skills as an important risk-generating factor in starting the drug use among adolescents. The studies show that drug addiction is multi-faceted or multi-functional and various psychic, social, cultural and genetic factors are involved in this field (Sadook and Sadook, 1388/2009). Dragan (2015) suggested that there is a significant relationship between the role of positive metacognitions and alcohol drinking and metacognitive beliefs influence the alcohol drinking among youth by considering the emotional self-regulation. In addition, Sabri (2013) has reached the result that there is a significant relationship between tow variables of defense mechanism and coping styles in the consultation process of preventing the addiction relapse.

According to the cognitive standpoints, the addiction behavior is under influence of beliefs and attitudes (Wells and Matthews, 1996) whereas the neo-cognitive theories emphasize the role of metacognition in etiology and continuation of psychic disorders (Wells and Matthews, 1996). Based on metacognitive viewpoint, drug abuse causes rapid and significant changes in cognitive events such as emotions, thoughts or memories (Spada and Wells, 2005); psychedelic drugs may affect the cognitive events directly (e.g. creating solace, creating avoidance, escaping from the painful cognitions, and creating awareness and attention), indirectly (e.g. feeling dependence, shock and suppressed evaluations) by changing beliefs and attitudes in the case of avoidance of cognitive events. These cognitive changes may be the result of powerful boosters that are sprung from drug use. Moreover, drug use not only may bring about positive beliefs and expectation about drug effects but also may reach knowledge and awareness about cognitive consequences (Spada and Nikcevic, 2007). Flowel believes that metacognition is a cognitive knowledge or process that accompanies with evaluation, review or control of the cognition and regulates the cognitive
performance. Most theorists differentiate two aspects of metacognition: metacognitive knowledge entails information that people possess about their own cognition in terms of the learning factors and strategies related to the course; and metacognitive regulation points to the executive actions such as attending, reviewing, programming and identifying the errors in performance and influences the cognitive activities (Wells, 2004). Metacognition includes the variables which are interrupted during drug abuse and may be in relation specifically to cognitive analyses of dependent people to narcotics. According to Wells (Spada and Wells, 2006), the emotional and metacognitive factors affect the cognition during the process of information analysis. Therefore, emotional and sentimental changes may create changing in evaluations and cognition. The metacognitive viewpoint introduces any slip in supervision of observational level of cognition to meta-level as a psychic disorder factor (Spada and Wells, 2006). Nowadays, on the one hand, the social stresses and pressures put human beings’ mental health in danger more than any previous eras and force them into doing the psychic disorders and self-destructive behavior such as drug abuse. It is worth mentioning that not always is the human response such severe; but disturbance of psychic balance and damage of social relations are among the unpleasant consequences of these behavior. Since some people perpetrate these behavior which cause generalizing and spreading them to the other stratum of society which may justify its usage and meanwhile these behaviors are intensified due to the lack of right and reasonable reactions and precautions in the appropriate time and irreparable damages will be brought forward the mental and physical health to people and society, thus the qualitative and quantitative identification of these types of self-destructive behavior are needed to prevent such a situation among the wide stratum of youth and adolescents (Shirinzadeh, 2006). A research in the name of “On the Relationship between Metacognitive Beliefs and Self-destructive Behaviors among Addicts” has been carried out by Kashefi (1392/2013). The resulted information has been analyzed using Pearson Correlation Coefficient by means of researching tools. In that descriptive study, 132 addicts (120 male and 12 female) by age average of 33.21 were selected through available sampling method who visited the addiction centers of Torbat-e Heydarieh in 1391/2012. They have been met the substance dependence disorder diagnostic criteria according to the psychiatrist and clinical psychologist of the center and according to Diagnostic and Statistical Manual of Mental Disorders (DSM-IV, 4th edition) of America Psychology Association. For data collection, the questionnaires of metacognitive beliefs (MCQ-30) and Measuring the Self-destructive Behavior (Aghamohammadian, 1388/2009) have been utilized. Pearson Correlation Coefficient was used for data analysis. The results of this research showed that the most self-destructive behavior among participants were the constant drug use, various entertaining drug use, and smoking. There was a significant negative correlation among the scores of people in the dimensions of metacognitive beliefs and the rate of self-destructive behavior. The score of self-destructive behavior had a significant negative relationship with the scores of people in the dimensions of positive beliefs in the case of worry, uncontrollability and risk, cognitive confidence, need for thought controlling and cognitive self-awareness (p<1%).
2. Methodology, Population, Samples and Sampling Method

The study populations include all 2nd-semester students of Medical Science at Behbahan College and will be selected by means of available sampling.

3. Research Instruments

3-1: Coping Responses Questionnaire

Billings and Moos used coping responses inventory questionnaire (CRI) for measuring the coping strategies. They prepared a 32-question questionnaire to access an easy and valid way to evaluate the coping responses. This questionnaire consists of five subscales such as problem-focused, cognitive-evaluation-focused, emotion-focused, focused, physical-focused and social support responses. The final score is the result of problem-focused (sum of the first two subscales) and emotion-focused responses (sum of the rest subscales). Through retesting, the reliability coefficient is 0.79 for the final score. The validity value for subscales of problem-focused response (4 items) is 0.903, for cognitive-evaluation response (6 items) is 0.688, for social support response (3 items) is 0.903, and for physical-focused response (8 items) is 0.90 (Hosseini and Ghadamghahi, 1997).

3-2: Addiction Potential Scale Questionnaire (APS):

Addiction Potential Scale questionnaire has been designed by Wade et al. (1992) and consists of three subscales of addiction potential, addiction reception scale (ARS) and alcoholism (alcohol potential). Wade et al. (1992) have achieved the reliability coefficient and ARS in the value of 69% and 77% respectively. In Iran, the validity for the scale has been reached to 53% by Cronbach’s Alpha and 53% by split-half (Minooei and Salehi, 2003).

3-3: Meta Cognition Questionnaire (MCQ):

Meta Cognition questionnaire has been designed by Certwright-Hatton and Wells (2004) to measure the individual differences in negative and positive beliefs about worry, crashing disturbing thoughts, metacognitively reviewing and judging the cognitive efficiency. Meta Cognition questionnaire (MCQ-30) is the small questionnaire which includes 30 self-reporting items measuring the people’s beliefs in their own thinking. Answer in this scale is calculated based on Likert’s four-degree (1- I don’t agree to 4- I strongly agree). This scale likewise MCQ has five subscales each including six items: 1- positive beliefs in worry, 2- negative metacognitive beliefs in thoughts and risks uncontrollability, 3- cognitive confidence, 4- beliefs in need to control thoughts, 5- cognitive self-consciousness.
Shirinzadeh (2006) has translated and prepared this questionnaire for Iranian people. Cronbach’s total alpha has been reported as 91% in Iranian sample. Cronbach’s alpha has been reported as 87%, 86%, 81%, 80%, and 71% respectively for the subscales of uncontrollability, metacognitive beliefs, cognitive confidence, and need to control thoughts in Iranian sample. Note that Sharreh (2009) mentioned that the translated form was different from the original questionnaire, so he have changed little in some items and calculated the reliability about 94% for total questionnaire by Cronbach’s alpha. In the current research, the above-mentioned questionnaire has been used to measure the metacognitive beliefs.

4. Results

Table (1) Frequency Distribution, Mean and Standard Deviation of Variables

<table>
<thead>
<tr>
<th>Components</th>
<th>Index</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>Standard Deviation</td>
<td>Minimum</td>
</tr>
<tr>
<td>Substance Potential</td>
<td>31.26</td>
<td>2.80</td>
<td>26</td>
</tr>
<tr>
<td>Coping Responses</td>
<td>84.05</td>
<td>8.09</td>
<td>69</td>
</tr>
<tr>
<td>Metacognitive Beliefs</td>
<td>81.42</td>
<td>9.79</td>
<td>60</td>
</tr>
</tbody>
</table>

According to results in Table 1, we see that mean and standard deviation for substance potential are 31.26 and 2.80 respectively. Meanwhile, the minimum and maximum scores for substance potential are 26 and 37 respectively. Mean and standard deviation for coping responses are 84.05 and 8.09 respectively among Medical students of Behbahan. Finally, Mean and standard deviation for metacognitive beliefs are 81.42 and 9.79 respectively. The minimum score is 60 and the maximum score is 103 for metacognitive beliefs.

**Hypotheses 1:** There is a significant relationship between coping responses and addiction potential among students of Medical University of Behbahan.

Table (2) Correlation Coefficient between Coping Responses and Drug Tendency

<table>
<thead>
<tr>
<th>Number</th>
<th>Meaningfulness Level (p)</th>
<th>Correlation Coefficient (r)</th>
<th>Index</th>
<th>Variables</th>
</tr>
</thead>
<tbody>
<tr>
<td>300</td>
<td>0.000</td>
<td>- 0.449</td>
<td>Coping Responses ---Drug Tendency</td>
<td></td>
</tr>
</tbody>
</table>
As it is clear in Table 2, there is a reverse and significant relationship between coping responses and substance dependence among the students of Medical University of Behbahan ($r = -0.449$, $p<0.05$). In other words, as the rate of coping responses increases, the drug tendency will decrease among the students of Medical University of Behbahan.

**Hypothesis 2:** There is a significant relationship between metacognitive beliefs and drug tendency among the students of Medical University of Behbahan.

**Table (3) Correlation Coefficient between Metacognitive Beliefs and Drug Tendency**

<table>
<thead>
<tr>
<th>Number</th>
<th>Meaningfulness Level (p)</th>
<th>Correlation Coefficient ($r$)</th>
<th>Index Variables</th>
</tr>
</thead>
<tbody>
<tr>
<td>300</td>
<td>0.000</td>
<td>-0.605</td>
<td>Metacognitive Beliefs</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Drug Tendency</td>
</tr>
</tbody>
</table>

As it can be seen in Table 3, there is a reverse and significant relationship between metacognitive beliefs and drug tendency among the students of Medical University of Behbahan ($r = -0.605$, $p<0.05$). That is, as the rate of metacognitive beliefs increases, the drug tendency will decrease among the students of Medical University of Behbahan.

**Hypothesis 3:** There is a multifunctional relationship between coping responses and metacognitive beliefs with drug tendency among the Medical students of University of Behbahan.

**Table (4) Multiple Correlation Coefficient for Coping Responses and Metacognitive Beliefs with Drug Tendency among Medical Students of University of Behbahan via Enter Method**

<table>
<thead>
<tr>
<th>Multiple Correlation MR</th>
<th>Coefficient of Determination RS($R^2$)</th>
<th>Proportion F (linearization regression)</th>
<th>a) Enter Index</th>
</tr>
</thead>
<tbody>
<tr>
<td>$R = 0.658$</td>
<td>$R^2 = 0.43$</td>
<td>$F = 26.42$ **</td>
<td>$P = 0.000$</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sig( p)</th>
<th>T</th>
<th>Beta</th>
<th>Predicting Variables</th>
<th>Criterion Variable</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.000</td>
<td>-6.23</td>
<td>---</td>
<td>Constant (Standard)</td>
<td>Drug Tendency</td>
</tr>
</tbody>
</table>
According to the results from regression analysis by Enter method, the multivariable correlation coefficient is $MR= 0.658$ and $R^2= 0.43$ for linear combination of coping responses and metacognitive beliefs with drug tendency among the medical students of university of Behbahan that is meaningful at 0.05 level. Therefore, the third hypothesis is approved. According to the value of determination coefficient ($R^2$), 43 % variance toward drug tendency is determinable by means of predicting variable (coping responses and metacognitive beliefs) among the students. Meanwhile, the rate of meaningfulness level is less than 0.05 in the case of analyzing the effect of each independent variable on drug tendency. This rate shows the significant effect of this variables on drug tendency. According to the results, therefore, the rate of metacognitive beliefs’ impact is more than coping responses.

**Question:** Is there a significant difference between male and female students in the case of addiction potential, coping responses and metacognitive beliefs?

To answer this question, we have utilized T-test for two independent samples. Table 5 presents the results of T-test for two independent samples related to the comparison of male and female students in the case of addiction potential, coping responses and metacognitive beliefs.

**Table (5) T-test Results for Two Independent Samples**

<table>
<thead>
<tr>
<th>Variables</th>
<th>Gender</th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>T-Test</th>
<th>Freedom Degree</th>
<th>-p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Addiction Potential</td>
<td>Male</td>
<td>31.33</td>
<td>2.85</td>
<td>0.542</td>
<td>298</td>
<td>0.588</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>31.16</td>
<td>2.74</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coping Responses</td>
<td>Male</td>
<td>84.07</td>
<td>8.01</td>
<td>0.043</td>
<td>298</td>
<td>0.9</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>84.03</td>
<td>8.23</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Metacognitive Beliefs</td>
<td>Male</td>
<td>80.68</td>
<td>9.11</td>
<td>1.47</td>
<td>298</td>
<td>0.141</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>82.36</td>
<td>10.56</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Based on the results presented in Table 5, the hypothesis of means’ equality for research components can be approved in two male and female groups at the meaningfulness level of 0.05. This means that there is no significant difference between male and female medical students of University of Behbahan in terms of addiction potential, coping responses and metacognitive beliefs. The scores of addiction potential and metacognitive beliefs are totally high for boys and girls respectively.
5. Discussion and Conclusion

The present study aimed at investigating the relationship between coping responses and metacognitive beliefs with addiction potential among male and female medical students at University of Behbahan, Khuzestan, Iran. As it can be seen in Table 2, there is a reverse significant relationship between coping responses and addiction potential among the students (r= -0.449, p<0.05). In other words, as the rate of coping responses increases, the addiction potential decreases for students. These results are in tune with the results of Zarrin-Kalak et al. (1389/2010), Ranjbar-Noshari et al. (1391/2012) and Rezakhani-Moghaddam et al (1391/2012).

To support these findings, it can be said that many factors can make a person susceptible to these types of self-destructive behaviors among which the drug addiction is the most important one. On the other side, there are preventative factors that can protect the person from falling into the trap. Being shy, being unable to reject the others’ request, friends’ pressure, having the feeling of getting older, reducing depression, increasing the emotional feelings, underestimating the danger, and having curiosity are mentioned among the most important factors provoking people to consume drugs. Some studies suggest the low level of frustration tolerance as being important in starting, continuing and abusing drugs. In fact, tendency to drugs (addiction potential) is more prevalent among youth and students and has a direct relationship with cognitive and attitude-related parts of people such as their understanding of legitimacy and the rate of social reception for drugs, the damages as a result of drug use and/or pleasant states and consequences of drug use (Sarvela & McClendon, 1988). Today, tension and stress are accounted as important and inevitable parts of the human life. The investigations in the field of tension emphasize that what puts the healthiness of behavior in danger is not the tension per se, but the way of evaluating the tension by the person himself/herself, coping strategies and tension management. Lazarus and Folkman (1984) have defined the coping strategies as a series of behavioral and cognitive responses that their goal is to minimize the pressures of stressful conditions. Coping strategies have been defined as a principle that is in relation with the pressures of stressful conditions. Coping strategies have been in focus as a principle that interferes between psychic pressures and psychiatric disorders. Therefore, analyzing the coping strategies plays an important part in predicting the drug abuse, use times, completing the treatment period, and relapse process among addicts. Robinson and Walsh (1994) have reported that the teenagers that were successful in continuing the drug abstinence have had better and more efficient coping strategies in contrast to others and had less relapses in the dangerous situations and tolerated drug abstinence at high level.

As it is seen in Table 3, there is a reverse significant relationship between metacognitive beliefs and addiction potential for medical students (r= -0.605, p<0.05). In other words, as the value of metacognitive beliefs increases, addiction potential will decrease among the medical students. The results are in harmony with Kashefi (1392/2013), Noshari et al. (1391/2012) and Rezakhani-Moghaddam et al (1391/2012).
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According to the results from regression analysis by Enter method (Table 4), the multivariable correlation coefficient is MR= 0.658 and $R^2= 0.43$ for linear combination of coping responses and metacognitive beliefs with drug tendency among the medical students of university of Behbahan that
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After studying the American adolescents, Lewinsohn, Gotlib and Seeley (1995) have presented the lack of enough coping skills as an important risk-generating factor in starting the drug use among adolescents. Based on the cognitive viewpoints, addictive behavior is under influence of beliefs and attitudes of people, whereas the neo-cognitive theories emphasize the role of metacognition in etiology and continuation of psychic disorders. Based on metacognitive viewpoint, drug abuse causes the rapid and significant changes in cognitive events such as emotions, thoughts or memories
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