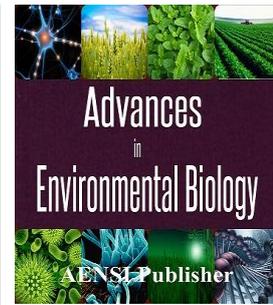




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Introducing the Role of Metacognitive Beliefs and Emotion Regulation Strategies in Prediction of Social Anxiety in Drug Addicted Individuals Referring to Drug Addiction Centers in the West of Mazandaran

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ABSTRACT

This study aimed to investigate the role of metacognitive beliefs and emotion regulation strategies in predicting social anxiety in addicted people. The method of this research is correlative and predictor. Population of this study is the entire addicted individuals who referred to drug quitting centers in the west of Mazandaran from August 2013 to November of the same year. From among population 283 individuals from 10 centers (Tonekabon, Abas Abad, Hechirood, Chalooos, Kalar Abad, Marzan Abad and Noshahr) were selected using random clustering method and social anxiety questionnaire, metacognitive and emotion regulation. Data related to 33 participants were deleted because of incompleteness of questionnaire and data related to 250 persons was analyzed. The first main hypothesis of the research that states there is a significant relationship between metacognitive beliefs and social anxiety in addicted persons was approved. Correlation coefficient between metacognitive beliefs and social anxiety in the level of $P < 0.01$ is significant ($R^2 = 0.168$, $F(5,244) = 9.840$, $P = 0.000$). In other words, to the extent that metacognitive beliefs increase, social anxiety increases. The second main hypothesis that states there is a significant relationship between emotion regulation strategies and social anxiety in drug addicted persons was approved. Correlation coefficient between emotion regulation and social anxiety in the level of $P < 0.01$ is significant ($R^2 = 0.306$, $F(5,242) = 24.066$, $P = 0.000$). In other words, to the extent that emotion regulation increases, social anxiety decreases. The first secondary hypothesis that states there is a significant relationship between positive beliefs about anxiety and social anxiety in drug addicted persons was approved. Correlation coefficient between positive beliefs about anxiety and social anxiety in the level of $P < 0.01$ is significant ($r = -0.207$, $p = 0.001$). In other words, to the extent that positive beliefs about anxiety increase, social anxiety decreases. The second secondary hypothesis that states there is a significant relationship between uncontrollability and risk and social anxiety in drug addicted persons was approved. Correlation coefficient between uncontrollability and risk and social anxiety in the level of $P < 0.01$ is significant ($r = -0.209$, $p = 0.001$). In other words, to the extent that uncontrollability and risk increase, social anxiety increases in individuals. The third secondary hypothesis that states there is a significant relationship between weak cognitive confidence and social anxiety in drug addicted persons was approved. Correlation coefficient between cognitive confidence and social anxiety in the level of $P < 0.01$ is significant ($r = -0.107$, $p = 0.003$). In other words, to the extent that cognitive confidence increases, social anxiety increases in individuals. The fourth secondary hypothesis that states there is a significant relationship between need for thought control and social anxiety in drug addicted persons was approved. Correlation coefficient between need for thought control and social anxiety in the level of $P < 0.05$ is significant ($r = -0.105$, $p = 0.049$). In other words, to the extent that need for thought control increases, social anxiety increases in individuals. The fifth secondary hypothesis that states there is a significant relationship between cognitive self-consciousness and social anxiety in drug addicted persons was approved. Correlation coefficient between cognitive self-consciousness and social anxiety in the level of $P < 0.01$ is significant ($r = -0.199$, $p = 0.001$). In other words, to the extent that need for thought control increases, social anxiety decreases in individuals. The sixth secondary hypothesis that states there is a significant relationship between reassessment and social anxiety in drug addicted persons was approved. Correlation coefficient between reassessment and social anxiety in the level of $P < 0.01$ is significant ($r = -0.336$, $p = 0.000$). In other words, to the extent that reassessment increases, social anxiety decreases in individuals. The seventh secondary hypothesis that states there is a significant relationship between suppression and social anxiety in drug addicted persons was approved. Correlation coefficient between suppression and social anxiety in the level of $P < 0.01$ is significant ($r = 0.163$,

p=0.005). In other words, to the extent that suppression increases, social anxiety increases in individuals.

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INTRODUCTION

According to DSM-5 social anxiety is intense and permanent fear of situations that individuals show in group or situations that individuals have to offer to the group (like show speech). Individuals with social anxiety fear from every condition that they might be evaluated by others and try to be away from those situations. In the social conditions, their anxiety is so general that DSM-5 is the more general term for social anxiety disorder, because it can predict some debilitating problems like depression and drug addiction [3]. As mentioned about importance of introducing disorders along with drug consumption, for prevention and treatment, examining drug addicted individuals with respect to social anxiety, metacognitive beliefs and emotion regulation strategies in Iranian population, this study analyzed the role of metacognitive beliefs and emotion regulation strategies in predicting social anxiety in addicted individuals who referred to drug quitting centers in the west of Mazandaran. Therefore the main purpose of this research is to analyze the role of metacognitive beliefs and emotion regulation strategies in predicting social anxiety in drug addicted individuals. The researcher tries to challenge the new theory that in the present conditions had a significant effect on behavior of drug addicted people. Also, it tries to discover to what extent metacognitive beliefs and emotion regulation strategies are influential in predicting social anxiety in drug addicted individuals. In addition, it asks whether it is possible to offer therapists scientific strategies for introducing behavior of addicted in different conditions.

Review of related literature:

Studies showed that social anxiety social anxiety is one of the main predictors of substance abuse or drug abuse. Researchers believe that drug consumption helps individuals who are afflicted to social anxiety in order to cope with social situations. In other words, these individuals to treat themselves consume drug, substances and alcohol [29,23,10,5], believe that 8.7% of afflicted individuals to social phobia and shy people use drugs. Therefore, in comparison to 2.2% spread in non-addicted individuals, spread of drug abuse in individuals afflicted to social phobia is more than non-addicted individuals. Teesson, Hall, Lynskey, Degenhardt, [34]; Shand, Degenhardt, Nelson, Mattick, [30] also addicted people have beliefs related to drugs that emphasize on enjoying, problem solution, relief and escaping. Content of these beliefs are different depending on interesting materials. Therefore, individuals who experience their negative emotion in the form of anxiety and depression might have exceptions from drug consumption, so that materials cause decreasing anxiety and tension in the result of anxiety [14]. Metacognitive model offers a general framework in pathology conceptualization, creation and preserving mental disorders. This model suggested that mental disorders (mood disorder, anxiety disorder and substance dependency and so on) through stable thinking patterns (worry, mental rumination) attention strategies related to supervision and threat, avoidance and suppression of thinking and positive metacognitive beliefs (suitability of worry) and negative metacognitive beliefs (harmfulness of worry) result in formation of cognitive-attentional syndrome and this syndrome causes failure in modifying incompatible beliefs and increasing of access to negative beliefs about self. In other words cognitive-attentional syndrome includes a permanent and stable thinking pattern that includes worry or rumination, centralized attention threats and unsuitable coping behaviors such as substance dependency, attempts for suppressing thoughts, analyzing experiences to find solution, or attempts to predicts future events that this syndrome is not effective in long term [40,37,31]. In other words, we can say that based on this theory mental disorder is activity of one general syndrome of cognitive-attentional that results from metacognitive knowledge of individual and in difficult conditions it became active and will be processing [38]. Wells referred to one cognitive-attentional syndrome in patients afflicted to social phobia that includes a thought that repetitively in difficult conditions is represented in controlling the form of worry and mental rumination and self-behavior. Activity and stability of this syndrome in response to tension depends on incompatible metacognitive beliefs [39]. In this way, theorists showed that anxiety symptoms might be the result of selective decisions that are affected by metacognitive beliefs [41,45]. McEvoy, Mahoney [25] believed that negative metacognitive beliefs completely represent relationship between mental annoyance and repetitive negative thinking for the entire samples and sub-samples with or without widespread anxiety disorder. Spada *et al* [32] believed that metacognitive dimensions such as positive metacognitive beliefs about worry and low cognitive confidence are reasons of anxiety and worry. In addition, in another social study it is approved that such metacognitive dimensions have significant relationship to social anxiety. Zahedi Tajrishi, Mohamad Khani and Jadidi [46] showed that individuals who have higher scores in

metacognitive scale have more negative emotions in comparison to individuals with lower scores. Saed, PorEhsan and Akbari [28] in a study concluded that metacognitive beliefs specially negative beliefs about uncontrollability and risk and also low cognitive confidence have a positive relationship to anxiety and depression (negative emotions). Barahmand [6] and Markantani *et al* observed a stronger relationship between metacognitive beliefs specially the strategy for controlling thinking with anxiety thinking in patients with social anxiety and general anxiety patients there is a stronger correlation that control group. Also new observations about anxiety disorders showed that difficulty in emotion regulation might be the reason for such disorders (Rodebaugh, & Heimberg) perception of control on anxiety is used as a main determiner of causality and extending anxiety disorder. Individuals with social anxiety experience unexpected experiences and continuous emotions. Such alerts of emotion in vulnerable individuals cause people to consider their physical and emotional reactions uncontrollable. Therefore, individuals with social anxiety believe in avoiding social situations, because they predict lack of internal control on emotional responses while facing social anxiety situations [18]. The cognitive model about social anxiety disorder is based on this assumption that over reaction of emotions and maladjustment are main features of SAD [17,19]. Until today the role of cognitive reassessment is emphasized in preserving social anxiety though difference in using emotion regulation strategies that is one of the features of SAD is not specified, new clinical studies showed that disorder in adjusting emotions might result in many mood and anxiety disorders such as social anxiety [10,12,36]. Emotion regulation can decrease emotional reactions to stressful conditions and anxiety stimulation. Otherwise the problem in emotion regulation can be considered as one of the main mechanisms of anxiety [9,44]. In this way Werner, Goldin, Ball, Himberg and Gross [43] showed that individuals with social anxiety disorder commit avoidance and emotional suppression more than control group. In addition they showed that individuals afflicted to social anxiety and control group to the same extent use cognitive reassessment as a strategy for emotion regulation. Though these findings are unexpected, but they are in line with some recent observations. Philo, Bali and Cis studied the role of negative affectivity and emotion regulation in distinguishing depression and anxiety in teenagers. Result showed that negative affectivity and strategies of negative emotion regulation like suppression and avoidance are the most predictors of anxiety and depression in the teenagers. Talli *et al* in a study found that individuals afflicted to phobia and widespread anxiety. Manin, Macloglin and Flanagan [26] found that weak emotion perception is the best predictor of distinguishing social anxiety disorder (other than coordination with widespread anxiety disorder), and lack of adapting emotions is the most predictor of social anxiety disorder along with widespread anxiety disorder. Jacobs, Snow, Geraci, Vythilingam, Blair [20] showed that emotion perception, appropriate usage of emotions and positive emotion experience has a negative significant relationship to the extensive social anxiety in individuals afflicted to social anxiety, so that there is a reversal relationship between levels of social anxiety and emotional processing.

Research hypotheses:

Main hypothesis:

There is a significant relationship between metacognitive beliefs and social anxiety in addicted persons.

There is a significant relationship between emotion regulation strategies and social anxiety in drug addicted persons.

Secondary hypothesis:

There is a significant relationship between positive beliefs about anxiety and social anxiety in drug addicted persons.

There is a significant relationship between uncontrollability and risk and social anxiety in drug addicted persons.

There is a significant relationship between weak cognitive confidence and social anxiety in

There is a significant relationship between need for thought control and social anxiety in drug addicted persons.

There is a significant relationship between cognitive self-consciousness and social anxiety in drug addicted persons.

There is a significant relationship between reassessment and social anxiety in drug addicted persons.

There is a significant relationship between suppression and social anxiety in drug addicted persons.

Methodology:

The method of this research is correlative and predictor. Population of this study is the entire addicted individuals who referred to drug quitting centers in the west of Mazandaran from August 2013 to November of the same year. From among population 283 individuals from 10 centers (Tonekabon, Abas Abad, Hechirood, Chalooos, Kalar Abad, Marzan Abad and Noshahr) were selected using random clustering method and social anxiety questionnaire, metacognitive and emotion regulation. Data related to 33 participants were deleted because of incompleteness of questionnaire and data related to 250 persons was analyzed.

Measurement tools:

Metacognition (MCQ-30) is a 30 item scale self-reported about emotional disorders and metacognitive pattern of anxiety disorder [42]. Responses in this scale are based on 4 item scale of Likert (1=disagree to 4=highly agree). These scales have 5 subscales: 1. Positive beliefs about worry, 2. Beliefs about uncontrollability and risk of thoughts, 3. Beliefs about cognitive confidence, and beliefs about need for controlling thoughts and 5. Cognitive self-consciousness. In the case of this questionnaire internal consistency for general scale is about 0.93 and for subscales of cognitive confidence, positive beliefs, cognitive self-consciousness, negative beliefs and need for controlling thoughts were respectively 92.93, 92.0, 91.0, 0.0, and 0.72. Validity of retesting general scale in seven weeks interval 0.75 and validity for subscales in the domain 0.59 to 0.87 is reported that represents acceptable validity and reliability to measure metacognitive beliefs in the main culture [42]. In Iran ShirinZadehDastgiri, Godarzi and GhaniZadeh [2] reported Alfa Chronbach coefficient for total scale as 0.91 and for subscales of uncontrollability, positive beliefs, cognitive self-consciousness, cognitive confidence and need for controlling thoughts is respectively 86.81, 87.0, 80.0, 0.0, 0.71. In addition, test validity was 0.87.

Emotion regulation questionnaire: this scale was prepared by Gross and John [15]. This scale is composed of 10 items that includes two subscales of reassessment (6 items) and suppression (4 items). Responses are based on Likert scale (7 degrees) from totally disagree (1) to totally agree (7). Alfa Chronbach coefficient for reassessment was 0.79 and for suppression it was 0.73. Retesting validity after three months for the entire scale was 0.69 [15]. In Iran Mirzaei *et al* [4] in a study the Alfa Chronbach for entire questionnaire was 0.62 and its components were 0.56 and 0.54 respectively.

Social anxiety (LSAS-SR): this scale was prepared by Libots. This questionnaire has 24 expressions and two sub-scales of performance anxiety (13 expressions) and social situations (11 expressions). Every expression separately for fear (0 to 3, never, low, average, extensive) and behavioral avoidance (0 to 3, never, seldom, mostly and always) were scaled. Therefore, this test has one general score of social anxiety and scores about four subscales of 1. Fear of performance, 2. avoiding performance 3. Social phobia and 4. social avoidance. General Alfa coefficient is equal to 0.95%, Alfa coefficient of subscale of performance anxiety is 0.82 and Alfa coefficient for sub-scale of social anxiety is 0.91. In the current project the Alfa Cronbach coefficient for sub-scale of performance anxiety was 0.85, for subscale of performance avoidance was 0.87 and general Alfa Chronbach coefficient is 0.86.

Result of data analysis: demographic features of studied individuals such as 1. Age: in the age interval between 16 to 65 years it is equal to 32.24 and SD is 8.268, 2. Education: most of the people in the sample as much as 132 individuals are equal to 54.9% for illiterate individuals and the least of individuals' as much as 14 individuals are equal to 6.3% that were associated diploma, 3. Birth order: most of the individuals as much as 77 individuals were equal to 41% of middle children and least individuals were 11 persons that are 5.9% are the last children. Marital status: most of the samples (106 persons) are 52.2% were married and 97% equal to 47.8% were single. 5. Time of substance consumption: most of the samples (70 persons) as much as 34.1% were addicted from 1 to 5 years and least people in the group were 19 persons were 9.3% that for more than 20 years consumed drugs.

Table 1: Descriptive indexes and correlative coefficients of secondary hypotheses of the research.

		Variables mean SDrp		
----	----	18.406	0 61.7	Social anxiety
.001	**-.207	3.951	14.71	positive beliefs about anxiety
.000	** .209	3.768	14.89	uncontrollability and risk
.003	** .170	4.251	14.81	cognitive confidence
.049	*.105	4.008	15.56	need for thought control
.001	**-.199	4.188	15.07	Cognitive self-consciousness
.000	**-.336	8.379	20.61	Reassessment
.005	** .163	5.696	13.37	Suppression

*P<0.05 **P<0.01

As observed in table 1 the average of social anxiety is 61.70 with standard deviation of 18.406 and removal of independent variables for metacognitive beliefs and emotion regulation that has the most average rate is related to reassessment components that is 20.61 with standard deviation of 3.951. In addition based on data in the table from among predicting variables of positive beliefs about worry, cognitive self-consciousness, reassessment there is a negative significant relationship $P<0.01$ with social anxiety, uncontrollability and risk, cognitive confidence and suppression with $P<0.01$ there is a positive significant relationship with social anxiety, and need for controlling thoughts has a significant positive relationship to ($P<0.05$) social anxiety.

Based on the findings of table 2 we conclude that cognitive self-consciousness, cognitive confidence, uncontrollability and risk, positive beliefs about worry, need for controlling thoughts significantly impacts on changing of social anxiety in addicted persons. ($R^2=0.168$, $F=(5.244)=9.840$, $p=.000$). Data shows that cognitive confidence, uncontrollability and risk, need for controlling thoughts have greater social anxiety. While

individuals who have less cognitive self-consciousness have positive beliefs about worriness and have lower social anxiety. The second analysis for evaluating the fact that the value of emotion regulation, social anxiety is predicted more than metacognitive beliefs showed that both components of emotion regulation have a significant relationship to variance of social anxiety after predicting cognitive self-consciousness, cognitive confidence, uncontrollability and risk, positive beliefs about worriness, need for controlling thoughts ($R^2=0.306$, $F=(2,242)=24.066$, $P=0.000$). Result showed that individuals with similar metacognitive beliefs while having emotion regulation with a greater possibility have social anxiety. Therefore, we conclude that variables of predicting power are predicting criteria variable. Therefore, regression equation can be generalized to the entire population.

Table 2: Multiple correlative coefficient and multiple correlative squire of main research hypotheses.

Variable	Model	Predicting variable	Multiple correlative coefficient	Multiple correlative coefficient squire	Adjusted multiple correlative coefficient squire	Coefficien t F	Sig level
Social anxiety	1	Cognitive self-counciousness, cognitive confidence, uncontrollability and risk, positive beliefs about worriness, need for controlling thoughts	.410 ^a	.168	.151	9.840	.000
	2	Reassessment, suppression	.553 ^b	.306	.286	24.066	.000

Conclusion:

This research aimed at introducing the role of metacognitive beliefs and strategies of emotion regulation in predicting social anxiety in addicted individuals.

The first main hypothesis of the research that states there is a significant relationship between metacognitive beliefs and social anxiety in addicted persons was approved. Correlation coefficient between metacognitive beliefs and social anxiety in the level of $P<0.01$ is significant ($R^2=0.168$, $F=(5,244)=9.840$, $P=0.000$). In other words, to the extent that metacognitive beliefs increase, social anxiety increases. The hypothesis proposes that the metacognitive information are experienced as mental feelings that effect the behavior. The person whit a week metacognitive does not recognize his /her knowledge; therefore this person cannot apply his /her executive operation properly. In metacognitive approach it is hypothesized that beliefs in psychological disorders include metacognitive components that influence individuals' way of thinking and tackling. Individuals' negative or positive beliefs effect their assessment of their thoughts, so the people with social anxiety have irrational beliefs; on the other hand they worry about doing anything that they should manage perfectly. Because they feel that the eyes are always on them and people are conscious of their mind; so this belief makes them nervous and anxious.

The second main hypothesis that states there is a significant relationship between emotion regulation strategies and social anxiety in drug addicted persons was approved. Correlation coefficient between emotion regulation and social anxiety in the level of $P<0.01$ is significant ($R^2=0.306$, $F=(5,242)=24.066$, $P=0.000$). In other words, to the extent that emotion regulation increases, social anxiety decreases. Second hypothesis describes when the individuals failure to regulate their emotions, they avoid interpersonal conflicts and try to suppress their negative emotions such as hate, grief and anger. They respond to various environmental events with less flexibility and they are unable to control their emotions, so they experience strong negative emotions and social anxiety.

The first secondary hypothesis that states there is a significant relationship between positive beliefs about anxiety and social anxiety in drug addicted persons was approved. Correlation coefficient between positive beliefs about anxiety and social anxiety in the level of $P<0.01$ is significant ($r=-0.207$, $p=0.001$). In other words, to the extent that positive beliefs about anxiety increase, social anxiety decreases. In fact positive metacognitive beliefs are very effective to apply more effective coping strategies in social situations when an individual becomes worry. But when the people develop positive beliefs in relation to function of worry in coping situations, another type of worry is formed as meta-worry on the basis of metacognitive beliefs that are uncontrolled and on the basis of risk. Meta-worry stimulates physical reactions of anxiety to avoid threatening situations and apply strategies to control the thoughts.

The second secondary hypothesis that states there is a significant relationship between uncontrollability and risk and social anxiety in drug addicted persons was approved. Correlation coefficient between uncontrollability and risk and social anxiety in the level of $P<0.01$ is significant ($r=-0.209$, $p=0.001$). In other words, to the extent that uncontrollability and risk increase, social anxiety increases in individuals. The hypothesis explains that the beliefs on the basis of uncontrollability and risk are related to the beliefs that the thoughts are uncontrolled and should be controlled towards the good performance and enjoyment of health. This beliefs cause the people

contain of less self-controlling and encounter with more anxiety and depression. On the other hand uncontrolled and risk metacognitive beliefs make people hesitate about their abilities and competencies as a result this issue influences their mental health negatively.

The third secondary hypothesis that states there is a significant relationship between weak cognitive confidence and social anxiety in drug addicted persons was approved. Correlation coefficient between cognitive confidence and social anxiety in the level of $P < 0.01$ is significant ($r = -0.107$, $p = 0.003$). In other words, to the extent that cognitive confidence increases, social anxiety increases in individuals. Cognitive confidence means sense of knowing and individual's self-assessment of knowledge about a topic cognitive processing. Therefore sense of less knowledge and confidence to the answers results in hesitation and obsessive activities in cognitive systems (mental obsessive and mental rumination) and leads to anxiety and worry. So it could be said that weak cognitive confidence in social anxious people leads to inappropriate strategy in searching the information and cognitive processing and cause the individuals to avoid achieving the goal and results in anxiety.

The fourth secondary hypothesis that states there is a significant relationship between need for thought control and social anxiety in drug addicted persons was approved. Correlation coefficient between need for thought control and social anxiety in the level of $P < 0.05$ is significant ($r = -0.105$, $p = 0.049$). In other words, to the extent that need for thought control increases, social anxiety increases in individuals. In fact, the necessity to control thoughts is a reaction that people show to control their cognitive system activities. Applying control strategies on thoughts, emotions and interfering emotions represent controlling as main factor creating problem. Basically Internal processes, including disturbing thoughts and the other emotional and cognitive experiments are not the issues that centralized strategy to effect on them. The people with social anxiety thoughts consider frightening situations dangerous and uncontrollable and have a negative intention about these thoughts. Some people have positive vision in this field and believe that frightening thoughts make them preserve themselves from social threats and dangers. This issue results in mental obsessive and rumination and raising self-consciousness in these people in related to the social phobia. Interfering thoughts in these cases shows that such beliefs have a very significant meaning for them; therefore it is necessary to control these thoughts completely.

The fifth secondary hypothesis that states there is a significant relationship between cognitive self-consciousness and social anxiety in drug addicted persons was approved. Correlation coefficient between cognitive self-consciousness and social anxiety in the level of $P < 0.01$ is significant ($r = -0.199$, $p = 0.001$). In other words, to the extent that need for thought control increases, social anxiety decreases in individuals. The term cognitive self-consciousness refers to individual's knowledge about cognitive processing and the way of using them to achieve the learning goals [1]. Brown considered metacognitive and cognitive self-consciousness as applied components in adjusting processes and strategies that evaluate, review and control cognition [47] many successful people can control and adjust their cognitive strategies. These people using cognitive strategies do necessary activities to learn new information and storage of in long term memory and through metacognitive strategies (self-questioning, self-supervision, and self-regulation) are aware of their cognitive processes. Mostly they use strategies and use them as chances for learning (Bouffard and Bouchard, 2002). Finally we can say that social anxious individuals through excessive attention on themselves and alertness result in activating inefficient beliefs and finally representation of the signs of cognitive-attention and they cannot use such Metacognitive strategies. In fact we can say that when individuals in social situations are aware of their mental processing and to be aware of the mental way and result of it would experience less anxiety.

The sixth secondary hypothesis that states there is a significant relationship between reassessment and social anxiety in drug addicted persons was approved. Correlation coefficient between reassessment and social anxiety in the level of $P < 0.01$ is significant ($r = -0.336$, $p = 0.000$). In other words, to the extent that reassessment increases, social anxiety decreases in individuals. Reassessment is considered as a positive and influential strategy in emotion regulation. Interpreting situation specifies emotional reaction and cognitive reassessment is the same reinterpreting situations to create a suitable emotional state. While malfunctioning at the time of reassessment is influential in creation and continuation of emotional and personality disorders [16]. Individuals with social anxiety experience unexpected experiences and emotions. These continuous alerts in individuals afflicted to social anxiety and vulnerability causes them to see physical and emotional reactions as uncontrollable. Therefore individuals with social anxiety believe in avoiding social situations and in such situations they less use cognitive reassessment, because they predict lack of internal control on their emotional responses at the time of facing social situations.

The seventh secondary hypothesis that states there is a significant relationship between suppression and social anxiety in drug addicted persons was approved. Correlation coefficient between suppression and social anxiety in the level of $P < 0.01$ is significant ($r = 0.163$, $p = 0.005$). In other words, to the extent that suppression increases, social anxiety increases in individuals. Suppression is considered as a negative strategy in emotion regulation. Individuals, who try to hide their feelings, always are comparing their behavior at the time of representing emotions with standard behaviors and they want to behave like the time no event happened. Therefore, they try to control their face changes and show no impulsive emotions. Emotion regulation in the form of suppression directs attention of individuals toward stimulus and interpersonal resources. It decreases

ability of individuals to external stimulus and this issue causes the sense of inability for facing external resources in the result of increasing social anxiety. For example, one study showed that social anxious people believe that representation of emotions is not correct and should be controlled and this issue to some extent is a medium for relationship between emotion suppression and social anxiety [33]. Therefore it is suggested that health experts, specially experts that deal with their addiction problems should do a type of personality assessment and they should try to analyze high and low domain features like emotion regulation. Otherwise therapists at the time of treatment in addition to modifying illogical beliefs of patients should emphasize on challenging positive and metacognitive beliefs of them about worriness. If metacognitive beliefs are challenged efficiently, they might be influential in decreasing worriness and improving anxiety and to decrease regression of disorders.

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