



RELATIONSHIP BETWEEN VITALITY AND PSYCHOLOGICAL WELL-BEING WITH METACOGNITIVE BELIEFS IN DELINQUENT PEOPLE

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ABSTRACT

The current study examined the relationship between Happiness and Vitality and psychological well-being with Metacognitive beliefs in Delinquent people. This study was carried on 77 delinquent people (Girls and boys) of Rasht city in 2017. This research is used correlation method. The data was collected by total number method. We used Questionnaire of Ryff Psychological Well-Being Questionnaire, Vedsli Vitality Scale, Questionnaire of Wells Metacognitive beliefs. Data was analyzed by Pearson correlation coefficient, regression analysis and SPSS 24. The results showed that there is no relationship between vitality and psychological well-being with metacognitive beliefs. Also, the result implied that there is a significant relationship between psychological well-being and metacognitive beliefs. Also, embedded variables in regression model can predict metacognitive beliefs ($P < 0/0001$). In conclusion, we can say that identifying psychological variables in prisoners in addressing their psychological issues is an important step.

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Introduction

Metacognition is a multifaceted concept. This concept includes knowledge, processes, and strategies that assess, monitor, or control cognition. Metacognitive beliefs are one of the effective factors in mental health [1]. Mental health develops and improves by social psychological well-being in the field of community health. It therefore leads to optimal performance and is of great importance. Welfare and well-being are mental health approach. From the perspective of the World Health Organization, it is a situation in which a person realizes his abilities and can play a normal role in life. It can also be useful in its work and development so that it can be useful to its community. Mental health includes three components of emotional health, mental health, and social health [2]. Meta-cognitive beliefs and well-being can be distinguished by changing the meta-cognition that enhances the maladaptive practices of negative thoughts [1].

Metacognitive beliefs could contribute to psychological dysfunction if they support unreasonable interpretations of thoughts, unattainable goals, or bias cognitive resources. The literature in this field has shown that people with inappropriate metacognitive beliefs will respond to unwanted cognitive and emotional experiences by activating a cognitive style described by ineffective and ineffective strategies, such as rumination and worry. Metacognitive beliefs and strategies for controlling thoughts can be considered as a phenomenon that emphasizes the exacerbation and increase of sensitivity to stress and helps with emotional and emotional symptoms such as bipolar disorder [3]. Unhelpful metacognitive beliefs are linked to both state and trait depression. Depressed individuals report significantly higher levels of such beliefs, while higher levels of positive beliefs about concerns with beliefs about uncontrollability are associated with higher rates of depression. Metacognitive beliefs and thought control strategies should help inefficient self-regulating style [3]. Metacognitive beliefs in irrational disorders have been developed through the Wales and Mitoz data processing model (1996). Wells and Carter

(2001) argued that metacognitive beliefs may play an important role in the development of symptoms and anxiety components. Ellis and Hudson (2010) showed that anxiety and depression are the main components of anxiety disorders, especially anxiety disorder and social phobia, which are related to the positive and negative meta-cognitive beliefs. According to Wales (2009), the effects of all kinds of strategies that anxious people can adjust their thoughts and feelings in situations that are evaluated can be physical symptoms, negative beliefs about themselves and the social world as well as behavioral changes. The existence of negative cognitive beliefs about oneself can be a risk factor for fear and avoidance of people susceptible to social anxiety in entering social situations. In this way, the source of disturbances of anxious social people may have a structural nature, or is associated with patient strategies for the evaluation and control of thoughts. In this regard, researchers have shown that anxiety symptoms may be due to selective selection that is influenced by meta-cognitive beliefs [4]. Metacognitive beliefs can be causal factors in predicting the development and maintenance of anxiety and a broad range of psychological disorders such as depression and anxiety disorders. More specifically, studies have shown relationships between metacognitive beliefs and emotional distress, pathological anxiety, obsessive-compulsive symptomatology, and health anxiety.

In sum, metacognitive beliefs can be a potential core of emotion regulation factors, playing a role in cause and maintenance of anxiety level which emerges as a transdiagnostic variable in clinical samples. Thielsch et al (2007) found that negative metacognitive beliefs were significantly correlated with daily worry in adolescents. Markantani et al (2010) demonstrate a stronger correlation between meta-cognitive beliefs, especially the strategy of thinking control with anxiety thoughts in social anxiety patients and general anxiety patients, as compared to control group. Spada et al have shown that some meta-cognitive dimensions include positive beliefs about the uncontrollability of thought and risk, cognitive trust, and beliefs about the need to control thoughts with all kinds of anxiety [4]. Metacognitive beliefs reflect an individual's beliefs about the danger or uncontrollability of thoughts. The role of metacognitive beliefs in psychosis has received considerable attention [5]. Certain metacognitive beliefs have been proposed to contribute to the development and maintenance of a range of mental health problems, including anxiety disorders, alcohol abuse, eating disorders and depression and these beliefs are common among people with mental disorder [6]. Ryff considers psychological well-being to be a quest for perfection in realizing the real potential of a person. In this perspective, well-being means the attempt to transcend and promote that manifests itself in realizing the talents and abilities of the individual. They attempted to determine and categorize the good life criteria according to the philosophical foundations of life. According to this, they determine 6 factors as Components of psychological well-being. These factors are: Self-acceptance (The ability to see and accept your strengths and weaknesses), purposefulness in life (It means having the ends and goals that make the person's life meaningful), personal growth (The feeling that potential talents and abilities of a person will be actualized over time and throughout life), have a positive relationship with others (having a close and valuable relationship with important people in life), dominate the environment (Ability to regulate and manage life issues, especially daily life issues), and Self-governing (The ability to pursue demands and actions based on personal principles, even if they are contrary to customs and social demands). In general, it can be said that metacognitive beliefs are related to the continuity of psychopathology by influencing the choice of coping strategies and individual perception of their abilities [7].

The success of the metacognitive approach developed by Wallz et al admits that metacognitive beliefs are an important issue for understanding many types of stress and psychological stress [8]. Golden Berg et al (1997) Stated that welfare or psychological well-being was considered as personal evaluation of individuals regarding their experiences with emotional stress, depression, anxiety, physical symptoms, insomnia, social skills, and skill to deal with adverse conditions [9]. In general, psychological well-being can be defined as cognitive and effective assessments of life. This assessment, in addition to cognitive judgments, includes emotional reactions to events and life satisfaction. Hence, well-being is a general concept that includes the experience of pleasant emotions, low levels of negative mood, and high satisfaction from life. Today, the well-being of psychology, as one of the most well-known subcategories of positive-positive psychology, has many useful scientific functions in the prevention and treatment of psychological and human traumatic diseases. So far, there have been different definitions of psychological well-being that are referred to in several of them: Pourfakhtari stated that psychological well-being included: 1) Feeling of satisfaction and compatibility with social norms; 2) Communicating in harmony with others, changing and modifying the individual and social environment and solving conflicts and personal desires; 3) Having the spirit and ability to work with others, intimacy and expressing feelings in interpersonal relationships, self-awareness and environment and adaptation to life problems [10]. Psychological well-being refers to the experienced quality of life and reflects the desired psychological performance and experience. Initially, this concept was studied in terms of the lack of psychopathology and negative emotional states such as depression and anxiety. Psychological well-being, as one of the main components of public health over the past two decades, has attracted the attention of many psychologists and researchers, and extensive research has been done on this issue. However, since the early 1960s, the trend of studies has gradually changed to psychological well-being. The meaning of well-being is a state of satisfaction with happiness, health and success that points to the desired psychological experience and practice [11].

The structure of psychological well-being is at the center of attention a branch of psychology called positive psychology. Positive psychology is related to how a person's life flourishes and to reach the prosperity of individuals. The concept of psychological well-being is called mental health. The optimality of psychological well-being is defined as the increase of

positive states and decreases in negative states. According to the psychological well-being model, it consists of six factors which include: self-acceptance, empathy with others, feeling of independence, having a goal in life, the feeling of personal growth. Research has shown that welfare or psychological well-being is positively correlated with performance and academic achievement, achieving personal goals, improving health, and increasing job satisfaction and lack of employee absences [12]. Houta and rayn (2010) argued that psychological well-being is relevant but distinct from mental health; hence, based on the pleasure view, emphasis is on happiness and maximization of pleasure and minimization suffering. Although both aspects have a special value in life, but psychological well-being depends on mental health, and its focus is on optimal performance and efforts to find the ideal goals in life. In general, these results showed that psychological well-being is influenced by personality factors such as life orientation and optimism. Optimism and orientation of life may increase self-esteem by increasing emotional states and reducing negative emotions [13].

If people have a high psychological well-being, they perceive more pleasant experiences and suffer less than unpleasant emotions. In general, there is a positive relationship between psychological well-being with increasing the quality of life, increasing life satisfaction and hope. One of the factors influencing the psychological well-being is their perception of the characteristics of their own family. The original family is where the person was born and grown [14]. Independence in the family strengthens the ability, self-esteem and self-regulation of family members. Also, the presence of points to the closeness, friendship and transplantation of family members, as a result, members feel comfortable in expressing their opinions and problems and, if necessary, can benefit from family support to cope with problems. Independence and intimacy as two elements of the healthy family have increased the ability of family members, as the results of studies have shown that the healthy performance of the main family helps the children to gain a positive identity, increase their autonomy and reduce the risk of psychological disorders [15]. Given the very high importance of vitality, psychological well-being and metacognitive beliefs based on researches done in the area of mental health of delinquents that indicate low levels of mental health in this group. The question of the present study is that: Is there a relationship between the component of vitality and psychological well-being with metacognitive beliefs in delinquent individuals?

Hypotheses

This section of the paper presents the main hypotheses of the research.

The main hypothesis:

Vitality and psychological well-being can predict metacognitive beliefs in delinquent individuals.

Sub-hypothesis:

There is a relationship between vitality and metacognitive beliefs in delinquent individuals.

There is a relationship between psychological well-being and metacognitive beliefs in delinquent individuals.

Methodology

Current research is a descriptive-survey method based on the applied research method and the relationship between research variables is correlation type. For collecting information on theoretical foundations and subject literature, library studies and articles have been used and for collecting data for analysis, a questionnaire has been used. To test the hypotheses, the data were analyzed using SPSS24. The statistic population of this survey is all of delinquent individuals of Rasht city who were in jail in 2016. According to statistics, about 77 people (men and women) are in the center. Sample research was selected through sampling of all the numbers, and the participants were asked to complete questionnaires. The method of data collection in this research is field study. The following tools were used to collect data.

Data Collection tools

In this research, three questionnaires were used to gather information about the variables of the research. In the following, some explanations are provided for each of the tools.

Psychological well-being questionnaire Ryff (PWB) with segregation of components:

The Ryff Psychological Well-being Questionnaire was developed by Carroll Ryff at the University of Wisconsin and reviewed in 2002. It has 84 questions and evaluate 6 factors like self-government, positive relationship with others, dominate the environment, personal growth, Purposefulness in life, and self-acceptance. Meanwhile, the total score of these six factors is calculated as the total score of psychological well-being.

This scale was designed by Ryff in 1980. The original form was composed of 120 questions, but in later studies, 84 questions, 54 questions and 18 questions were prepared. The psychological well-being scale has 6 subscales. In this form each factor consists of 14 questions that are:

- 1) Self-acceptance 6-12-18-24-30-36-42-48-54-60-66-72-78-84
- 2) positive relationship with others 1-7-13-19-25-31-37-43-49-55-61-67-73-79
- 3) self-government 2-8-14-20-26-32-38-44-50-56-62-68-74-80
- 4) dominate the environment 3-9-15-21-27-33-39-45-51-57-63-69-75-81
- 5) Purposefulness in life 23-29-35-41-47-53-59-65-71-77-83-5-11-17
- 6) personal growth 4-10-16-22-28-34-40-46-52-58-64-70-76-82

For scoring the Likert spectrum was used (quite opposite = 1, somewhat opposite = 2, slightly opposite = 3, slightly agree = 4, somewhat agree = 5, totally agree = 6). Of course, the score in the questions(2-4-7-9-13-15-17-18-20-22-24-27-29-31-32-

34-35-37-41-42-43-44-45-54-55-56-58-60-61-62-63-65-66-73-75-76-82-83-84) is reversed and the score is in the form (completely opposite = 6, somewhat opposite = 5, slightly opposite = 4, slightly agreeable = 3, somewhat consistent = 2, totally agree = 1). The examiner is asked to read the questions and to fully agree on the judgment of himself on one of the quite opposite, somewhat opposed, slightly opposed, slightly agreeable, somewhat agreeable, options. A higher score indicates better psychological well-being.

The initial version of this questionnaire was standardized by Zanjani Tabasi (2004). Validity and reliability of psychological well-being scales have been reported in several studies. This scale was implemented by Bayani et al. (2008) in order to standardize the psychological well-being scales in Iran on a sample of 145 Azad University students. Reliability coefficient by retest method of Ryff's psychological well-being scales is obtained 0/82 and sub-scales like self-acceptance, positive relationship with others, self-government, Purposefulness in life, personal growth and dominate the environment are obtained 0/71, 0/77, 0/78, 0/70, 0/77, 0/78, respectively, Which is statistically significant and has been adapted for use in Iran and its reliability and validity have been reported to be desirable. In this research, a short form (18 questions) has been used.

Vedci Scale

The Vedci Vitality Scale was made in 1997 and has seven phrases. The respondent responds to seven-point Likert scale which indicates the correctness of the expression for itself. The scoring process for the second question of the questionnaire is reversed. The score that a person gets on this scale is between 7 and 49. This scale was translated by Arizi in 2003 and its factual and content validity was confirmed by 5 faculty members of clinical psychology. Also, its reliability coefficient obtained 0/85 (Aboulghasemi, 2003). To determine the reliability coefficient, 50 nurses of Apadana Hospital of Ahvaz completed it. Cronbach's alpha coefficient of the entire questionnaire was 0/78 and with the two-half method, Alpha second half, Correlation between two halves and Gutmann coefficient were 0/69, 0/73, 0/84 and 0/65 respectively. Taghizadeh (2006) in his research entitled "Relationship between job satisfaction with happiness and vitality among faculty members of Isfahan University" used a vitality scale questionnaire and internal reliability of the vitality scale questionnaire in Sadeghian's research with Cronbach's alpha coefficient of the whole questionnaire was obtained 0/74. Abolghasemi (2003) used a vitality scale questionnaire in his research titled "Positive and negative emotion and its validation simultaneously with the mental health and vitality scales in Isfahan University students" and the internal reliability of this questionnaire is again in Abolghasemi's research, taking into account the entire Cronbach alpha of the entire questionnaire was obtained 0/84.

Metacognitive beliefs questionnaire (MCQ-30)

This questionnaire is a 30-item self-report tool that measures people's beliefs about their thinking. This tool is designed to measure a number of meta-cognitive elements, a feature that some of them play a central role in the meta-cognitive model of psychological disorder. The answers on this scale are based on the four degrees of Likert: 1 = I do not agree to 4 = Very much agree. These scales have five sub-scales: 1) Positive beliefs about worries, 2) Beliefs about uncontrollability and danger, 3) Beliefs about cognitive confidence, 4) Beliefs about the need to control thoughts, and 5) Cognitive ceremony (Zamanzadeh, 2013).

In the study of Wales et al. (2004, quoted by Zanzadeh, 2013), the range of Cronbach's alpha coefficients for the subscales was from 0/72 to 0/93 and its reliability by re-test for the total score was 0/75 and for sub-scales was from 0/59 to 0/78 after the period of 18 to 22 days. Shirinzadeh Dastgiri et al. (2008, quoted by Zamanzadeh, 1392) have reported 0/91 for its internal consistency coefficient with the help of Cronbach's alpha coefficient for the whole scale and this amount for its subscales in the domain was from 0/28 to 0/68. The correlation of its sub-scales with the total test in the domain was from 0/58 to 0/87 and their correlation with each other was from 0/26 to 0/62.

In the time-honored research (2013), the reliability of the questionnaire by Cronbach's alpha method was obtained for the whole questionnaire, Positive beliefs about worries, Beliefs about uncontrollability and danger, Beliefs about cognitive confidence, Beliefs about the need to control thoughts, and Cognitive ceremony 0/81, 0/60, 0/74, 0/72, 0/71, 0/77 respectively.

In the present study, the reliability coefficient of the questionnaire using Cronbach's alpha method was obtained for positive belief about worry, uncontrollability, cognitive confidence, need to control thoughts, and Cognitive ceremony 0/80, 0/78, 0/81, 0/80, and 0/79 respectively. In the study of Seyyed Fatemi et al., the validity of the spiritual health questionnaire was determined 0/82 through content validity and its reliability was determined through the reliability coefficient of alpha Cronbach (Seyyedfatemi, 2006).

Kolmogorov-Smirnov test

This test is used to examine the claim for the data distribution of a quantitative variable. Considering that the significance level of all variables of research is greater than 5%, therefore, the distribution of data in all research variables is normal. Other information about this test is presented in Table 1.

Table 1: Results of Kolmogorov-Smirnov test for research variables

variable	Average	standard deviation	K-S	P
Metacognition belief	75.19	12.11	0.097	0.072
Vitality	33.85	12.57	0.087	0.200
Self-acceptance	50.38	8.63	0.085	0.200
Positive relationship with others	51.84	8.44	0.134	0.07
Self-government	53.37	8.34	0.107	0.08
Dominate the environment	51.62	8.83	0.061	0.200
Purposeful life	50.18	8.68	0.083	0.200
Personal growth	53.44	8.65	0.073	0.200

Matrix of correlation between variables

The matrix shows Pearson correlation coefficients for predictor variables with metacognitive beliefs. The * sign indicates a significant Pearson coefficient between the two variables at the 0/05 level of confidence and the sign ** indicates the Pearson coefficient is significant at the 0/01 level of confidence. Table 2 summarizes the matrix of correlation between research variables.

Table 2: Correlation matrix between research variables among samples

	Metacognition belief	Vitality	Self-acceptance	Positive relationship with others	Self-government	Dominate the environment	Purposeful life	Personal growth
Metacognition belief	1							
Vitality	0.076	1						
Self-acceptance	**0.390	**0.329	1					
Positive relationship with others	**0.388	**0.325	**0.644	1				
Self-government	**0.374	**0.480	**0.620	**0.644	1			
Dominate the environment	**0.361	**0.398	**0.663	**0.632	**0.594	1		
Purposeful life	**0.270	**0.480	**0.596	**0.638	**0.592	**0.660	1	
Personal growth	**0.389	**0.529	**0.641	**0.591	**0.644	**0.702	**0.662	1

As shown in Table (2), there is a relationship between the psychological well-being components of the research and metacognitive beliefs. However, there is no meaningful relationship between vitality and metacognitive beliefs.

Study hypothesis**The main hypothesis:**

The component of vitality and psychological well-being can predict metacognitive beliefs in delinquent individuals.

As previously mentioned, Pearson Correlation Coefficient was used to show the relationship between the variables of the research, which is reported in Table (3). As you can see, there is a relationship between the research predictor variables and meta-cognition beliefs. Multiple step regression has been used to determine the contribution of each of the components in predicting metacognitive beliefs. In table (3), the regression model for the predictive variables is significant.

Table 3: Summary of step by step regression analysis model

Model	Predictive Variable	R	R ²	justified R ²	SE
1	Self-acceptance	0.390	0.152	0.141	11.27

Criterion variable: Metacognitive belief

Table (3) shows that in the first stage, the correlation between acceptance and metacognitive belief is 0/390. In other words, the self-acceptance component predicts %11 of the metacognitive belief variable (R²=0/152). Based on the results of Table

4-5, considering the power of explanation ($R^2=0/152$), the final model was selected, which is shown in Table 4 of the analysis of variance for its significance.

Table 4: ANOVA test for the meaningfulness of the final regression model

Model	Sources of change	Sum of squares (ss)	Df	Average squares	F	Significance level
2	Regression	1696/159	1	1696/159	13/45	0/000
	Remaining	9453/919	75	126/05		
	Total	11150/07	76			

Predictive variable: self-acceptance

Criterion variable: the metacognitive belief

As Table 4 shows, the variables introduced in the regression model, namely, self-acceptance, significantly predict the metacognitive belief variable ($F_{1, 57}=13/45$ & $P<0/0001$). Table 4-8 shows the regression coefficients of model 2.

Table 5: Regression coefficients of model 2

Model 2	Regression coefficient(B)	SE	Standard coefficients(β)	t	Significance level
Constant	47/62	7/62		6/24	0/000
Self-acceptance	0/547	0/149	0/390	3/66	0/000

According to the results of Table 5, the self-acceptance variable predicts the metacognition's belief positively and significantly ($P<0/01$ & $t=3/66$).

The regression equation for estimating the metacognitive belief variable using the mentioned variables is as follows:

Metacognition belief= $47/62 + (0/547) \times$ self-acceptance

The results of regression show that among the predictive variables, self-acceptance variable has the maximum beta coefficient which is equal to 66 which indicates that this variable provides the strongest contribution to explaining the criterion variable.

Conclusion And Recommendations

Main hypothesis: The component of vitality and psychological well-being can predict metacognitive beliefs in delinquent individuals. As Table 5 shows, the variables introduced in the regression model, namely self-acceptance, significantly predict the metacognitive belief variable ($P<0/001$). The results of this study are consistent with the findings of the researchers mentioned below. The researcher did not find a discrepancy. The findings of Maher and Bardhaili's research (2008) showed that there is a significant difference between the dimensions of novelty, harmfulness, self-directed secretary dimensions and the collaboration of cloninger personality system and the dimensions of psychoticism and Neuroticism of the Eysenck personality system in drug addicts and normal people.

Results: Drug addicts earned lower scores in the dimensions of novelty, harmfulness, psychoticism and Neuroticism when compared to normal people. The results of Ahmadi's research (2010) show that boys of juvenile offenders are significantly more psychopath and psychotic than non-juvenile boys. In other words, delinquents and non- delinquents have different personality characteristics.

In explaining the result of the hypothesis we can say that the first happy step is to accept ourselves as a reality and using imagination and creativity, getting rid of stress through discovering and searching the surroundings and holding occasions to escape the stereotype and routine can be effective in the happiness of individuals. The two components of happiness are positive emotions and internal satisfaction, and the dimensions of happiness are realistic optimism, self-esteem, quality of life, and psychological well-being. The advances in cognitive psychology have shown that people actively create and revise their beliefs based on internal rules. Therefore, it is important to set rules, practices and cognitive processes that guide people towards adaptive and maladaptive interpretations and beliefs. Prisoners and people who have problems with the law in any way are among the people who need to make these rules and processes more cognitive than others. The issues and problems prisoners face in addition to financial issues and problems are psychological and personality problems. In discussing the personality traits and mental health of prisoners and comparing these characteristics with ordinary people, little research has been done, especially in Iran. Having metacognitive beliefs among prisoners and individuals can prevent them from committing a crime and increase the mental health of prisoners. In other words, it can be said that having better and more positive meta-cognitive beliefs can facilitate tolerance of ambiguous conditions. Because, the metacognitive imbalance can make people deal with vague situations committing crime and other acts contrary to the law.

There is a relationship between the component of vitality and metacognitive beliefs in delinquent individuals.

According to the results, there is no significant relationship between vitality and metacognition beliefs. The researcher has not found a finding, but Ahmadi and Bardhaili's (2008) research are inconsistent with the present research. In conjunction with this hypothesis, it can be said that according to the existing definitions of vitality, one can define the universal vitality in the most suitable place for providing a variety of activities and users (with different backgrounds of economic, social and cultural) with the aim of diversifying experiences and Social interactions have provided security, equity, and convenience to all users. Vitality is a factor that results from the attractiveness of the spaces and the citizens' satisfaction, which ultimately leads to the creation of a viable environment. While research samples were prisoners. Prison is the place where individuals are physically, confined and detained and are often deprived of personal liberty and are subject to a crime. It may be possible to say that the spatial conditions of these individuals have affected the results of this hypothesis.

There is a relationship between psychological well-being and metacognitive beliefs in delinquent individuals.

According to the results, there is a relationship between the components of psychological well-being and metacognitive beliefs. Different research results have shown that the level of education is one of the variables that can affect different fields and its role in crime is undeniable. This claim is witnessed by Ahmadi's research results (2010), which shows that non-delinquent boys and their parents' average rate of education is high when compared to delinquent boys and their parents' average rate of education. The results of this study showed that there is a significant difference between the components of personality traits (extraversion and introversion, psychoticism, neuroticism, mass crime) and there is no difference in the component of addiction alone. There is a difference between the delinquent individual's personality traits in terms of education. According to the results obtained between personality traits and level of education, the value of F test and significant level was lower than 0/05 and it is concluded that there is a significant difference between the two variables of personality traits with their level of education. The results of Duncan's follow-up test to examine the personality characteristics of delinquent people based on their level of education indicate that the lower level of the diploma of the delinquent is the first priority among the other groups. The results of this research are similar to those of Ahmadi (2010). Ahmadi's research results (2010) shows that non-delinquent boys and their parents' average rate of education are high when compared to delinquent boys and their parents' average rate of education. In explaining the result of the hypothesis, it can be said that based on self-governing executive action theory, psychological disorders of delinquents continue when irrational beliefs arise from meta-cognitive knowledge of a person and is activated and processed in difficult situations. The stages of motivational change in these individuals, by increasing individual efficiency, positive reinforcement and intense of self-control, change the focus of attention towards their negative minds and by relaxing the individual in a position, it causes them to be mindful of their physical and mental state, Attitudes, positive emotions and high awareness of their relatively healthy condition. Appropriate exercises to these individuals will make these meta-cognitive beliefs less likely to continue concerns and lessens negative self-assessments, the experience of negative emotions such as anxiety and depression, uncontrollable conditions and negative beliefs. Also, it reduces the self-esteem, goals, and personal growth. Individuals are physiologically and psychologically different and these differences are observed in all aspects, especially personality traits. For example, in the social life scene, women are more equalized and show sympathy, sympathy and pliability. Men are fighting and strive for their superiority. Men are more aggressive than women and show more dangerous and immoral behavior. The results of this study are similar to those of Maher and Barajali (2008) and Gilbert (1988).

In the following, according to the results of testing the research hypotheses, the limitations and suggestions are presented as follows:

In the process of conducting a scientific research, there is a set of conditions and cases that are beyond the control of the researcher, but potentially can affect the results of the research and make generalization of the results generally difficult. According to this, the limitations of this research can be summarized as follows:

Since the sample consists of delinquents and non-delinquents, the generalization of the results to other age groups should be more cautious.

Since the findings of the present study are based on self-report scales, there is a possibility to give an answer and influence through the mood of the subject.

Given that the findings of the research are carried out in certain areas and that delinquency is directly related to the religious and cultural beliefs of the different regions, and these beliefs are different in different regions; therefore, its generalization is not the same for all people of this age.

Research Suggestions:

- 1) Given the role of parents in predicting delinquency, a research is recommended in this regard.
- 2) It is suggested that other predictors of delinquency be identified and controlled.
- 3) Other relevant factors affecting crime are identified.
- 4) It is suggested that similar researches should be conducted in other cities.

Applied suggestions

- 1) By teaching metacognitive beliefs, metacognitive subscales can be strengthened in adolescents and their welfare can be enhanced, as well as life with happiness for them.

- 2) With proper and continuous training in raising the awareness of meta-cognitive beliefs, people will be encouraged to contribute to the health of the community.
- 3) Using cognitive intervention methods, we can solve the metacognitive problems.
- 4) It is suggested that psychological well-being and life expectancy in various researches, psychological services and counseling centers should use the findings of this research to provide appropriate guidance to clients.

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