

## Abstract

**Objective:** This study aimed at investigating on the role of emotion regulation difficulties as a mediator in the relationship of family function and satisfaction of basic psychological needs with addictibility. **Method:** The number of 452 students (245 girls and 207 boys) from the universities in Tabriz was selected through multistage cluster sampling. Then, they filled out Addiction Susceptibility Questionnaire, Family Assessment Device, Difficulties in Emotion Regulation Scale, and Basic Psychological Need Satisfaction Scale.

**Results:** The results of this study showed the proposed model has a desired goodness of fit with the data and it possible to use emotion regulation difficulties as a mediator in the relationship of family function and the satisfaction of basic psychological needs with addictibility. **Conclusion:** Emotion regulation difficulties as a mediator in the relationship of family function and the satisfaction of basic psychological needs can explain addiction susceptibility and, thereby, the assignment of attention to this matter can lead to the proposal of some recommendations for addiction prevention and treatment.

**Keywords:** family function, difficulties in emotional regulation, satisfaction of basic, psychological needs, addictibility, mediating role

## On the Role of Emotion Regulation Difficulties as a Mediator in the Relationship of Family Function and Satisfaction of Basic Psychological Needs with Addictibility

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## Introduction

Addiction is regarded as the most complex social phenomenon of various human societies, which is increasing despite the knowledge growth and awareness of individuals about it (Nademi, 2015). In other words, the adverse effects of addiction in the present age are getting worse day by day and are considered to be the most common concerns of governments (Fadaei Tehrani and Khademi, 2015). As estimated by the United Nations, of each 200 people worldwide, one person is involved with drug use disorder (Degenhardt & Hall 2012). Addiction is a famous disease that many factors affect it (Carroll & Onken, 2005). Family, unhealthy growth grounds, addiction tendency are among the factors that can play a very important role in addiction. In fact, drug addicts are addicted on a background and addictive conditions, and only drug use does not lead to addiction (Zainali and Vahdat, 2011). In this regard, addiction-prone theory explains how some people are more susceptible to addiction and if they are exposed to it, they will be addicted (Gondreau and Gondreau, 1970). For example, those who support negative events, including the loss of parents, low parenting support experience emotional neglect, isolation and inappropriate dependence with increased risk of drug use disorder (Breslau, Davis and Schultz, 2003). Family plays a unique role in substance use disorder (Masood & Us Sahar, 2014) and is considered as the first environment in which the child develops his first steps to growth (Motataianu, 2015) and establishes an emotional bond with the parents (Schänzel & Yeoman, 2014). Therefore, if the emotional bond and intra-family relationships are problematic, the public tendency toward antisocial behavior and substance abuse becomes evident (Sánchez-Queija, Oliva, Parra & Camacho, 2016). One of the variables that is highly associated with addiction is family function. Family function is a pattern of relationships between members of a family system that involves active family processes for interacting with desires to the extent of the ability of its members and the healthy function of the family is interconnected with adaptability and coherence (Patterson, 2002); but the unhealthy function of the family is recognized by avoiding discussion, unpleasant feelings and distrust of each other (Kim et al., 2014). Of the important models in family functioning evaluation is Mc Master model of family functioning. This model was introduced by Epstein, Bishop and Levin (1983) at Mc Master University. Although McMaster's model does not cover all aspects of family functioning, it takes into account important aspects that often are clinically manifested. Based on clinical researches, six defined dimensions for this model include: problem solving, communication, roles, affective responsiveness, affective involvement, and behavioral control. Problem solving indicates the ability of the family to solve problems. Communication refers to the effectiveness, clarity and accuracy of information sharing in the family. Role is a self-efficacy description based on the tasks assigned by the family. The affective responsiveness is the assessment of the

ability of family members to respond to appropriate feelings including responding welfare emotions (happiness, concern, sensitivity to touch, affection) and emergency (sadness, depression, anger, fear). The affective involvement refers to the quality of interest, concern and investment that family members have for each other. The behavior control describes standards for behavior (Archambault, Mansfield, Evans & Keitner, 2014).

Family function plays a vital role in the onset of drug use, and it seems that childhood maladapted experience is an explanation for at least half the risk of substance use disorder in life (Volkow, Baler & Goldstein, 2011). Evidence suggests that family relationships are important in beginning the drug use and its relevant problems (Fish, Maier & Priest, 2015). The research findings of Denton, Adinoff, Lewis, Walker & Winhuse (2014) Fayyazi, Rokhafroz, Gheibizadeh, Hakim and Sidi (2015), Didarlou and Pourali (2016), Zeinali and Vahdat (2011), Cea & Barnes (2015), Killc, & Kabasakal (2015), Edrum, Mirlotfi, Nickmansh, Shahidi and Kikhah (2011), and Şenormancı, Şenormancı, Güçlü & Konkan (2014) indicate that family function is associated with addictibility. Family function as the ability of the family to meet the basic needs can have a significant effect on the growth and tendency of people to addiction (Ryan & Keitner, 2009). Basic psychological needs are among other important variables that play a crucial role in addictibility. According to self-determination theory, basic psychological needs include autonomy, relatedness, and competence (Sapmaz, Doğana, Sapmaz, Temizel & Dilek Telc, 2012). These needs are innate in all humans (McPherson & Davidson, 2013), which, if these needs are not met, the addiction tendency is created in people. When the environment satisfies the need for autonomy, they are inherently motivated and independent for external motivational activities (Kocayoruk, 2012), and the person chooses his behavior, accepts responsibility and its consequences (Sampaz et al. 2012). Personal responsibility is of great value in our communities and the existing disorders may be related to this aspect. Disturbance in self-determination means that the individual does not follow the instructions and the instructions are from another person, which in the addiction, this person can mean something like a separate part of self (Schlimme, 2010).

In line with these findings, Williams, Niemiec, Patrick, Ryan, & Deci (2009) stated that protecting the autonomy and competence of individuals would prevent long-term tobacco use. In addition, the researches of Etarid and Pour Sharifi (2014), Tehrani Khorasani, Faghfour and Ostowar (2015), and Nanda, Kotchick, & Grover (2012) have confirmed this issue. Family function and satisfaction of basic psychological needs are among the factors that are known to cause addiction and addictibility, and many studies in Iran and abroad have examined these variables. One of the factors that today is considered as a mediating variable by researchers is emotion regulation difficulties. Emotion and emotion regulation have always been the subject of addiction, and even in addiction, it is referred as a mechanism for emotion regulation (Koob & Le

Moal, 2001). Emotion regulation is the ability to apply processes to influence the generation of emotion (Heydari and Ali Lou, 2015). The difficulty in emotion regulation is used in a broad sense, including the difficulty in identifying and describing emotions, emotion and behavior regulation (Spence & Courbasson, 2012). It seems that those with emotion regulation difficulty are unable to regulate their different emotions, and with higher levels of inappropriate behaviors such as addiction, reduce emotions (Mehrpur Sadei, Khosrow Jawid and Boland, 2015).

Theorists and researchers state that emotion regulation is involved in maintenance and growth of drugs use. The findings of the studies of Di Pierro, Benzi & Madeddu (2015), Karagoz & Dag (2015) and Isma'ili Nasab, Andamikhoshk and Samarrokhi (2014) confirm that there is a relationship between emotion regulation strategies and substance use disorder; and probably one of the reasons of the tendency of individuals to drug use is disorder in the field of emotion (Zahed, Allah Ghalilu, Abolqasemi and Narimani, 2010).

Researches with mediating variables can create new insights in the required fields. Considering the fact that so far, the variable of emotion regulation difficulty has not been evaluated as a mediating variable in the relationship between family function and the satisfaction of basic psychological needs, and also considering the influential role of emotion regulation difficulty in some cases such as addictibility, satisfaction of basic psychological needs and family function of individuals, the present study aimed at investigating on the role of emotion regulation difficulties as a mediator in the relationship of family function and satisfaction of basic psychological needs with addictibility.

## **Methodology**

### **Population, Sample and Sampling method**

The present study is a correlation design based on the type of data collection method and is fundamental research based on purpose. This research is quantitative based on the theoretical foundation. The statistical population in this study is the working students of Tabriz city in 2015-2016. 452 students were selected through multistage cluster sampling based on Tabachnick, & Fidell (2001) formula  $N > 50 + 8m$  ( $m$ : the number of predictive variables). In this study, from all Tabriz students, three universities were selected from each university and one educational group from one faculty and from each educational group, five classes were selected as sample.

### **Instrument**

1- Addiction Susceptibility Questionnaire: This questionnaire was developed by Anissi (2013) at the Behavioral Sciences Research Center of Baqiyatallah University of Medical Sciences and includes 75 questions and four factors. The first factor is depression and feelings of helplessness, the second factor is the positive attitude toward the substance, the third factor is anxiety and fear of

others, and the fourth factor is sensation seeking. Questions of this scale are scored based on the four-point Likert scale and higher scores represent high addictibility of an individual. The reliability of the test was calculated by the Cronbach's alpha coefficient of 0.97. To test its validity, the correlation between the test and depression, anxiety, stress and sensation seeking of Zuckerman has been reported acceptable (Anissi, 2013). In the present study, the Cronbach's alpha coefficients were 0.94, 0.93, 0.89, 0.77, respectively.

**2-Family Functioning assessment questionnaire:** This scale has been developed for family functioning based on the McMaster model. The instrument was designed in 1983 by Epstein, Bullwin and Bisbie, including 53 items and is intended to describe the structural characteristics of the family. This scale evaluates the family functioning based on seven factors. These factors are: problem solving, communication, roles, affective involvement, affective responsiveness, behavioral control and overall function. Each question is scored from 1 (strongly disagree) to 5 (strongly agree). Of course, questions that indicate unhealthy functioning have reverse scores, and higher scores represent a healthier family's function. According to Sanai (2000), this questionnaire has been repeatedly evaluated in Iran and its validity has been reported from 0.72 to 0.92 according to the alpha coefficients of the sub-scales (Saghi and Rajai, 2009). Cronbach's Alpha coefficients of subscales of problem solving, communication, Role, affective involvement, affective responsiveness, behavior control and total function were 0.65, 0.51, 0.54, 0.0, 0.68, 0.64 and 0.84 respectively in Yousefiyani, Habibi and Soleimani's Research (2012). In the present study, the Cronbach's alpha coefficients were obtained 0.54, 0.61, 0.45, 0.67, 0.50, 0.59 and 0.85, respectively.

**3- Difficulties in Emotion Regulation Scale:** This questionnaire was designed by Gratz and Romer (2004) and has been developed to assess the existing difficulty in emotion regulation more much comprehensive than other instruments. It has 36 items and 6 subscales including: non-acceptance of emotional responses, difficulty of dealing with purposeful behavior, difficulty in controlling impulses, lack of emotional awareness, limited access to emotional regulation strategies, lack of emotional clarity. Questions of this scale are scored on the basis of a five-point Likert scale, and higher scores on this scale indicate a greater difficulty in emotion regulation. Gratz reported total Cronbach alpha of 80%. According to Heidari and Iqbal study (2011), Cronbach's alpha coefficients were reported to be 0.91. In the present study, the Cronbach's alpha coefficients were 0.82, 0.71, 0.76, 0.63, 0.82 and 0.63, respectively.

**4- Basic Psychological Need Satisfaction Scale:** This questionnaire measures the degree of satisfaction of autonomy, competence and relatedness needs, and includes 21 items. Questions of this scale are scored based on a seven-point Likert scale. In this scale, questions 3, 4, 20, 19, 18, 16, 15, 11 and 7 are scored inversely, and higher scores represent greater satisfaction of basic needs (Johnston & Finney, 2010). Convergent and diagnostic validity of this scale was

confirmed in Iran and the internal consistency of this scale was reported from 0.83 to 0.91 according to Cronbach's alpha coefficients (Besharat and Ranjbar Kelagari, 2013). According to Kharazmi, Karshki and Meshki researches (2013), the calculated alpha for autonomy was 0.63, competence 0.81 and relatedness 0.59. In the present study, Cronbach's alpha was 0.50, 0.60 and 0.67, respectively.

### Findings

In the present study, a total of 452 questionnaires were completed. The age range of the participants is between 18 and 29 years, with an average of 22.65 and a standard deviation of 2.68. The descriptive statistics of the variables studied are presented in Table 1.

**Table 1: Descriptive statistics of the studied variables**

<i>Variables</i>	<i>Mean</i>	<i>SD</i>	<i>Variables</i>	<i>Mean</i>	<i>SD</i>
<b>Depression</b>	59/84	17/83	<b>Total family function</b>	1/84	26/60
<b>Positive attitude to substance</b>	26/09	10/31	<b>Non-acceptance of emotional response</b>	14/10	5/27
<b>Anxiety</b>	36/93	9/74	<b>Difficulty in purposeful behavior</b>	14/13	4/13
<b>Sensation seeking</b>	26/24	5/74	<b>Difficulty in impulse control</b>	15/77	5/02
<b>Total addiction susceptibility</b>	14/14 9	36/22	<b>Lack of emotional awareness</b>	15/84	4/18
<b>Relatedness</b>	24/52	4/29	<b>Limited access to emotion regulation strategies</b>	20/23	7/14
<b>Affective responsiveness</b>	23/76	3/98	<b>Lack of emotional clarity</b>	11/37	3/74
<b>Roles</b>	30/45	4/27	<b>Total difficulty in emotion regulation</b>	91/19	21/23
<b>Total function</b>	47/27	8/96	<b>Autonomy</b>	33/15	5/63
<b>Problem solving</b>	19/55	3/74	<b>Competence</b>	28/03	5/61
<b>Affective involvement</b>	24/18	4/64	<b>Relatedness</b>	39/48	7/01
<b>Behavior control</b>	34/67	5/43	<b>Total satisfaction of basic psychological needs</b>	1/00	15/27

The correlation matrix of the components of family function and the dimensions of susceptibility to addiction are presented in Table 2. The correlation matrix.

**Table 2: Correlation Matrix of Family Function Components and Dimensions of Susceptibility to Addiction**

<i>Variables</i>	<i>Depression</i>	<i>Positive attitude to substances</i>	<i>Anxiety</i>	<i>Sensation seeking</i>	<i>Total addictibility</i>
<b>Relatedness</b>	-0/47**	-0/40**	-0/42**	-0/27**	-0/50**
<b>Affective responsiveness</b>	-0/42**	-0/30**	-0/37**	-0/26**	-0/44**
<b>Roles</b>	-0/36**	-0/28**	-0/30**	-0/12**	-0/34**
<b>Total function</b>	-0/50**	-0/41**	-0/46**	-0/26**	-0/53**
<b>Problem solving</b>	-0/31**	-0/27**	-0/31**	-0/12**	-0/33**
<b>Affective involvement</b>	-0/43**	-0/32**	-0/35**	-0/25**	-0/44**
<b>Behavior control</b>	-0/44**	-0/37**	-0/38**	-0/23**	-0/46**
<b>Total family functioning</b>	-0/52**	-0/43**	-0/46**	-0/27**	-0/55**

\*\* P<0/01, \* P<0/05

The correlation matrix of difficulty in emotion regulation and the dimensions of susceptibility to addiction are presented in Table 3.

**Table 3: Correlation Matrix of Difficulty in Emotion Regulation and Dimensions of Susceptibility to Addiction**

<i>Variables</i>	<i>Depression</i>	<i>Positive attitude to substances</i>	<i>Anxiety</i>	<i>Sensation seeking</i>	<i>Total addictibility</i>
<b>Non-acceptance of emotional responses</b>	0/44**	0/30**	0/37**	0/48**	0/43**
<b>Difficulty in purposeful behavior</b>	0/43**	0/10*	0/23**	0/40**	0/44**
<b>Difficulty in impulse control</b>	0/53**	0/26**	0/38**	0/54**	0/55**
<b>Lack of emotional awareness</b>	0/07	0/17**	0/003	0/09*	0/036
<b>Limited access to emotion regulation strategies</b>	0/61**	0/28**	0/37**	0/60**	0/59**
<b>Lack of emotional clarity</b>	0/44**	0/40**	0/22**	0/47**	0/41**
<b>Difficulty in total emotion regulation</b>	0/61**	0/36**	0/39**	0/63**	0/60**

\*\* P<0/01, \* P<0/05

The correlation matrix of the components of basic psychological needs satisfaction and the dimensions of susceptibility to addiction are illustrated in Table 4.

**Table 4: Correlation Matrix of Components of Psychological Basic Needs satisfaction and Dimensions of Susceptibility to Addiction**

<i>Variables</i>	<i>Depression</i>	<i>Positive attitude to substances</i>	<i>Anxiety</i>	<i>Sensation seeking</i>	<i>Total addictibility</i>
<b>Autonomy</b>	-0/60**	-0/37**	-0/56**	-0/31**	-0/60**
<b>Competence</b>	-0/62**	-0/30**	-0/53**	-0/22**	-0/57**
<b>Relatedness</b>	-0/45**	-0/41**	-0/41**	-0/15**	-0/47**
<b>Satisfaction of total psychological basic needs</b>	-0/66**	-0/44**	-0/59**	-0/27**	-0/65**

\*\* P<0/01, \* P<0/05

The fit indices of model are presented in Table 5.

**Table 5- Fit Indices of the Presented Model in Research**

<i>Model fit indices</i>	<i>X<sup>2</sup></i>	<i>X<sup>2</sup>/df</i>	<i>GFI</i>	<i>AGFI</i>	<i>CFI</i>	<i>RMSEA</i>	<i>RMR</i>	<i>RMR standardized</i>
<b>Index values</b>	397/01	2/68	0/92	0/88	0/98	0/063	2/49	0/072

If the chi-square is not statistically significant, it indicates that the fit is very suitable, but since this index is often found in samples larger than 100 significant, it is not a suitable index for evaluating the fitness of the model. As the chi-square on degree of freedom ratio is less than 3, shows a very suitable fit. If the CFI, AGFI, GFI are greater than 90% and the RMSEA and RMR index is less than 0.05, then the fitting index is very desirable and suitable, and

indicates a good fit for less than 0.08. Therefore the fitting of the proposed model is evaluated suitable.

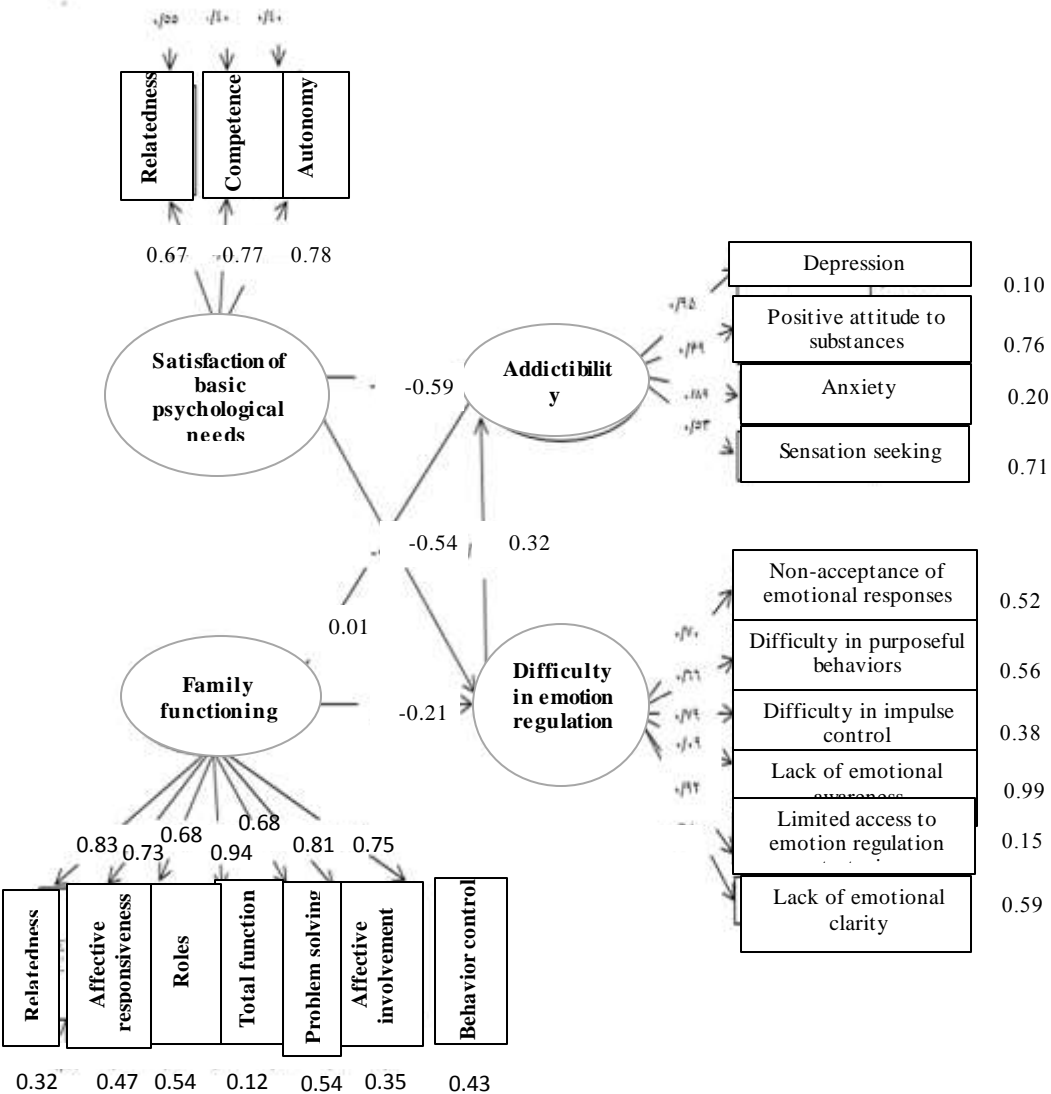


Chart 1: Standardized loads of path model

### Discussion and Conclusion

The results of the data analysis showed that the difficulty in emotion regulation can significantly have the mediating role in family function and the satisfaction of basic psychological needs with addictibility. In the present research, the hypothesized model is fitted well with empirical data and is consistent with the previous studies (Tripp, McDevitt-Murphy, Avery & Bracken, 2015; Axelrod,



Pereplechikova, Holtzman, & Sinha, 2011; Heidari and Alillu, 2015; Dragan, 2015). Indeed, the results show that the difficulty in emotion regulation has a great role in addictibility, and this difficulty in emotion regulation in individuals with family function and satisfying the unsuitable basic psychological needs can exacerbate the problems associated with addictibility.

Difficulty in emotion regulation is associated with various psychological pathologies such as social anxiety disorder (Kashdan, & Breen, 2008) and major depressive disorder (Ehring, Tuschen-Caffier, Schnulle, Fischer & Gross, 2010), alcohol and drug use (Berking et al., 2011). The emotion regulation refers to the individual's ability to understand and accept his feelings, as well as the use of appropriate management strategies for unpleasant emotion when it is emergency condition and he is anxious (Sandhu & Kapoor, 2013).

The difficulty in emotion regulation is the result of a lack of abilities and capabilities to regulate emotion (Coutinho, Ribeiro, Ferreirinha, & Dias, 2010). Emotion regulation plays an important role in adapting individuals to stressful life events (DiClemente, Schlundt, & Gemmell, 2004); in other words, the experience of negative emotions in life is inevitable; therefore, there is a significant potential for experiencing difficulty in emotion regulation (Azizi, Radpa and AliPoor 2015). Hence, anxiety and stress occur when the family does not function correctly and the basic psychological needs are met hardly. In the event of the inability to manage stress in stressful situations, one can use strategies that reduce the ability to solve the problem (Manzari Takakoli and Bagheri, 2015). The stress susceptibility model states that people who do not have the suitable strategies to regulate emotion may use substance abuse as a way to eliminate negative emotions (Cooper, Russell, Skinner, Frone & Mudar, 1992). The difficulty in emotion regulation is one of the problems of people using substances, which causes failure in the management of the emotional state of substance abuse (Behnam, Abdollahpour, Abdollahi, Mir Shoja and Moradi, 2015). In fact, the low level of emotion regulation, which is due to the inability to deal effectively with negative emotions and manage them, plays a role in the onset of drug use (Price & Herting, 2013).

The other findings of the present study are the ability to predict family function through the difficulty in regulating emotion in addictibility, which are consistent with previous studies of (Bariola, Hughes & Gullone, 2012; Hosseinzadeh, Jabbaru, Musa-Zadeh, Azizi and Mostafavi, 2013; and Smojver-Azic, Dorcic & Zivcic-Becirevic, 2015). The family can regulate emotion in a variety of methods, including creating a supportive and emotional atmosphere (Fosco & Grych, 2013; Criss, Morris, Ponce-Garcia, Cui & Silk, 2016). In fact, the family has different functions that one of these functions is emotional and affective function and if one of the members can not use the proper means to express their emotions and feelings, it is disturbed (Naderi and Azammanesh, 2012).

Among the harms associated with this issue is the addiction tendency, which the family plays a key role in it via emotion regulation. When the family treats the children's emotions and emotional strategies via its appropriate performance and accepts their emotion, children can achieve their goals in any situation without difficulty in emotion regulation. But when interactions are poor in the family, children are not allowed to express their emotions (Price & Herting, 2013), they may use addiction as a way to express emotion. The difficulty in emotion regulation results in the use of poor defensive mechanisms to cope with negative feelings and emotion, which ultimately increases the probability of drug use (Dipiro et al., 2015). In other words, when the family does not function properly, people are confronted with problems in emotion regulation, and the difficulty in emotion regulation, in turn, is associated with addiction tendency.

In the present study, among the components of family function, the total function of the family through the difficulty in emotion regulation had a strong relationship with the components of susceptibility to addiction. The total family function is the ability for problem solving, how to communicate with the members, roles, affective responsiveness, behavior control and affective involvement. One of the causes of addiction is the inability to control environmental events, which also the need to autonomy has the same meaning. Therefore, it is expected that as much as a person feels less freedom of action and autonomy, the motivation for addiction and high-risk behaviors will increase. The need for competence, which is the sense of being valuable and effective in interacting with the environment, suggests that people without the sense of value are more likely to be addicted. The present study showed that the satisfaction of basic psychological needs is directly and indirectly predicts addictibility via difficulty in emotion regulation and it is consistent with the findings of other studies (Vansteenkiste and Ryan, 2013; Soenens, Park, Vansteenkiste & Mouratidis, 2012 and Kopak, Chen, Haas & Gillmore, 2012). When basic psychological needs are not met, individuals use destructive maladaptive behaviors to meet their needs and temporarily seek to eliminate the disruptive negative emotions that arise from satisfying basic psychological needs (Emery, Heath & Mills, 2016) and is likely to use substance as a way to meet basic psychological needs, including gaining autonomy from having freedom of choice, communicating with friends, and competence of effectiveness in interacting with the environment. The present research is the first study to explore the mediating role of difficulty in emotion regulation in family function and satisfaction of basic psychological needs with addictibility. Therefore, the present study is a new step in designing a more specialized program and a better understanding of the addictibility process in stimulants addiction and the relevant factors.

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