

Abstract

Objective: The identification of effective components in preventing the progress of high-risk behaviors and its persistence. The aim of this study was to investigate the mediating role of emotion regulation in relation to spirituality and high-risk behaviors among adolescents with addicted parent(s). **Method:** A correlation research method along with structural equation was employed in this study. The research population consisted of adolescents with addicted parents who had presented to clinics and addiction treatment camps under the protection of State Welfare Organization of Isfahan in 2016. A sample of 225 units (134 males and 91 females) was selected via convenience sampling. The research instruments for data collection were Spiritual Orientation Questionnaire, Emotion Regulation Scale, and Risk-taking Scale of Iranian Adolescents. **Results:** Spirituality had a positive correlation with positive and adaptive emotion regulation and was negatively correlated with negative and maladaptive emotion regulation. Spirituality had also a negative relationship with high-risk behavior. The results of structural pattern showed that spirituality has an indirect effect on high-risk behaviors under the mediation of emotion regulation. **Conclusion:** Spirituality promotes the prevention of high-risk behaviors by directly affecting adaptive and positive emotion regulation.

Keywords: emotion regulation strategies, spirituality, high-risk behaviors, adolescents

Mediating Role of Emotion Regulation in the Relationship between Spirituality and High-risk Behavior in Adolescents with Addicted Parent(s)

Barzegari, E., Khaleghipour, S.,
Vahabi Hamabadi, J.

Barzegari, E.

M.A. Student, Positive Psychology,
Islamic Azad University of Naein, Naein,
Iran

Khaleghipour, S.

Assistant Professor, Department of
Psychology, Islamic Azad University of
Naein, Naein, Iran, Email:
Khaleghipour@naeinau.ac.ir

Vahabi Hamabadi, J.

Assistant Professor, Department of
Islamic Studies, Islamic Azad University
of Naein, Naein, Isfahan, Iran



Research on Addiction Quarterly Journal of Drug Abuse

Presidency of the I. R. of Iran
Drug Control Headquarters
Department for Research and Education

Vol. 12, No. 50, Winter 2019

<http://www.etiadpajohi.ir>

Introduction

The performance of each person within the family system, especially the head of family who acts as a mental-behavioral model for the continuation, retention, and change of the behavior of other family members, affects children's mental and social well-being. The fundamental role of father in consolidating the foundations of the family is undeniable. Children learn responsibility and socialization from their father's behaviors and, after the formation of the family, they will try to manage their affairs in the same way. Research has shown that the role of parents, especially the head, influences children's destructive problems, such as disobedience and violations of the law (Doran, Luczak, Bekman, Koutsenok & Brown, 2018). The gist of several studies conducted on drug or alcohol addicted parents' children shows that these families' life is associated with a lot of trauma, tensions, and turmoil, and psychosomatic and social problems in such families are more prevalent (Morales et al., 2018).

One of the destructive behaviors shown by fathers is substance abuse and drug use dependence. The family head's addiction reduces supervision over children and this leads to transferring these behavioral habits to children, as well. In addition, his/her actions and relationships are controlled by other family members and, thereby, s/he will be blamed by his/her children. In this case, children will enjoy more unconventional freedom and are not responsive to their behaviors. Therefore, the addicted family head's insufficiency, lack of positive communication skills with the family, and low self-efficacy lead to the increase in familial conflicts and have a negative effect the emotional and social efficacy of children, especially those who are in adolescence and at the stage of psychological, biological, and spiritual transformation (Leung et al., 2018). This period provides numerous developmental opportunities for adolescents and they get engaged in behaviors that either lead to the acquisition of a healthy lifestyle or threaten their health. This has become more prevalent in adolescents with an addicted caregiver and, thereby, they are put at risk of maladaptive and high-risk behaviors. Adolescence is considered as a period of emotional and high-risk behaviors. High-risk behaviors are the ones that endanger the health and well-being of adolescents and are the most important risk factors for individual and other people's health (Okorodudu, 2010). Among the high-risk behaviors that are threatening others can be substance abuse, cigarette smoking and alcohol drinking, addiction, school dropout, physical disputes, insecure sexual activity, gambling, unethical and illegal acts, reckless driving, and dangerous sports (Zadeh Mommadi, Ahmadabadi, & Heidari, 2011). Some theories consider the combination of aspects of the individual and the environment to be effective in high-risk behaviors. Cognitive factors, such as risk perception, and neurotransmitters; personality factors, such as spiritual intelligence, sensation seeking, weak self-regulation, and high negative affect; and environmental influences, such as parents and peer groups are among the issues reported to be

important for the prevention of high-risk behaviors (Stewart & Townley, 2019; Assanang, Kornchai, McNeil, & Saingam, 2018; and Esma'ealzadeh, Ashrafi, Shahrzadi, & Mostafavi, 2018).

Spirituality is recognized as a source of self-protection, altruism, and support for others and is an important factor in increasing happiness (Dabaghi, 2009). Spirituality is the fourth dimension of health and is regarded as the perception of source of existence and one of the main dimensions of well-being. Research findings show that religiosity and spirituality are associated with the enhancement of general health, life expectancy, coping skills, and stress control (Dankulincova Veselsk et al., 2018). Spirituality in life is an effective factor in achieving hope and better reconciliation with the events that unexpectedly occur. Spirituality is of paramount importance due to its direct protective role against any kind of damage (Sokhwal, & Soman, 2013). Spiritual desires are a set of adaptive mental capabilities that are related to one's existential nature, sense-making, transcendental aspects, excellence, and extended states of consciousness. These processes play an adaptive role in facilitating the recognition of divine presence in normal activities, more positive and easier coping with stress, sense-making for solving problems, the ability to perform rigorous behaviors, problem-solving skills, and abstract reasoning (Clayton-Jones, 2019). Spiritual tendency is referred to as the ability to apply a multi-sensory approach to learning and problem-solving along with listening to the inner call and deep self-awareness where the individual becomes more aware of his/her inner aspects and perceives them. In this way, human beings are not only a physical object but are a collection of thoughts, spirit, and body (Koenig, 2012).

The results of a national study in America, conducted by Regnerus, & Elder (2003), show that there is a negative correlation between high school students' religious attitude and practice and their high-risk behaviors and that religion acts as a direct protective factor against any kind of vulnerability (Malinakova et al., 2018). The research findings obtained by Arevalo, Prado, & Amaro (2008); Leigh, Bowen, & Marlatt (2005), and Shim (2019) with regard to the relationship between spirituality and addiction tendency, smoking, and high-risk behaviors have indicated that spirituality and religiosity are important factors in preventing High-risk behaviors (Chamrathirong et al., 2010).

Other research findings have suggested that individual and family spirituality plays a significant role in preventing high-risk behaviors among adolescents. Similarly, as one of the daily religious experiences, spiritual beliefs, and behaviors; spirituality predicts fewer symptoms of depression and high-risk behaviors (Chen, Berchtold, Barrense-Dias, & Suris, 2018; and Debnam, Milam, Mullen, Lacey, & Bradshaw, 2018). In addition, Shek, & Zhu (2018) showed that there is a relationship between high-risk behaviors and ethical and moral qualities in adolescents. Investigating emotion regulation can increase the ability to utilize spiritual resources for problem-solving and can assist to address ethical

self-regulation (Shek, & Zhu, 2018). Research has shown that spirituality has a close and inextricable relationship with emotion regulation (Foley, & Kelly, 2018).

The examination of cognitive emotion regulation strategies and its relationship with behavioral pathology is important due to the flexible nature of adolescence and the establishment of adult behavior patterns during this period. Adolescents' mental health originates from a two-way interactive relationship between the use of cognitive emotion regulation strategies and the proper evaluation of stressful situations by means of spiritual intelligence. Emotions plays an essential role in human life and emotion regulation, if conscious and controlled, can influence the control of behavioral injuries. Emotion regulation refers to the internal and external processes involved in monitoring, evaluating, and modifying emotional responses in order to achieve life goals so that individuals can respond appropriately to diverse environmental demands (Gross, 2007).

One of the most comprehensive models in the field of emotional regulation is Gross's process model of emotion regulation. This model is based on the logic that emotion regulation strategies can be distinguished according to the revelation time of emotional response. At the heart of this model, there is the concept of emotion generation process, according to which the emotional experience begins with the evaluation of emotional clues. When these clues are assigned attention and evaluated in a particular way, a coordinated set of response trends, including physiological, behavioral, and experiential systems is established that can be regulated and modified in different modes. Based on Gross's process model of emotion regulation (2007), emotions are regulated in five parts of emotion generation process. 1) The first one is situation selection that pioneers emotion regulation strategies and requires action in order to achieve or avoid an emotional objective. The amount of each person's emotional responses derives from his/her past experiences. 2) The second part is situation modification, which refers to the fact that efforts to modify and replace complex emotions require a stronger emotion regulation strategy. 3) The third parts is attentional deployment, which includes concentration, distraction, and rumination. This strategy can be used as the internal version of situation selection. 4) The fourth strategy is cognitive change, which involves changing meanings, evaluations, reappraisals, interpretations, social comparisons, and re-framing. 5) Finally, the fifth strategy is the modulation of experiential, behavioral, and physiological responses, which refers to the adjustment of response denoting how to have a direct influence on behavioral responses, emotional experiences, and physical reflections, and can come into play through exercise, nutrition, drug taking, and alcohol consumption, as well.

Emotional distress and emotion regulation, due to their importance in everyday life, have traumatic consequences (Aldao, Nolen-Hoeksema, & Schweizer, 2010). Individuals take different strategies for emotion regulation

while some of these strategies are adaptive and some are not. The strategies of self-blaming, rumination, catastrophizing, and blaming others are described as maladaptive strategies; and strategies, such as acceptance, putting into perspective, positive reappraisal, positive refocusing, and refocus on planning are considered as adaptive strategies. Adolescents enjoy lower levels of emotion regulation and emotional control, and also lower emotional and social adaptability (Movahedi, Khaleghipour, & Vahabi Hamabadi, 2017). Emotion regulation strategies can influence impulsivity and cognitive emotion regulation in disobedient adolescents (Movahedi, & Khaleghipour, 2016). Jabra'eali, Moradi, & Habibi (2017) showed that impulsivity and emotion regulation disorder have a significant relationship with drug use, alcohol drinking, and tobacco use. The individuals who experience unstable stress and emotions and lower levels of effective emotion regulation show more mood and behavioral problems (Lennarz, Hollenstein, Lichtwarck-Aschoff, Kuntsche, & Granic, 2019). Dir, Banks, Zapolski, McIntyre, & Hulvershorn (2016) concluded that emotion regulation deficiency plays a positive role in attitude towards cigarette smoking. Other findings showed that maladaptive emotion regulation plays an important role in the pathogenesis of high-risk behaviors (Weiss, Sullivan, & Tull, 2015). In this regard, Tull, Weiss, Adams, & Gratz (2012) and Fox, Hong, & Sinha (2008) conducted a study on substance-dependent individuals and indicated that emotion regulation deficiency plays a prominent role in impulsive behaviors. The results of a meta-analysis carried out by Aldao, Nolen-Hoeksema, & Schweizer (2010) showed that strategies, such as rumination, suppression, avoidance, and problem-solving avoidance have the largest effect on mental and behavioral disorders.

The studies that have been paid attention to whether in the form of a review or in the form of original research have revealed two points. The first point is that fathers' addiction exacerbates the likelihood of high-risk behaviors and that adolescent's maladaptive behaviors have several effects on high-risk behaviors. One of their obvious effects is that this period is more important than other periods and has a sudden effect on their attitude. They need to learn new behavioral and attitudinal patterns as they are in the transition phase. Since they are unsure of themselves and feel insecure, they are afraid to take responsibility, and they cannot easily solve problems and, thereby, they change their values as a result of bringing about any changes in their patterns of interest and behavior. Moreover, since this age is the period of identity crisis, compliance with group criteria for them is more important than individualism, and they have a high tendency to high-risk behaviors because of their idealism and exposure to adulthood as well as the conflicting conditions of their family, such as the existence of the addicted father. Adolescents are moving towards the acquisition of psychological, social, and religious skills; and spirituality in this age is revealed through faith and motivation to reach divine glory; and the practical effects of this faith and communication are observed in the form of divine ethics

in life direction and the kind of outlook toward life. Considering the fact that adolescents' personality and identity are formed in this period of time, the institutionalization of spiritual thoughts and behaviors with a positive attitude towards religion can insure their future and even society in terms of maintaining norms and values; and can keep them away from negative and maladaptive behaviors. Therefore, spirituality, as the first variable, has such effects that can show its role in high-risk behaviors by influencing emotion regulation. The main idea in this study is that spirituality can affect high-risk behaviors by increasing adaptive strategies of emotion regulation and reducing its maladaptive strategies where the pertaining conceptual and theoretical model has been presented below.

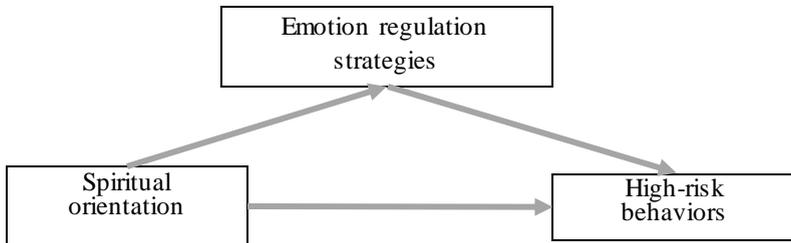


Fig. 1: Theoretical and Conceptual Model

Method

Population, Sample, and Sampling method

The present study was a correlation research (structural equation modeling). The statistical population of this study included 16- to 20-year-old adolescents with addicted parent(s) whose addicted parent had presented to clinic and addiction treatment camps in Isfahan city. Through cluster sampling method, 13 clinics and camps were selected from south, north, east, and west of Isfahan. Within a two-month interval, 260 adolescents with addicted fathers were selected. Given that the research method was structural equation type, 15 persons are sufficient for each variable and its subscales. After the collection of questionnaires, 35 questionnaires were left out due to defective completion and 225 questionnaires were finally analyzed. Data analysis was performed using Pearson correlation coefficient and structural equation modeling. The analyses were performed using SPSS and AMOS software.

Instruments

1. Cognitive Emotion Regulation Questionnaire: This questionnaire was developed by Garnefski, Kraaij, & Spinhoven in the Netherlands in 2001, and it contains two Dutch and English versions. This scale contains 36 items that are responded to based on a 5-point Likert scale (1-almost never to 5- almost always). There are 9 subscales in this scale, five of which pertain to adaptive strategies and four ones are related to maladaptive strategies. The subscales

pertaining to adaptive strategies include acceptance, positive refocusing, refocus on planning, positive reappraisal, and putting into perspective; and the four other maladaptive subscales include self-blame, rumination, catastrophizing, and other-blame. Each respondent can receive 11 separate scores in this questionnaire. The total score for each of the sub-scales is obtained by adding up the scores of each item and the scores range from 4 to 20. The Cronbach's alpha coefficients for the subscales of this questionnaire have been reported in the range of 0.71 to 0.81. In order to investigate the construct validity of this questionnaire, factor analysis has been used and its validity was confirmed (Garnefski, Kraaij, & Spinhoven, 2001). The reliability of this questionnaire in Iran has been reported by Hasani (2011) with Cronbach's alpha coefficients ranging from 0.86 to 0.82, and its convergent validity and divergent validity were correlated with Beck Depression Questionnaire. In the present study, the reliability of the whole questionnaire was obtained equal to 0.89 and within the range of 0.79 to 0.83 for its subscales.

2. **Spiritual Tendencies Questionnaire:** This questionnaire was developed by Sharifi, Mehrabi, Kalantari, & Meftagh in Iran in 2008. It has been designed to measure spiritual tendencies that contain suitable and correlated underlying factors for measuring spiritual tendencies. Each person's spirituality is equal to the obtained score in this test. This test consists of 33 items and respondents should choose one alternative from strongly agree to strongly disagree. In this questionnaire, I strongly agree is assigned score 4, I agree is given score 3, I have no idea is assigned score 2, I disagree is given score 1, and I strongly disagree is assigned zero. In addition to the total score, each respondent's score is measured in four domains, namely spiritual beliefs, spiritual experiences in life, spiritual self-actualization, and socio-religious activities. The reliability coefficients of this questionnaire were reported equal to 0.89, 0.63, 0.83, and 0.88 for spiritual beliefs, spiritual experiences in life, spiritual self-actualization, and socio-religious activities, respectively (Sharifi et al., 2008). In addition, the total alpha coefficient has been reported to be 93. Its validity has been demonstrated through the correlation of the subscales with the total score where all correlations were high and significant. In this study, Cronbach's alpha coefficient for the total scale has been obtained equal to 0.89.

3. **Iranian Adolescents Risk-Taking Scale:** This questionnaire was developed by Zadeh Mohammadi, Ahmadabadi, & Heidari (2011) in 38 items and seven subscales. This scale was validated by taking into account the conditions and characteristics of the Iranian society in Tehran on a sample of 1204 people. The reliability and construct validity of this scale have been investigated using internal consistency method and exploratory factor analysis (principal components analysis), respectively. The results indicated the desired validity and reliability of this questionnaire. The items are scored based on a five-point Likert scale from 1 (strongly disagree) to 5 (strongly agree). The following values are the percentage of variation accounted for by each subscale: tendency to drug use:

13.66%, tendency to alcohol consumption: 10.61%, tendency to smoking: 9.84%, tendency to violence 8.37%, tendency to sexual relations and behaviors: 7.84, tendency towards the opposite sex: 7.50%, and tendency to dangerous driving: 0.7%. All factors explained 68.84% of the total variance. In this study, Cronbach's alpha coefficient was obtained equal to 0.79 for the whole scale.

Results

From among the 225-person sample, 134 ones (59.55%) were boys and 91 ones (40.45%) were girls. In terms of fathers' education, 19 ones (44.8%) were illiterate, 25 ones (11.11%) had elementary school education, 73 ones (32.44%) had junior high school education, 69 ones (30.66%) held high school diplomas, 19 ones (8.44%) held associate's degrees, and 20 ones (8.91%) held bachelor's degrees. In terms of the number of children in the family, 35 children were the only child in the family, 87 ones lived in families with two children, 50 children had two siblings, 28 children had three siblings, 10 children had 4 siblings, and 15 children had 5 siblings. The descriptive statistics of the research variables are presented in Table 1.

Table 1: Descriptive Statistics of the Research Variables

<i>Variables</i>	<i>Components</i>	<i>Mean</i>	<i>SD</i>
Spiritual tendencies	Spiritual Beliefs	37.06	6.30
	Spiritual experiences	19.52	6.05
	Spiritual self-actualization	16.50	4.18
	Social-religious activity	13.04	3.96
	Positive refocusing	13.31	2.65
	Refocus on planning	16.76	3.32
	Positive reappraisal	17.06	3.31
Emotion regulation strategies	Acceptance	13.25	2.64
	Putting into perspective	9.78	2.03
	Rumination	12.53	3.11
	Other-blame	12.04	2.92
	Self-blame	9.72	2.35
	Catastrophizing	9.66	2.56
	Tendency to drug use	16.76	9.60
High-risk behaviors	Tendency to alcohol drinking	13.20	6.92
	Tendency to cigarette smoking	11.20	5.64
	Tendency to violence	11.50	5.38
	Tendency to sexual behavior	9.35	4.30
	Tendency to the opposite sex	10.01	4.46
	Tendency to dangerous driving	15.58	6.38

The correlation matrix of the research variables is presented in Table 2.

Table 2: Correlation Matrix of the Research Variables

<i>Variables</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
1. Spiritual tendencies	1	0.64**	-0.18*	-0.49**
2. Adaptive emotion regulation	0.64**	1	-0.59**	-0.53**
3. Maladaptive emotion regulation	-0.18*	-0.59**	1	0.31*
4. High-risk behaviors	-0.49*	-0.53**	0.31*	1

*P<0.05 & ** P<0.01

After examining the correlation coefficients between the variables, structural equation modeling and maximum likelihood estimate were used for the structural modeling of the proposed model. First, the statistical assumptions of the structural equation test, including the normality of variables, the linearity of the relationship between variables, and the estimation of outliers by D Cox and Mahalanobis statistics. Regarding the availability of normality of data distribution, the correction of outliers, and the linearity of the relationship between variables, the assumptions for running the structural equation test were met.

Table 3: Structural Model of Direct Paths and Standard Coefficients of the Proposed Model

<i>The relationship of variables</i>	β	<i>Standard error</i>	R^2
Spiritual Tendencies == Adaptive emotion regulation	0.43	0.01	9.60*
Adaptive emotion regulation == High-risk behaviors	-0.49	0.06	4.78*
Spiritual Tendencies == Maladaptive emotion regulation	-0.15	0.04	6.49*
Spiritual tendencies == High-risk behavior	-0.22	0.01	8.40*

*p<0.05

As it has been shown in Table 3, spiritual tendencies with beta coefficient of 0.43 predicts 9.60% variance of adaptive emotion regulation. Adaptive emotion regulation with beta coefficient of 0.49 has predicted 7.78% of the variance of high-risk behaviors; and spiritual tendencies with beta coefficient of 0.15% predicts 6.49% of maladaptive emotion regulation. Also, spiritual tendencies with the beta coefficient of 0.22 has predicted 8.40% variance of high-risk behaviors. In the proposed model, before examining the path coefficients, the fitness of the main model was evaluated. A combination of fitness indices was used to determine the fitness of the proposed model with the data. Table 4 presents the fitness indices of the proposed model.

Table 4: Final Fitness Indices

<i>Model</i>	χ^2/df	<i>GFI</i>	<i>TLI</i>	<i>CFI</i>	<i>NFI</i>	<i>RMSEA</i>
Obtained values	0.74	0.988	1	1	0.987	0.001

According to the fitness indices, in particular the chi-square ratio to the degree of freedom equal to 0.74, the goodness of fit index equal to 988, the comparative fitness index equal to 1, the normalized fit index equal to 0.987, and the root mean squared error of approximation equal to 0.001, the proposed model has a good fit.

Table 5. Structural Model of Indirect Paths and Standard Coefficients in the Proposed Model

<i>Path</i>	β	<i>Sig.</i>
Spiritual tendencies → Maladaptive emotion regulation → High-risk behaviors	0.14	0.01
Spiritual tendencies → Adaptive emotion regulation → High-risk behaviors	0.22	0.01

In Fig. 2, the coefficients have been presented.

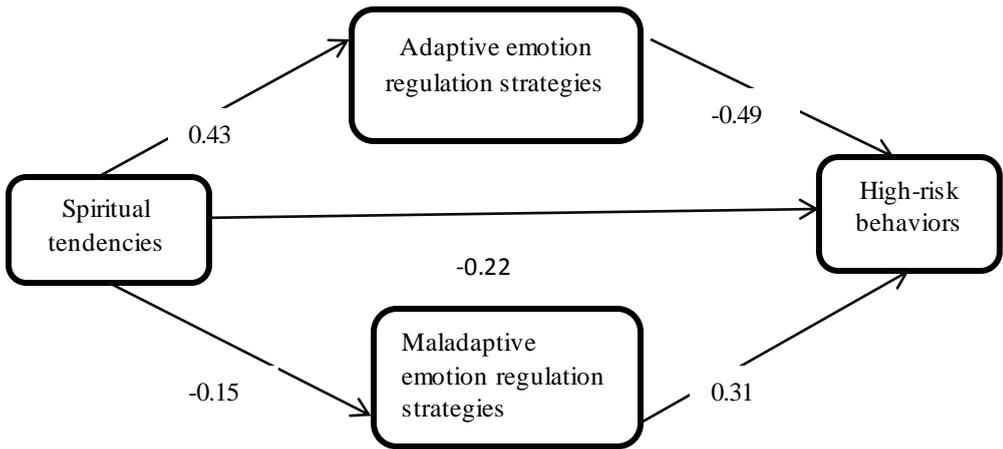


Fig. 2: The Final Structural Model

As it has been shown in Fig. 2, spiritual tendencies has a direct relation with adaptive and maladaptive emotion regulation; and spiritual tendencies has an indirect relationship with high-risk behaviors through emotion regulation strategies.

Discussion and Conclusion

The aim of this study was to investigate the structural pattern of spiritual tendencies and risk-taking for illegal behaviors by increasing positive and adaptive emotion regulation and decreasing maladaptive and negative emotion regulation in adolescents with addicted parent(s). It was found that there is a positive relationship between spiritual tendencies and positive and adaptive emotion regulation, and there is a negative correlation between spiritual

tendencies and maladaptive emotion regulation. This finding is consistent with the research done by Greeson et al. (2011) and Dir et al. (2016). To explain this finding, one can argue that those who have a higher spiritual intelligence exert a higher degree of self-control of their behaviors since they take care of their own ego and strengthen their spiritual beliefs by following the divine orders and cultivating positive aspects of the ego. They are careful not to behave negatively, they exert self-control, and try to strengthen positive emotions and excellence instead of ruminating and moving toward negative thoughts. By upgrading these emotions, one gets to a point that does not see solely him/herself. S/he acquires the inner satisfaction while engaging positively with others and strengthening his/her relationship with God. Such a person is more prepared for positive emotion regulation and is less interested in using negative emotion regulation strategies.

Another path of this model showed that there is a negative relationship between spirituality and high-risk behaviors. This finding is consistent with that of the study conducted by Chen et al. (2018) and Shek, & Zhu (2018). Spiritual attitude is a huge and unique source for one's sense-making system, which includes beliefs, expectations, and goals. It strengthens moral obligations and creates a sense-making philosophy that includes purposefulness in life. In addition, it strengthens the sense of self-esteem and increases the virtues that act as a central point of emotions and actions and as a coping skill against environmental stressors that predispose a person to high-risk behaviors. Another path of this model was the relationship between emotion regulation and high-risk behaviors. The current finding of this study is consistent with that reported by Weiss et al. (2015). Adolescents with the addicted parent(s) are more likely to be risk-takers due to their sensitivity, diversity seeking, and sensation seeking during their development. They are unaware of their emotions due to the deficit in cognitive and emotional processes, emotional non-clarity, and difficulty in expressing their feelings. Under these conditions, they show more arousal and behave impulsively. The impulsiveness that is associated with cognitive inhibition and inadequate decision-making processes increases sensitivity and results in the employment of negative and maladaptive emotion regulation strategies. Therefore, their tendency to remain in high-risk behaviors increases.

To interpret the structural model of spiritual tendencies and high-risk behaviors with the mediating role of emotion regulation strategies in adolescents with addicted parents, it can be argued that spiritual tendencies can indirectly influence high-risk behaviors through adaptive and maladaptive emotion regulation. The results pertaining to the fitness of the proposed model with the data showed that the proposed model enjoys a good fitness and the model fitness indices are in a desirable situation. The proposed model is consistent with the findings reported by Salmoirago-Blotcher et al. (2016) and Debnam et al. (2018). The underlying idea of this model is that spiritual beliefs and practices, by relying on reason and optimism, lead to the emergence of spiritual attitude and

orientation. Therefore, spiritual attitude creates a sense of deep awareness and meaning and, thereby, leads to a positive interpretation of life and the acquisition of positive and optimistic attitudes in difficult circumstances, and increases the resilience to unchangeable events. This enhances the state of positive emotions, improves self-monitoring, and promotes virtues of character and adaptation abilities. They have found a meaningful sense of learning in the face of life's crises and the application of this meaningful framework leads to increased adaptability and emotion regulation; therefore, the risk of developing attitudes toward high-risk behaviors is reduced. Regarding the positive relationship between spiritual tendencies and adaptive emotion regulation; and the negative relationship between spiritual tendencies and high-risk behaviors, it is suggested to identify the factors that can promote spirituality and spiritual intelligence in children with addicted parents. Considering the role of emotion regulation, which mediates the relationship between spirituality and high-risk behaviors, it is suggested shorter and long-term training programs be designed for learning emotion regulation strategies. In the same way, according to the relationship between spiritual tendencies and high-risk behaviors, it is suggested that some plans and programs be prepared and developed for enhancing and increasing positive emotions.

Reference

- Aldao, A., Nolen-Hoeksema, S., & Schweizer, S. (2010). Emotion-regulation strategies across psychopathology: A meta-analytic review. *Clinical Psychology Review*, 30(2), 217-237.
- Arevalo, S., Prado, G., & Amaro, H. (2008). Spirituality, sense of coherence, and coping responses in women receiving treatment for alcohol and drug addiction. *Evaluation and program planning*, 31(1), 113-123.
- Assanangkornchai, S., Li, J., McNeil, E., & Saingam, D. (2018). Clusters of alcohol and drug use and other health-risk behaviors among Thai secondary school students: a latent class analysis, *BMC Public Health*. 18(1).
- Chamratrithong, A., Miller, BA., Byrnes, HF., Rhucharoenpompanich, O., Cupp, PK., Rosati, M. J., . . . & Chookhare, W. (2010). Spirituality within the family and the prevention of health risk behavior among adolescents in Bangkok, Thailand. *Social science & medicine*, 71(10), 1855-1863.
- Chen F, Berchtold A, Barrense-Dias Y, Suris JC. (2018). Spiritual belief and its link with potentially addictive behaviors in a youth sample in Switzerland. *Int J Adolesc Med Health*.
- Clayton-Jones, D., Haglund, KA., Schaefer, J., Koenig, HG., & George Dalmida, S. (2019). Use of the Spiritual Development Framework in Conducting Spirituality and Health Research with Adolescents. *J Relig Health*. PMID: 30600460.
- Dabaghi, P. (2009). The Role of Spirituality and Religion in Health, *Journal of the Paramedical School of I.R.I Army*, (1): 4-6.
- Dankulincova Veselska, Z., Jirasek, I., Veselsky, P., Jiraskova, M., Plevova, I., Tavel, P., & Madarasova Geckova, A. (2018). Spirituality but not Religiosity Is Associated

- with Better Health and Higher Life Satisfaction among Adolescents. *Int J Environ Res Public Health*. 15(12).
- Debnam, KJ., Milam, AJ., Mullen, MM., Lacey, K., & Bradshaw, CP.(2018). The Moderating Role of Spirituality in the Association between Stress and Substance Use among Adolescents: Differences by Gender. *J Youth Adolescent*, 47(4):818-828.
- Dir, A. L., Banks, D. E., Zapolski, T. C., McIntyre, E., & Hulvershorn, L. A. (2016). Negative urgency and emotion regulation predict positive smoking expectancies in non-smoking youth. *Addictive behaviors*, 58, 47-52.
- Doran, N., Luczak, SE., Bekman, N., Koutsenok, I., & Brown, SA.(2012). Adolescent substance use and aggression: A review.*Criminal Justice and Behavior*. 39(6):748-69.
- Esmailzadeh S, Ashrafi-Rizi H, Shahrzadi L, Mostafavi F. (2018). A survey on adolescent health information seeking behavior related to high-risk behaviors in a selected educational district in Isfahan. *PLoS One*.7; 13(11).
- Foley, SR & Kelly, BD. (2018).Forgiveness, spirituality and love: thematic analysis of last statements from Death Row, Texas (2002-17). *QJM*.1; 111(6):399-403.
- Fox, H., Hong, K., & Sinha, R. (2008). Difficulties in emotion regulation and impulse control in recently abstinent alcoholics compared with social drinkers. *Addictive behaviors*, 33(2), 388-394.
- Garnefski N, Kraaij V, Spinhoven P. (2001).Negative life events, cognitive emotion regulation and depression.*Pers Individ Diff*, 30: 1311-27.
- Greson, JM., Webber, DM., Smoski, MJ., Brantley, JG., Ekblad, AG., Suarez, EC., & Wolever, RQ.(2011).Changes in spirituality partly explain health-related quality of life outcomes after Mindfulness-Based Stress Reduction. *Journal of behavioral medicine*, 34(6), 508-518.
- Gross, JJ. (2007). *Handbook of emotion regulation*. New York: Guilford Press.
- Hasani J. (2011). The assessment of validity and reliability of the short for cognitive emotion regulation questionnaire. *J Rese Behav Sci*; 4: 229-40.
- Jabra'eali, H., Moradi, A., & Habibi, M. (2017). Investigating the mediating role of emotion regulation disorder in the relationship between the dimensions of impulsivity and the multiple use of narcotics, alcohol, and tobacco, *Quarterly Journal of Research on Addiction*, (41) 11, 3-18.
- Koenig, H.G. (2012). Religion, Spirituality, and Health: The Research and Clinical Implications. *International Scholarly Research Network, Psychiatry*, 2-11.
- Lennarz, HK., Hollenstein T., Lichtwark-Aschoff A., Kuntsche E., Granic I.(2019). Emotion regulation in action: Use, selection, and success of emotion regulation in adolescents' daily lives.*Int J Behav Dev*; 43(1):1-11.
- Leung, H., Shek, DTL., Yu L, Wu., FKY, Law, MYM., Chan, EML., Lo, CKM.(2018). Evaluation of "Colorful Life": A Multi-Addiction Expressive Arts Intervention Program for Adolescents of Addicted Parents and Parents with Addiction. *Int J Ment Health Addict*; 16(6):1343-1356.
- Leigh, J., Bowen, S., & Marlatt, G. A. (2005). Spirituality, mindfulness and substance abuse. *Addictive behaviors*, 30(7), 1335-1341.
- Malinakova, K., Kopcakova, J., Madarasova Geckova, A., van Dijk, JP., Furstova, J., Kalman, M., Tavel, P., Reijneveld, SA.,(2018)."I am spiritual, but not religious": Does one without the other protect against adolescent health-risk behaviour? *Int J Public Health*. 1116-4, PMID: 29845335.
- Morales, A., Vallejo-Medina, P., Abello-Luque, D., Saavedra-Roa, A., García-Roncillo, P., Gomez-Lugo, M., García-Montaña, E., Marchal-Bertrand, L., Niebles-Charris, J., Pérez-Pedraza, D., Espada, JP.,(2018).Sexual risk among Colombian adolescents:

- knowledge, attitudes, normative beliefs, perceived control, intention, and sexual behavior. *BMC Public Health*. 17; 18(1):1377.
- Movahedi, M., & Khaleghipour, S. (2016). The Effectiveness of Emotional Process Management Strategies in the Impulsiveness of Adolescent Girls with Oppositional Defiant Disorder. A case study, *Journal of Research in Behavioural Sciences*, 14 (4), 516-524.
- Movahedi, M., Khaleghipour, S., & Vahhabi Homabadi, J. (2017) Effectiveness of Process Management Strategies in Cognitive Cognitive Emotion Regulation among Adolescent Girls with Oppositional Defiant Disorder, *Journal of Woman in Culture Arts*, 9 (34), 111-128.
- Okorodudu, G.N. (2010).Influence of parenting styles on adolescent delinquency in delta central senatorial district. *Edo Journal of Counselling*, 3(1), 58-86.
- Regnerus, MD., & Elder, GH. (2003). Religion and vulnerability among low-risk adolescents. *Social Science Research*, 32(4), 633-658.
- Salmoirago-Blotcher, E., Fitchett, G., Leung, K., Volturo, G., Boudreaux, E., Crawford, S., ..., Curlin, F. (2016). An exploration of the role of religion/spirituality in the promotion of physicians' wellbeing in Emergency Medicine. *Preventive medicine reports*, 3, 189-195.
- Sharifi, E., Mehrabi, H., Kalantari, M., & Meftagh, D. (2018). Construction and examining the psychometric properties of Spirituality questionnaire in Isfahan University, *Quarterly Journal of Islamic Studies and Psychoanalysis*, 1 (2) 2, 59-78.
- Shek, DTL., Zhu X. (2018). Self-Reported Risk and Delinquent Behavior and Problem Behavioral Intention in Hong Kong Adolescents: The Role of Moral Competence and Spirituality. *Front Psychol*. 29(9):430.
- Shim, JY. (2019) Christian Spirituality and Smartphone Addiction in Adolescents: A Comparison of High-Risk, Potential-Risk, and Normal Control Groups. *J Relig Health*. PMID: 30610513
- Stewart, K., Townley, G. (2019). Intrapersonal and social-contextual factors related to psychological well-being among youth experiencing homelessness. *J Community Psychol*. PMID: 30614008
- Sukhwal, M., & Suman, L. (2013). Spirituality, religiosity and alcohol related beliefs among college students. *Asian journal of psychiatry*, 6(1), 66-70.
- Tull, MT., Weiss. NH., Adams, CE., & Gratz, KL. (2012). The contribution of emotion regulation difficulties to risky sexual behavior within a sample of patients in residential substance abuse treatment. *Addictive behaviors*, 37(10), 1084-1092.
- Weiss, N. H., Sullivan, T. P., & Tull, M. T. (2015). Explicating the role of emotion dysregulation in risky behaviors: A review and synthesis of the literature with directions for future research and clinical practice. *Current opinion in psychology*, 3, 22-29.
- Zadeh Mohammadi, A., Ahmadabadi, Z., & Heidari, M. (2011). Development and Evaluation of Psychometric Properties of Iranian Adolescent Risk-taking Scale, *Iranian Journal of Psychiatry and Clinical Psychology*, 17 (3), 218-225.