Causal Relationship of Addiction Potential, Early Maladaptive Schemas, Psychological Capital, and Basic Psychological Needs under Mediation of Family Communication Patterns

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Abstract

Objective: This study was aimed to investigate mediating role of family communication patterns in the relationship between basic psychological needs, psychological capital, and early maladaptive schemas in prediction of addiction potential. **Method**: The research method used in this study was descriptive and correlational. The statistical population of the research consisted of all male and female high school students of Kermanshah in the academic year 2014-2015. Through Morgan table, 400 students (200 girls and 200 boys) were selected by multistage cluster sampling and responded to five questionnaires, namely Revised Family Communication Patterns, Addiction Potential Scale, Young's Schema Questionnaire, Lathan's Psychological Capital Questionnaire, and Psychological Basic Needs Scale. **Results:** The results showed that the research model with the mediating role of family communication patterns (in conversation subscale) has a good fitness. The results also showed that maladaptive schemas of failure, dependency, emotional deprivation, and mistrust have a significant positive relationship with addiction potential, and the subscales of self-efficacy, resiliency, and connection have a negative relationship with addiction potential, which was shown to predict addiction potential. **Conclusion:** The tested model enjoys a desirable fitness and can be an important step in the identification of individual and familial areas of addiction potential. In addition, this model can act as a good model for the design and development of programs for the prevention of risky behaviors.

Keywords: addiction potential, family communication patterns, early maladaptive schemas, psychological capital, psychological basic needs

Introduction

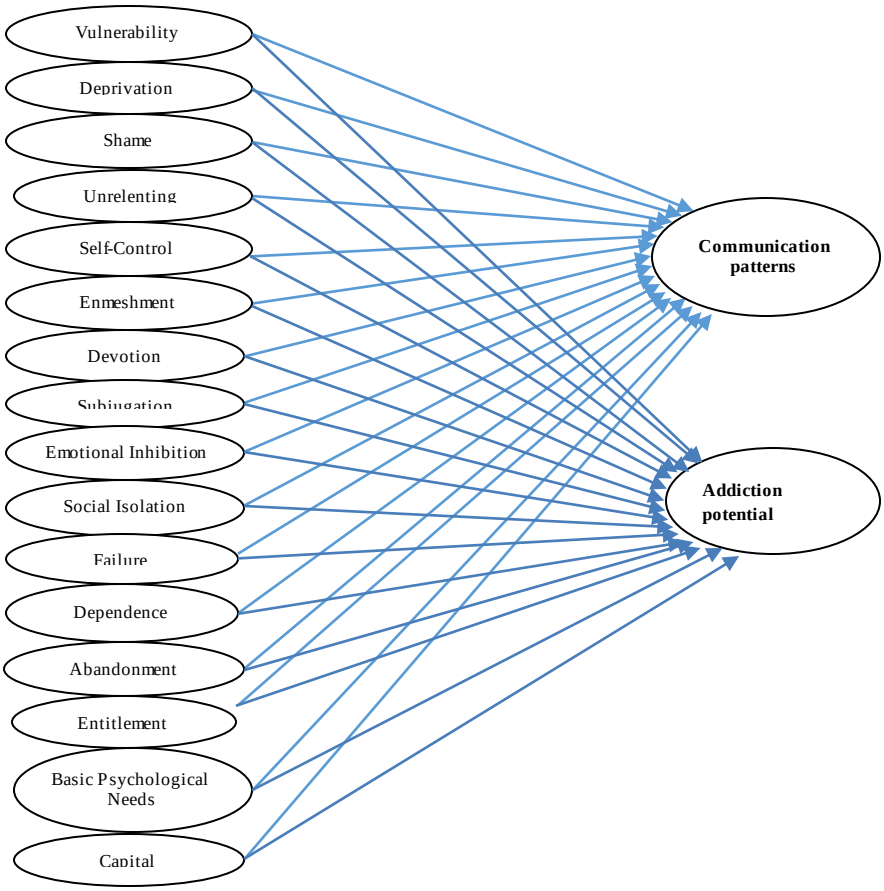
The emotional and mental health of people depends on the family health (Ismailpour, Khajeh & Mohammadi, 2013). On the other hand, adolescence can be considered as one of the most important periods of a person's life. This period is a critical time of development that creates profound physical and psychological transformative changes in the person and causes the mental and physical order of the adolescent to collapse. Adolescents in this emotionally immature period are extremely fragile and highly sensitive in terms of experience and social status (Khalili, Sohrabi, Radmanesh & Afkhami Ardakani, 2011). Drug use is increasing among adolescents around the world in such a way that it constitutes one of the most common psychiatric disorders in adolescence and young adult age group (Kaplan, Shaddock & Grebe, 2002). Research findings indicate that the use of most drugs begins in adolescence (D'Amico & McCarthy, 2006). The results of numerous studies on this age group show that 14.2 to 33 percent of the high school students had used psychoactive substances (Pavlovic & Jakovljevic, 2008; Thomas & Schwentke, 2008), 5 to 36 percent of them had used marijuana (Henry, Smith & Caldwell, 2007)), 37.2 to 80.5 percent of them had drunk alcohol (Johnson, 2001), 6.7 to 42.7 percent of them had smoked tobacco or cigarettes (Premark, Land & Fine, 2008), 4.4 to 4.9 percent of them had used inhaling substances (Pavlovic & Jakovljevic, 2008; Thomas & Schwentke, 2008), 4.1 percent of them had used amphetamines (Pavlovic & Jakovljevic, 2008), 19 percent of them had used cannabis, 2.4 to 3.7 percent of them had used cocaine (Premark, Land & Fine, 2008), and 0.7 to 2.3 percent of them had used heroin (Pavlovic & Jakovljevic, 2008). It also seems that there is a special potential and room for the acceptance and consumption of narcotics in one's orientation to addiction, and the pre-addictive backgrounds of addicts, such as their beliefs and ideas about themselves, and their personality traits are significantly different from those of the healthy ones. In fact, the addiction potential theory suggests that some people are susceptible to addiction and if they are exposed to addiction, they will become addicted; however, if one is not susceptible to addition, s/he will not get addicted. In other words, the condition and background for the use of drugs are prepared (which is referred to as addiction potential) before one turns to drug use (Zeinali, Vahdat & Hamednia, 2007). Today, it has been revealed that no single factor is a necessary and sufficient condition for addiction, but addiction is the result of a combination of various factors. Some of these factors increase the risk and others reduce the risk. From among the determinants of drug use tendency, psychological variables are very important because psychologists believe that the impact of biological and social factors must be viewed from the lens of the person's psychological tendencies to drug use (Ahmadi Tahoor Soltani & Najafi, 2011). One of the most important cognitive factors in dealing with tasks and, in general, the outside world is the mental frameworks or templates through which one sees the outside world; Young refers to them as "early maladaptive schemas." Early

maladaptive schemas are self-defeating emotional and cognitive patterns that are established in the early stages of growth and evolve in the course of life (Young, 2015). The maladaptive schema is the product of the conversation between the parents and the child that has been gradually established in the child's mind and has now systematically but ineffectively dominated his/her life. Maladaptive schemas are the cognitive infrastructures that lead to the formation of irrational beliefs and have been composed of cognitive, emotional, and behavioral components. When these schemas are activated, levels of emotions are released which directly or indirectly lead to the incidence of psychological disturbances, such as depression, anxiety, occupational inability, substance abuse, interpersonal conflicts, and the like (Young, 2015).

One of the other variables that appears to provide the grounds for the individual's tendency to addiction is psychological capital. Although psychological capital is a multidimensional construct, one should not simply ignore the individual and organizational factors that affect it. Research has shown that psychological capital, as an individual variable, can predict performance and satisfaction better than any other individual characteristics that are effective. Psychological capital is a positive, growth-enhancing psychological state that includes some components, such as self-efficacy, optimism, hope, and resiliency (Luthans, Bugling & Lester, 2006).

Research has shown that positive emotions act as a suppressor, help individuals overcome negative emotions faster, and, ultimately, play an important role in the well-being of a person (Tugade, Fredrickson & Barrett, 2004). If basic psychological needs are met, a sense of self-confidence and self-worth is shaped in people. On the other hand, if these needs are not met, the person will have a fragile, negative, alienated, and critical perception of the self (Chen & Jang, 2010). The satisfaction degree of basic psychological needs of individuals is among the other effective factors that can somehow contribute to individuals' tendency to addiction (Deci & Ryan, 2000). Moreover, research findings show that the individuals who feel competent have warm relationships with others and, at the same time, feel that they are independent and autonomous; thus, they enjoy a higher level of psychological well-being. According to Maslow, the individuals whose needs are satisfied to a greater extent are more physically and emotionally healthy (Shultz & Schultz, 2010). Generally, according to the above-mentioned points, it seems that the mentioned factors affect addiction potential under the influence of other important variables, such as family communication patterns. Numerous studies have shown that behavioral problems and deviations are more rooted in families, and that poor family practices caused by divorce or parental death may lead juveniles to participate in high-risk behaviors. On the other hand, the level of parental support and warmth has been found effective in the acquisition of adolescent health. On the whole, substance use is one of the major concerns and issues of today's world, which has a deterrent effect on the society's growth and prosperity.

In addition, substance use is a serious and worrisome threat that occasions a number of biological, psychological, and social consequences. Substance dependent individuals face a large number of problems and many of these problems go back to the period before the onset of drug use. Since the prevention approaches of addiction have not been complete in the past decades, the role of some cognitive factors, such as basic psychological needs and psychological capital has remained vague. These cognitive factors contain the elements and factors associated with positive psychology, such as self-efficacy, optimism, hope, resilience, autonomy, competence, and empathy. The current research was carried out due to the need for the identification of the risky and potential factors in drug abuse so that it may provide a basis for the development of preventive programs. Therefore, the following has been proposed with the aim of determining the causal relationship of addiction potential with psychological capital and basic psychological needs through initial maladaptive schemas under the mediating role of family communication patterns.



Method

Population, sample, and sampling method

The statistical population of this study consisted of the male and female high school students of Kermanshah that amounted to the number of 18322 students. From among different districts of Kermanshah, districts 1 and 3 were randomly selected and, then, the number of 14 schools (7 girls' schools, 7 boys' schools) was randomly selected. Afterwards, some classes were selected from each high school and necessary coadunations were performed with the relevant high school principal and teachers of each class for the administration of the questionnaires. Prior to the administration of questionnaires, the researchers provided explanations on the completion instructions and the confidentiality of the students' information. Since there was the risk of participant drop, the number of 450 questionnaires was distributed and collected over a period of three weeks. Finally, the data pertaining to 400 participants were analyzed. The criteria for the inclusion of participants in the research were studying at public schools, and aged from 20 to 15 years. On the other hand, the students who were guests or had been transferred to the school from other schools as well as those who suffered from specific physical and mental illnesses were not included in the research.

Bootstrapping method was used to study the indirect relationships of the paths. Data analysis was performed using AMOS-18 and SPSS-21.

Instruments

1. Addiction Potential Scale (APS): This questionnaire has been developed by Wade & Butcher (1992) and has also been standardized in Iran (Minooea & Salehi, 2003). It includes 41 questions. The reliability coefficients of this scale in normal samples (with a one-week interval) have been obtained equal to 0.69 and 0.77 in men and women, respectively. Minooea (2003) reported the Cronbach's alpha coefficient of 0.53 for this scale. In the present study, the Cronbach's alpha coefficient was obtained equal to 0.80.

2. Young's Schema Questionnaire (YSQ): This 75-item questionnaire was developed by Jeffrey Young (1988) to evaluate early maladaptive schemas. The number of 18 schemas measure emotional deprivation, abandonment, mistrust/abuse, social isolation, defectiveness/shame, failure, dependence/incompetence, vulnerability to harm or illness, enmeshment, subjugation, devotion, approval-seeking/recognition-seeking, entitlement/ grandiosity, insufficient self-control/self-discipline, emotional inhibition, unrelenting standards, negativity/pessimism, and punitiveness. These 18 schemes are categorized into five domains in accordance with the initial development domains (Young, Klosko & Weishaar, 2011). The results of factor analysis also support the internal structure of the questionnaire. The Cronbach's alpha reliability of this questionnaire has been reported equal to 0.49. In terms

of the questionnaire validity, the correlation of its scores with Jones' Irrational Beliefs has been calculated and the coefficient value of 0.43 has been obtained (Barazandeh, 2005). In this research, the Cronbach's alpha coefficient of 0.65 was obtained.

3. Lathan's Psychological Capital Questionnaire: This questionnaire was designed by Lutman's, Aeolia & Norman (2007) to measure psychological capital and consists of 4 subscales, namely self-efficacy, optimism, hope, and resilience, each of which consist of six items. Therefore, there are a total of 24 items in this questionnaire. Avery, Lutman's, Smith & Palmer (2010) reported the Cronbach's Alpha coefficients of hope, self-efficacy, resilience, and optimism equal to 0.87, 0.87, 0.72, and 0.78, respectively and reported the Cronbach's Alpha coefficient of 0. 93 for the total scale. In terms of validity, Lutman's (2012) obtained an appropriate and very high validity for this questionnaire. Bahadori Khosroshahi, Hashemi Nosrat-Abad & Babapour Kheiroddin (2014) obtained the Cronbach's alpha reliability of 0.85 for this questionnaire. In the present study, the Cronbach's alpha coefficients of the above subscales were obtained equal to 0.68, 0.54, 0.55, and 0.78, respectively.

4. Psychological Basic Needs Scale: This scale has been derived from Sorbet, Halva, Flats Gully & Kristiansen's Basic Needs Scale (2009). This scale consists of 21 items where 7 items belong to autonomy subscale, 6 items pertain to competence, and 8 items belong to relatedness. These questions are answered based on a 7-point Likert scale from strongly disagree (1) to strongly agree (7). Lavasani, Khezri Azar, Amani & Alizadeh (2011) obtained the Cronbach's alpha coefficients of 0.58, 0.66, and 0.63 for autonomy, competence, and relatedness, respectively. In the present study, Cronbach's alpha coefficients of the above subscales were calculated to be 0.64, 0.55, and 0.62, respectively.

5. Revised Family Communication Patterns (PFCP): This tool is a self-assessment scale that was designed by Fitzpatrick & Richie (1994) and measures the extent to which the respondent agrees or disagrees on the items in a five-point range from strongly disagree to strongly agree.

This tool measures the dimensions of conversation and conformity where the first 11 items are related to the conformity dimension and the next 15 item are related to the conversation dimension. In Iran, Kouroshonia (2006) obtained the Cronbach's alpha reliability of the conversation and conformity dimensions equal to 0.87 and 0.81, respectively. In his research, the correlation coefficient of the dimensions with the total score was reported equal to 0.75. In Keshtkaran's research (2009), the Cronbach's alpha coefficient of 0.74 as obtained for the totals scale and the coefficients of conformity and conversation dimensions were 0.83 and 0.87, respectively. In the present study, Cronbach's alpha coefficient of 0.50 was obtained for conformity and 0.75 was obtained for conversation.

Results

A hypothetical model was designed to assess the direct and indirect relationships between the research variables based on the research background and the hypotheses.

Table 1: Measurement parameters of modified direct relationships (with addiction potential)

Path	*Standard Estimate*	*Non-Standard Estimate*	*Critical Ratio*	*Standard Error*	*Sig.*
Emotional deprivation with addiction potential	0.14	0.48	3.8	0.17	0.007
Mistrust with addiction potential	0.12	0.44	0.42	0.23	0.003
Dependence/incompetence with addiction potential	0.11	0.20	0.09	0.19	0.02
Failure with addiction potential	0.12	0.55	2.64	0.13	0.009
Entitlement with addiction potential	0.08	0.19	3.02	0.38	0.07
Autonomy with addiction potential	-0.09	-0.22	-4.71	0.15	0.08
Relatedness with addiction potential	-0.22	-0.40	-5.21	0.09	0.001
Self-efficacy with addiction potential	-0.15	-0.56	4.22	0.12	0.001
Resilience with addiction potential	-0.20	-0.44	-5.45	0.10	0.001
Conformity with addiction potential	0.11	0.22	1.3	0.08	0.01
Conversation with addiction potential	-0.31	-0.68	-6.3	0.10	0.001

As it has been shown in Table 1, from among the early maladaptive schemas, emotional deprivation with the beta coefficient of 0.14, mistrust with the beta coefficient of 0.12, dependence with the beta coefficient of 0.11, and failure with the beta coefficient of 0.12 had a positive relationship with addiction potential. In addition, from among the subscales of the basic psychological needs, relatedness with the beta coefficient of -0.22 had a negative relationship with addiction potential. From among the subscales of the psychological capital, self-efficacy with the beta coefficient of -0.15 and resilience with the beta coefficient of -0.20 had a negative relationship with addiction potential. Finally, from among the subscales of family communication patterns, the conformity subscale with the beta coefficient of 0.11 had a positive relationship with addiction potential and conversation with the beta coefficient of -0.31 had a negative relationship with addiction potential.

Table 2: Measurement parameters of modified direct relationships (with conformity subscale)

Path	*Standard Estimate*	*Non-Standard Estimate*	*Critical Ratio*	*Standard Error*	*Sig.*
Failure with conformity	0.08	0.25	2.6	0.15	0.11
Dependence with conformity	0.12	0.39	3.12	0.11	0.002
Undeveloped self with conformity	0.09	0.18	1.8	0.21	0.14
Self-control with conformity	-0.08	-0.15	-2.1	0.16	0.22
Autonomy with conformity	-0.09	0.25	3.3	0.23	0.11
Resilience with conformity	-0.13	0.42	2.9	0.10	0.001

As it has been shown in Table 2, from among the early maladaptive schemas, the dependence subscale with the beta coefficient of 0.12 had a positive relationship with conformity. In addition, from among the subscales of psychological capital, resilience with the beta coefficient of -0.13 had a negative relationship with addiction potential.

Table 3: Measurement parameters of modified direct relationships (with conversation subscale)

Path	*Standard Estimate*	*Non-Standard Estimate*	*Critical Ratio*	*Standard Error*	*Sig.*
Emotional deprivation with conversation	-0.20	-0.49	-5.9	0.13	0.001
Mistrust with conversation	-0.09	-0.21	-2.6	0.11	0.07
Undeveloped self with conversation	-0.08	-0.19	-1.9	0.15	0.08
Relatedness with conversation	0.15	0.58	4.34	0.10	0.001
Self-efficacy with conversation	0.07	0.26	5.3	0.09	0.09
Resilience with conversation	0.17	0.45	3.42	0.12	0.001

As it has been shown in Table 2, from among the early maladaptive schemas, the emotional deprivation subscale with the beta coefficient of -0.20 had a negative relationship with conversation. In addition, from among the subscales of basic psychological needs, the relatedness subscale with the beta coefficient of 0.15 had a positive relationship with conversation. From among the subscales of psychological capital, resilience with the beta coefficient of 0.17 had a positive relationship with conversation.

Table 4: Bootstrap results for modified indirect relationships in the mediation model (conformity)

Path	*Standard Estimate*	*Upper bound*	*Lower bound*	*Sig.*
Failure with addiction potential through conformity	0.08	0.15	0.03	0.11
Dependence with addiction potential through conformity	0.10	0.20	0.10	0.03
Resilience with addiction potential through conformity	-0.12	-0.10	-0.25	0.005

As it has been shown in Table 4, the relationship of dependence with addiction potential with the beta coefficient of 0.10 and that of resilience with addiction potential with the beta coefficient of -0.12 were indirectly proved through conformity.

Table 5: Bootstrap results for modified indirect relationships in the mediation model (conversation)

Path	*Standard Estimate*	*Upper bound*	*Lower bound*	*Sig.*
Emotional deprivation with addiction potential through conversation	0.18	0.25	0.12	0.004
Mistrust with addiction potential through conversation	0.06	0.17	0.05	0.08
Relatedness with addiction potential through conversation	-0.21	-0.14	-0.31	0.001
Self-efficacy with addiction potential through conversation	-0.09	-0.05	-0.15	0.12
Resilience with addiction potential through conversation	-0.17	-0.10	-0.25	0.001

As it has been shown in Table 5, the relationship of emotional deprivation with addiction potential with the beta coefficient of 0.18, that of relatedness with addiction potential with the beta coefficient of -0.21, that of resilience with addiction potential with the beta coefficient of -0.17 were proved to be significantly indirect under the mediating role of conversation. In order to evaluate the modified model, its structural part was studied using fitness indicators. Table 6 shows the fitness indices of the modified model.

Table 6: Goodness of fit indices of the modified model under the mediating role of conformity subscale

Fitness Indices	*Value*
Chi square of goodness of fit test	22.25
Sig.	0.09
Df	5
Chi-square ratio to df	4.45
Goodness of fit index (GFI)	0.78
Adjusted goodness of fit index (AGFI)	0.75
Normalized fitness index (NFI)	0.74
Comparative fit index (CFI)	0.77
Incremental fit index (IFI)	0.78
Tucker-Lewis Index (TLI)	-0.74
Root Mean Square Error of Approximation (RMSEA)	0.09

The goodness of fit index indicates that the research model enjoys a relatively moderate fitness because as this index is closer to one, the model benefits from a more suitable and better fitness. According to the goodness of fit index in Table 6, the model has a moderate fitness with the mediation of conformity.

Table 7: Goodness of fit indices of the modified model under the mediating role of conversation subscale

Fitness Indices	*Value*
Chi square of goodness of fit test	6.24
Sig.	0.19
Df	1
Chi-square ratio to df	6.24
Goodness of fit index (GFI)	0.99
Adjusted goodness of fit index (AGFI)	0.98
Normalized fitness index (NFI)	0.97
Comparative fit index (CFI)	0.95
Incremental fit index (IFI)	0.98
Tucker-Lewis Index (TLI)	0.99
Root Mean Square Error of Approximation (RMSEA)	0.03

The goodness of fit index of the present model is equal to 0.99; therefore, it can be concluded that the model has a very desirable fitness under the mediation of conversation.

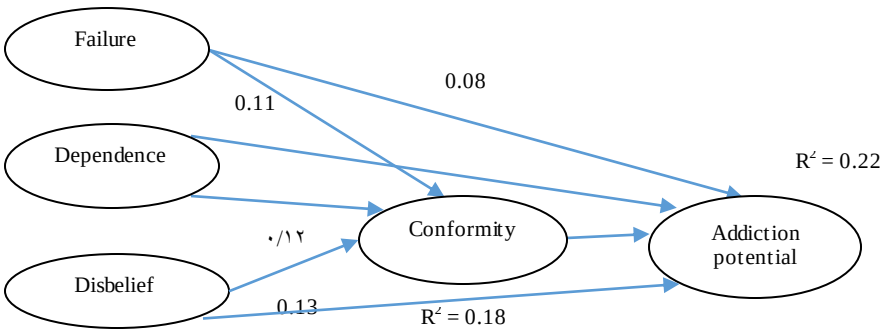


Fig. 1: The modified model (with the mediating role of conformity subscale)

Due to the absence of any causal relationship between some of the research variables and addiction potential, these variable were eliminated from the model. The modified model was applied based on the indices and this model is presented in the diagram. Moreover, considering the goodness of fit index that is equal to 0.75, the research model has a relatively moderate fitness with the mediation of conformity subscale.

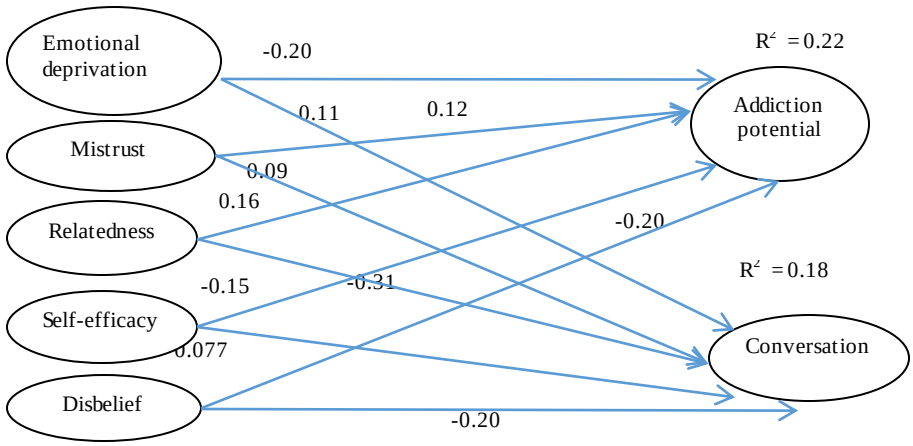


Fig. 2: The modified model (with the mediating role of conversation subscale)

Due to the absence of any causal relationship between some of the research variables and addiction potential, these variable were eliminated from the model. The modified model was applied based on the indices and this model is presented in figure 2. Moreover, considering the goodness of fit index that is equal to 0.99, the research model has a relatively desirable fitness with the mediation of conversation subscale.

Discussion and Conclusion

According to the results of this study, there was a negative relationship between the relatedness subscale and addiction potential from among the subscales of basic psychological needs. In explaining this finding, it can be argued that relatedness is considered as the internal and psychological food that is essential for the psychological development and sustainability, well-being, and coherence. It seems that the individuals in whom the need for relatedness has not been properly satisfied experience a mental emptiness within themselves. For this reason, it is hypothesized that these individuals tend to addiction to a greater extent in order to fill this gap when dealing with challenges and problems. In terms of this hypothesis, the results of the study showed that there is a positive relationship between the conformity subscale and addiction potential, and a negative relationship between the conversation subscale and addiction potential from among the subscales of family communication patterns. It can be said that all family members in such families are encouraged to participate freely and easily in interaction, discussion, and conversation about a wide range of issues. Individuals in these families share their activities, thoughts, and feelings with each other, and the parents in these families help with the development of mental health factors by utilizing a constructive relationship through the warm-hearted conversation with their children. Therefore, this communication pattern will help the adolescent become resistant against addiction in such a way that the more

interactions and conversation are in the family, the less the probability of addiction tendency will be in these families. It can be said that children in families with a lack of communication with their parents tend to use drugs to overcome their psychological distress, such as depression and anxiety. In fact, in such families, members are prohibited to have open and sincere communication through the observance of the hierarchy in the family. It seems that adolescents in families with conformist communication patterns are more likely to be affected by their criminal friends and to have a higher rate of addiction tendency since they learn conformity and accept the beliefs of their companions without thinking. In other words, these children come to a kind of blind imitation and low level of self-esteem. In addition, the results of this research indicated that only the resilience subscale from among the subscales of psychological capital has a negative relationship with the conformity subscale and a positive relationship with the conversation subscale. In these families with high conversation orientations, there is a high rate of communication, and the members are allowed to develop communication and express their ideas and opinions. It seems that the reinforcement of protective factors in the developmental environment of the children in such families along with the promotion of life skills and personal self-esteem leads to the development of resilience in children. On the other hand, in families with a strong conformity dimension, the children are reared with a lower level of resilience since parents do not provide the grounds for their children's personal growth due to the excessive parental domination. According to the results of this research, there is a positive relationship only between the relatedness subscale and the conversation subscale from among the subscales of basic psychological needs. The children in families with a strong conversation dimension assign value to the family conversations and parental beliefs and opinions. In these families, open communication is dominant. The children raised in such families are independent in decision-making and in determining their relationships. For this reason, individuals in these families have a stronger sense of intimacy as well as stronger interpersonal and social ties.

The results showed that, from among the subscales of early maladaptive schemas, the emotional deprivation subscale has a negative relationship with the conversation dimension and the dependence subscale has a positive relationship with the conformity dimension. It seems that children who grow up in families with a stronger conversation dimension among family members will have a more intimate relationship with parents. Individuals in these families easily express their opinions and assign value and respect to each other's opinions and ideas. Seemingly, the children raised in these families are less likely to develop the maladaptive schema of emotional deprivation. Since these families expect their children to behave in accordance with the wishes of the parents and parents assign less value to the children's opinions in decision-making, the independence of family members and children is somehow ignored and children go towards

obedience. Therefore, the grounds for the personal growth of these children are provided to a lesser extent. In families with a high degree of conformity, it seems that there will be more scope for the incidence of dependence/incompetence schema for children. The results of this study showed that the indirect relationship between emotional deprivation schema and addiction potential is negative through the mediation of the conversation dimension; in other words, the individuals suffering emotional deprivation schema tend to avoid intimate relationships. The members of families with a strong conversation orientation interact freely, spontaneously, and repeatedly. Grown-up children in these families enjoy higher morale and social interactions, and feel less vulnerable in terms of attention and affection since they have received enough attention. Since parents provide the family members with enough time to give their comment freely, it seems less likely that the emotional deprivation schema is developed in the children. Hence, children in these families get involved in addiction to a lesser extent in the face of problems and challenges of life because of the sense of emotional support and the higher spirit they hold. Moreover, the results of this study showed that the indirect relationship of dependence/ incompetence with addiction potential is significantly positive through the mediation of the conformity dimension. This finding can be explained by the fact that the children with this schema feel that they do not have the ability and competence to make decisions due to the dogmatic relationships within the family and the unilateral decision-making on part of parents. As a result, children gradually find a dependent personality and they will find that they do not have sufficient independence in the conduct of responsibilities and tasks. Indeed, such families are less concerned with the development and growth of their children's personality. Eventually, children in these families with a stronger sense of conformity will find a negative self-concept about their own abilities; accordingly, they will experience more failure and disappointment. Thus, they seem to be more potential for entanglement in addiction. The results of this study showed that the indirect relationship between the resilience subscale and addiction potential is negative through the mediating role of the communication pattern of conformity and is positive through the mediating role of the conversation dimension. To interpret this finding, one can argue that since resilience is, in fact, the degree of individuals' adaptability and flexibility against stressful events, the factors effective in it can introduced as the type of patterns and interactions within families. In families with high rates of conversation, people have stronger social relationships because of open interactions and broader communications. As a result, family members are less likely to suffer mental and psychological damage when problems arise. This will ultimately make people in these families have less potential for addiction. To interpret the indirect relationship of resilience with addiction potential through the mediation of the conformity dimension, one can argue that these individuals do not accept their ability in coping with unpleasant events and lack self-confidence; therefore,

their parents try to make the necessary decisions directly for their children. However, with this function, such children gradually become weaker in interpersonal and social relations. Thus, they will be more vulnerable, and, ultimately, experience more frustration, disappointment, and failures. Overall, they will be less able to cope with addiction due to their lower spirits.

The results of this study also showed that the indirect relationship of the relatedness subscale with addiction potential is positive through the mediating role of conversation; in other words, those who have a stronger relatedness subscale prefer to interact and express freely their beliefs and ideas in their families. According to the personality traits of these individuals who like to establish more intimate relations and have a higher social morale, they will unconsciously move towards the conversational relations between family members. Due to the empathy and free exchange of ideas among family members, it seems that members suffer less stress in the face of problems since they can divide the imposed pressure in the self. For this reason, children in families with a strong conversation dimension will experience a higher level of psychological well-being and mental relaxation when problems and stressful events arise. Finally, they will have a lower degree of potential and readiness for addiction form the personality point of view.

Since the statistical population of this study included high school students in public schools, the generalization of these findings to other statistical populations should be practiced with caution. In this study, the participants were indigenous people of Kermanshah; therefore, care and discretion should be taken into account in the generalization of the results to other populations, cultures, and ethnicities. Considering the significant role of family in the reinforcement and formation of early maladaptive schemas, basic psychological needs, and psychological capital as the factors effective in addiction potential, it is suggested that family communication patterns be strengthened through the conduct of educational programs in schools. Considering the mediating role of family communication patterns in the early maladaptive schemas, basic psychological needs, and psychological capital, it is recommended that some strategies and solutions be devised in the process of addiction treatment or addiction prevention programs.

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