

Abstract

Objective: The present study aimed to investigate the relationship of emotional intelligence and socioeconomic status with vulnerability to addiction with the mediating role of basic psychological needs among university students.

Method: In this study, which falls within the category of correlational studies, 400 students from Azarbaijan Shahid Madani University were selected using cluster sampling method. Then, they answered Identifying People in Risk of Addiction Questionnaire, Trait Meta-Mood Scale (TMMS), Basic Psychological Needs Scale, and Socioeconomic Status Questionnaire. **Results:** The results showed that vulnerability to addiction had a significant negative correlation with emotional intelligence and the satisfaction of basic psychological needs. The proposed model had a good fit with the data. **Conclusion:** The dimensions of emotional intelligence and socioeconomic status can explain vulnerability to addiction in university students because of their facilitative role in the satisfaction of basic psychological needs and, thereby, attention to this matter can lead to the proposal of some recommendations for addiction prevention and treatment.

Keywords: emotional intelligence, socioeconomic status, vulnerability to addiction, basic psychological needs, university students

The Relationship of Emotional Intelligence and Socioeconomic Status with Vulnerability to Addiction in University Students: The Mediating Role of Basic Psychological Needs

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Introduction

Addiction is introduced as a hazardous, chronic, complex and global phenomenon that can result physical, psychological, social, family and economic damages (Nabiyy, Karam Afrooz and Afsharina, 2014). Statistics show that drug abuse has increased significantly in recent decades among different communities, especially adolescents and young adults (Milwicher, Costaeng and Goldberg, 2007), and also it is recognized as one of the most important threats to the youth in developing countries (Mousavi, Irvani, Nikbakht, Yazdi and Movahedi, 2012). Given the fact that an ounce of prevention is worth a pound of cure, it is necessary to identify the factors that increase the vulnerability to addiction in different populations (Zargar, Najarian and Naami, 2008), as human behavior is rarely created by a single factor, and the causal route for a specific behavior pattern may vary depending on the individual and contextual factors (Michel, 2010). One of the factors that exacerbate the vulnerability to addiction is the motivational aspects of one's behavior (Sohrabi ESMORD, Hadian, Damei and Asgharnejad Farid, 2008). Motivation is an important factor in drug abuse. One of the theories that focus specifically on the issue of motivation in drug abuse is self-determination theory. This theory determines three basic psychological needs for all individuals (Kennedy, 2005).

Various researchers have suggested that needs are key determinants of human behavior (Latham, Plant & Ryan, 2005). Maslow (1943) defined the five levels of hierarchy of needs ranging from physiological stability to self-actualization. The self-determination theory (Deci & Ryan, 2000; Vansteenkiste, Deci & Ryan, 2008) introduces three basic psychological needs, the need for autonomy, competence and relatedness (Kennedy, 2005). In this theory, basic psychological needs are thought to be the motivation of individuals for acting in life and being satisfied of them is very important for being healthy (Deci & Ryan, 2000). The first basic need, autonomy, involves the perception that what one does is by one's own choice. (Rose & Walters, 2012). The second basic need is for competence, the need to exert effect on one's environment (Deci & Ryan, 2000). Finally, the need for relatedness is defined as individuals' inherent inclination to feel connected to others, to be a member of a group and be loved and cared for (Bumeister & Leary, 1995).

When making choices, people attempt to satisfy three basic psychological needs: autonomy, competence, and relatedness. These three factors are the main elements that predict what things people will choose and which changes will flourish in them. (Rose & Walters, 2012). To the extent that these psychological needs are met, individuals will experience effective performance and healthy growth, while the threat of these needs leads to poor psychological functioning and decrease (Deci and Ryan, 2000). Self-determination theory briefly provides a framework for understanding the internal and external sources of motivating drug abuse and the effect of motivation type on treatment outcomes (Kennedy, 2005). Self-determination is very important in addiction and vulnerability to

drugs because the individual's responsibility can be disturbed by mental changes; therefore, self-determination experience has been taken into consideration as a favorite theoretical subject in long term (Schlimme, 2010).

Williams et al., (2006) showed that smokers who perceived greater autonomy support, reported greater autonomous and competence motivations. They also reported greater medication use and significantly greater abstinence. Another study on the effect of self-determinism theory on substance abuse treatment (Deci & Ryan, 1985) showed that autonomy and competency motivation were associated with the changes in tobacco use in adults (Williams, Cox, Kouides and Deci, 1999) and long-term tobacco abstinence (Williams, Gange, Ryan, and Deci, 2002). Another study demonstrated also that supporting the patient's sense of autonomy through health care provided by physicians, affected patients' motivation and health behaviors including smoking quitting (Williams et al., 1999) and adherence to medication administration (Williams, Rodin, Ryan, Grolnick, and Deci, 1998). Also, Zeldman, Ryan and Ficella (2004) found that high autonomous motivation predicts the lower relapse and high retention of the treatment plan. Parker, Taylor, Eastabrooking, Schell & Wood (2008) also revealed that failure to establish emotional relationship with others leads to drug abuse. In these studies, autonomy support, autonomous motivation, perceived competence and communication are predictors of continued treatment programs by people undergoing treatment, as well as less consumption relapse. So far, the considerable importance of basic psychological needs in vulnerability to addiction has not been highlighted. Investigating these variables can play an important role in predicting vulnerability to addiction. In the issue of the tendency to addiction, understanding, description, acceptance, and control of excitement are one of the individual aspects predicting harm, all of which are characterized in meta-mood trait (emotional intelligence) (Nabiie, Karamafruz, Afsharina, 2014).

Emotional intelligence is the latest evolution in understanding the relationship between reason and emotion, and it is considered as a trigger of a major revolution in the promotion of mental health (Bar-on, 2006). As the subset of social intelligence, emotional intelligence is defined: the ability to manage emotions and feelings of oneself and others, differentiating between them and using this information to guide their thinking and action. Emotional intelligence can explain some differences in effective functions that can not be explained merely by the level of one's cognitive intelligence or personality traits (Michel, 2010). In fact, individual's fate in many situations depends on the skills that make up emotional intelligence (Golman, 1995), because cognitive intelligence contributes to a maximum of 20% in predicting the success of individuals in life; while the remaining 80 percent depend on the skills that shape emotional intelligence (Nomads, 2006).

Some people have problems in the process of understanding and managing emotions in interpersonal relationships. This weakness causes people to lose the

ability to analyze, decide and choose the right behavior in dealing with stressful events of life. To do this, substance abuse can be considered as an immature defense mechanism that people with low levels of emotional intelligence rely on it (Nebii et al., 2014). These individuals with stress, anxiety and lack of confidence in their ability to accept responsibility in stressful conditions give up easily and may use drugs to cope with or escape emotions (Michel, 2010). Individuals with higher emotional intelligence show less social deviant behaviors such as aggression and drug and alcohol addiction (Hansen & Bianchi, 2009). In Brackett's study, Mayer and Warner (2004) demonstrated that men with lower emotional intelligence are more likely to engage in potentially harmful behaviors such as using drugs and over drinking alcohol than men with higher emotional intelligence. Trinidad and Johnson (2002) reported that adolescents with high emotional intelligence may well recognize the unwanted pressure of peers to use drugs because they have great mental ability to understand the emotions and feelings of others. Hill and Maggi (2011) also found that emotional intelligence could be a protective factor against the occasional and daily smoking. Michel's (2010) research indicated that emotional intelligence has a reverse relationship with substance abuse and can be used to predict students' tendency to drugs. In Iran, the results of Nateq and Minakari (2008), Nabi'i et al. (2014), showed that the emotional intelligence of addicts is lower than their counterparts. In the study done by Basiri and Akbari (2014), the results showed that there is a difference between addicts and non-addict prisoners in terms of emotional intelligence and this characteristic is higher among non-addict prisoners compared to addict prisoners.

In scientific studies, addiction is considered as a two-dimensional (individual and situational) behavior that many factors are important in its emergence. Therefore, in the process of predicting vulnerability to addiction, it is very effective to examine individual aspects alongside situational aspects. In this regard, another variable that its role in vulnerability to addiction is examined and it is possible that it is related to the onset and continuation of drug use, is socioeconomic status as one of the primary social determinants for health and is characterized by the individual's position within the structure of the society in which he lives (American Psychological Association, 2011).

Extensive sociological theories such as social disorganization theory (Shaw and McKay, 1942) and social strain theory (Merton, 1957) suggest that crime and substance consumption are normal reactions to abnormal social conditions that are characterized by high levels of deprivation. Other theories tend to focus on the response to structural inequalities and suggest that there is an inverse relationship between socioeconomic status and deviant behavior / substance abuse. The relationship between socioeconomic status and substance use in adults is somewhat unclear, and various studies have reported contradictory results on the relationship between these two variables. Some studies have examined socioeconomic conditions using a composite index of one's

educational status and occupational characteristics, and other studies have measured based on the social status of family and peers (Hanson & Chen, 2007)). Like some studies, in this study, (for example, Sutherland, 2012), the socio-economic status has been measured by a number of underlying factors including family income, education, and parental occupational category (occupation). In the study of Redonnet, Chollet, Forborne, Bowes & Melchior (2012), socioeconomic status was measured using the educational status and one's occupation that measured the amount of systematic use of narcotics in people with low socioeconomic status was higher than above average socioeconomic status. In their study of the socioeconomic status of parents and the history of drug use in them showed that drug use was less related to socio-economic indicators of early life of participants (parents' income and academic achievement) compared to one's academic and professional characteristics. Droomers, Schrijvers, Casswell & Mackenbach (2003) reported drug use behaviors in populations with low socioeconomic level. Hitchmana, Fong, Zanna, Thrasher, Chung-Hall & Siahpush (2014) also found that smokers with a lower socioeconomic level than smokers with a high socioeconomic level are more likely to have smoker friends and are less likely to leave their smoker friends. On the other hand, the study done by Hanson and Chen (2007) showed that adolescents with high socioeconomic status report higher smoking, alcohol and drug use than those with lower socioeconomic status. Also financial resources relative to the social level of the family is more predictive of consumption behaviors. However, some studies indicate a poor relationship between income and substance abuse and believe that social conditions associated with poverty and deprivation can have a significant effect on one's vulnerability to substance abuse (Wood, 2012). In this regard, Hanson and Chen (2007) revealed that among the thirteen studies reviewed, nine of them (69%) did not show any relationship between substance use and socioeconomic status. The results of the study of Sutherland (2012) showed that when considering the predictive factors of drug use, family and demographic factors are considered as the most important predictors, but it does not seem that socioeconomic status plays an important role in this prediction. The recognition of the underlying processes in vulnerability to addiction can help to further clarify this area and is a step towards a solution to this great social problem. Considering that the vulnerability to addiction and its relationship with other variables in the present research are less relevant, on the other hand, a variable such as socioeconomic status has also been used in various researches in such areas as the present research, the results are contradictory and the topic of basic psychological needs, which is one of the important topics, has been considered less, the purpose of the present research is to provide a model for the mentioned variables (basic psychological needs, meta-mood trait and socioeconomic status in vulnerability to addiction) and determine its fit. It is attempted to answer the question whether

emotional intelligence, socioeconomic status, and basic psychological needs are capable of predicting students' vulnerability to addiction?

Method

Population, sample and sampling method

This study is a correlation research. The participants of the study were 400 undergraduate and postgraduate students of the Azad University of Shahid Madani, 210 girls and 190 boys from the age range of 18-32 years old. The average age of the participating companies was 22.8 years. Sampling method was randomized cluster method. Several classes were selected randomly from among different majors. And from each class, a number of students were randomly selected.

Instrument

1- Identifying People in Risk of Addiction Questionnaire: This questionnaire was developed by Anisi (2013) at the Behavioral Sciences Research Center of Baqiyatallah University of Medical Sciences. The scale includes 75 items and 4 factors, the first factor is depression and helplessness feeling, the second factor is the positive attitude to drugs, the third factor is anxiety and fear of others and the fourth factor is emotion seeking. The scoring is done on a four-point Likert scale (strongly disagree, disagree, agree to some extent and agree) ranging from zero to 4. The score is derived from the total number of items. The scores range from 0 to 225. The cutting point is at a total score of 80. In other words, people who have a score equal to or greater than 80 are at risk of being addicted. The validity of the test was calculated by Cronbach's alpha, to be 0.97. To test its validity, the correlation of the test with depression (0.76), anxiety (0.71), stress (DASS) (0.77) and emotion seeking of Zuckerman (0.78) has been examined.

2. Trait Meta – Mood Scale (TMMS): According to Salvo and Mayer and colleagues, people are different in the ability to process and manage emotional information. Accordingly, Salvo et al. (2002-1995) developed Trait Meta – Mood Scale to evaluate individual differences in emotional intelligence that measured emotional intelligence in three components: "Attention to feelings" (input phase) The "discrimination of feelings" or clarity of emotions (processing stage) and "emotional repair" (output phase) . This scale is a self- report with 48 and 30-items scale. In this research, its short form has been used. Responses are given on a five-point Likert scale ranging from strongly disagree (0) to strongly agree (4). In three successive studies, Salvo et al. (2002) reported good Cronbach's alpha coefficients for the components of this scale. Attention to feelings (0.82, 0.78, and 0.88), discrimination of feelings (0.88, 0.86 and 0.74) and mood repair (0.85, 0.64 and 0.86). In the study of Ghorbani et al (2002), the alpha coefficients of attention, discrimination and emotion repair in the Iranian sample were 0.62, 0.65 and 0.37 respectively, and in the American sample, 0.83, 0.85 and 0.75, respectively. In the researches of Ramezani and Abdollahi (2006),

alpha coefficients of attention, discrimination and repair were 0.50, 0.70 and 0.51, respectively, and the total alpha coefficient of 0.77 and the correlation between attention and emotional discrimination ($r = 0.31$) and discrimination and emotional repair as ($r = 0.42$). In this study, the alpha coefficient was 0.78. Palmer, Manocha, Gignac, & Stough (2003) reported a high correlation between emotional discrimination ($r = 0.39$) and emotional repair ($r = 0.5$) in their study. Salvoy and Grewal (2005) reported a good concurrent and divergent validity.

3. Basic Psychological Needs Scale: This scale is a family of scales that partly fulfills the general needs of individual life and the other part examines the fulfillment of needs with specific domains. In this study, we examined the general needs. The main part of this scale consists of 21 items and includes three needs of competency (6 items), autonomy (7 items) and dependency (8 items). The responses of each term are rated on a seven-point Likert scale ranging from completely false to completely correct. Some questions are scored in reverse order. Cronbach's alpha for the whole scale was 0.89 and for coefficients of competence, dependency, and autonomy, respectively, was 0.81, 0.57 and 0.62, respectively (Dees & Ryan, 2000). In the present study, Cronbach's alpha for the total scale was 0.84. In the research of Besharat (2013), the correlation coefficients were reported from 0.83 to 0.91. Convergent and divergent validity (discriminant) is examined by calculating the correlation coefficients of its sub-scales with the dimensions of extroversion and neuroticism of personality, positive and negative emotions and mental health indicators. The results of Pearson correlation coefficients showed that there is a significant positive correlation between test scores with extroversion scores, positive affect and psychological well-being and there is a significant negative correlation with neuroticism, negative emotion and psychological distress. These results confirm the convergent and discriminant validity (Basharat, 2013).

4-Socioeconomic Status Questionnaire: This questionnaire as a researcher-built scale evaluates the socioeconomic status of young people based on the existing research literature. The economic status is encoded in five categories of status (from very bad to very good) and parent education (from non-literate to Ph.D.) in five status levels. One question was asked about the household's economic status and two questions were raised about parenting education.

Findings

The descriptive data of parents' education in the total sample was as follows: literate (10.8%, 23.5%); elementary (28.8%, 34%); guidance school (19%, 13.5%); diploma (22.3%, 19%); associate (3.8%, 2.8%); bachelor (12.5%, 4.8%), master's degree (2.3%, 1.5%), PhD (0.8%, 0.3%) The economic status of the family of the studied subjects in the research, which is classified into five groups, is as follows. Very bad (2%); bad (2%); medium (61.8%); good (30%); very good (4%). The age the subjects studied in this study ranges from 18 years

to 32 years , with an average age of 22.89 and a standard deviation of 3.20. The statistics of variables studied by gender are presented in Table 1.

Table 1-The Descriptive Statistics of the Studied Variables by Gender

| <i>Variables</i> | <i>Total(N=400)</i> | | <i>Female(210=N)</i> | | <i>Male(190=N)</i> | |
|--|---------------------|-----------|----------------------|-----------|--------------------|-----------|
| | <i>Mean</i> | <i>SD</i> | <i>Mean</i> | <i>SD</i> | <i>Mean</i> | <i>SD</i> |
| Depression and helplessness feeling | 27/74 | 16/13 | 25/81 | 15/96 | 29/87 | 16/08 |
| Positive attitude to drugs | 7/73 | 9/29 | 3/85 | 5/55 | 12/01 | 10/63 |
| Anxiety and fear of others | 17/82 | 9/23 | 16/80 | 8/83 | 18/95 | 9/56 |
| High emotion seeking | 13/63 | 5/14 | 12/73 | 5/11 | 14/63 | 5/009 |
| Vulnerability to addiction | 66/94 | 32/8 | 59/22 | 29/88 | 75/47 | 33/93 |
| Attention to feelings | 42/68 | 6/35 | 43/30 | 6/46 | 41/98 | 6/16 |
| Discrimination of feelings | 37/20 | 6/17 | 37/78 | 6/18 | 36/56 | 6/10 |
| Mood repair | 21/58 | 4/42 | 22/28 | 4/54 | 20/80 | 4/16 |
| EQ | 101/5 | 12/5 | 103/4 | 12/22 | 99/3 | 12/42 |
| Autonomy | 34/10 | 5/92 | 34/86 | 5/67 | 33/26 | 6/10 |
| Competence | 27/98 | 5/84 | 28/30 | 5/95 | 27/62 | 5/71 |
| Relatedness | 40/31 | 6/84 | 40/98 | 6/87 | 39/57 | 6/76 |
| Fulfillment of psychological needs | 102/4 | 15/8 | 104/2 | 15/78 | 100/5 | 15/62 |

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

Table 2- The Matrix of Correlation Coefficients of Studied Variables

| <i>Variables</i> | <i>12</i> | <i>11</i> | <i>10</i> | <i>9</i> | <i>8</i> | <i>7</i> | <i>6</i> | <i>5</i> | <i>4</i> | <i>3</i> | <i>2</i> | <i>1</i> |
|---|-----------|-----------|-----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| 1.Depression and helplessness feeling | | | | | | | | | | | | 1 |
| 2.Positive attitude to drugs | | | | | | | | | | | 1 | 0/41* |
| 3.Anxiety and fear of others | | | | | | | | | | 1 | 0/36* | 0/88* |
| 4.High emotion seeking | | | | | | | | | 1 | 0/51* | 0/44* | 0/50* |
| 5.Vulnerability to addiction | | | | | | | | 1 | 0/67* | 0/90* | 0/65* | 0/93* |
| 6.Attention to feelings | | | | | | | 1 | -0/04 | 0/12* | -0/006 | -0/06 | -0/09 |
| 7.Discrimination of feelings | | | | | | 1 | 0/32* | -0/46* | -0/25* | -0/41* | -0/28* | -0/46* |
| 8.Mood repair | | | | | 1 | 0/41* | 0/17* | -0/53* | -0/23* | -0/44* | -0/35* | -0/55* |
| 9.EQ | | | | 1 | 0/65* | 0/81* | 0/73* | -0/44* | -0/15* | -0/35* | -0/30* | -0/47* |
| 10.Autonomy | | | 1 | 0/51* | 0/48* | 0/50* | 0/18* | -0/57* | -0/24* | -0/54* | -0/28* | -0/62* |
| 11.Competence | | 1 | 0/56* | 0/45* | 0/45* | 0/45* | 0/13* | -0/54* | -0/24* | -0/51* | -0/21* | -0/60* |
| 12. Relatedness | 1 | 0/55* | 0/62* | 0/48* | 0/44* | 0/45* | 0/20* | -0/59* | -0/26* | -0/52* | -0/32* | -0/63* |
| 13. Fulfillment of basic psychological needs | 0/87* | 0/82* | 0/85* | 0/57* | 0/54* | 0/55* | 0/20* | -0/67* | -0/29* | -0/62* | -0/32* | -0/72* |

*P<0/01

As shown in Table 2, vulnerability to addiction has a significant inverse relationship with emotional intelligence ($R = -0.44$) and the fulfillment of basic psychological needs ($r = -0.67$). Among the subscales of emotional intelligence, mood repair ($r = 0.53$) and among the subscales of fulfillment of the basic psychological needs, relatedness ($r = 0.59$) had the strongest correlation with vulnerability to addiction. In order to estimate the model, maximum likelihood method and to evaluate the fit of the model, chi-square, chi-square to degree of freedom index, Goodness of Fit Index (GFI), Adjusted Goodness of Fit Index (AGFI), Comparative Fit Index (CFI), Root Mean Square Error of Approximation (RMSEA) and Root Mean Square Residual (RMR) were used.

If chi-square is not statistically significant, this indicates its acceptable fit, but since this index is often found in samples larger than 100 as significant, it is not a suitable index for fitting the model. If the chi-square to degree of freedom index is smaller than 3, the fitting is good. If the CFI, AGFI, GFI indexes are greater than 0.90 and the RMSEA and RMR indices are smaller than 0.05, then the fitting is considered very desirable and suitable and if it is less than 0.08, it indicates good and suitable fitting.

Table 3: Model Fitness Indicators

| <i>Fit indices</i> | X^2 | X^2/df | <i>GFI</i> | <i>AGFI</i> | <i>CFI</i> | <i>RMSEA</i> | <i>RMR</i> | <i>Standardized RMR</i> |
|-----------------------|-------|----------|------------|-------------|------------|--------------|------------|-------------------------|
| Indices values | 210/1 | 2/55 | 0/93 | 0/89 | 0/93 | 0/054 | 2/65 | 0/068 |

On the basis of the obtained values, the fitting of the proposed model can be evaluated very well. Standardized loads of the path model are presented in Figure 1. The path model briefly shows that, although the relationship between socioeconomic status ($t = -1.16$, $\gamma = -0.06$) and emotional intelligence ($t = -0.56$, $\gamma = -0.02$) with vulnerability to addiction is not significant ($T = 33/3$, $\gamma = -17/0$). But the relationship path of these variables with the mediating variable of the fulfillment of the basic psychological needs is significant ($t = 25.3$, $\gamma = 0.24$, $t = 6.23$ and $\gamma = 0.54$, respectively).

In the model, the path of the relationship between the fulfillment of the basic psychological needs and addiction is significant ($T = -12.02$, $\gamma = -0.76$).

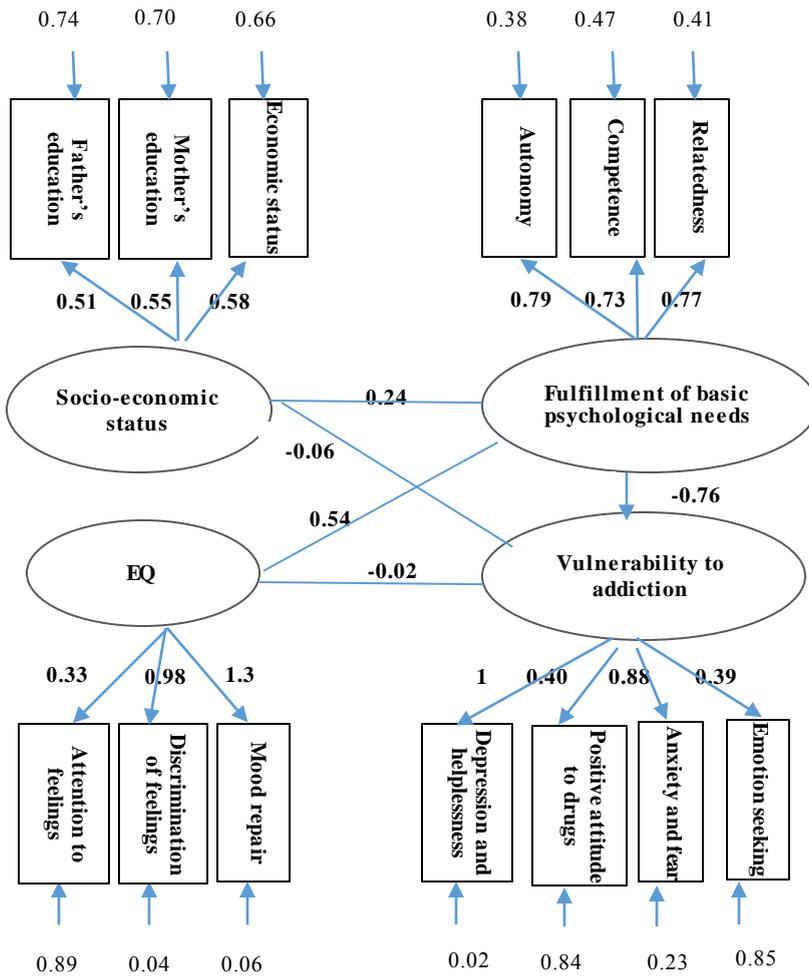


Figure 1: Standardized Loads of Path Model

Discussion and Conclusion

The purpose of this study was to provide a model for students' vulnerability to addiction based on the Meta-mood trait of emotional intelligence and socioeconomic status in terms of the mediating role of the fulfillment of basic psychological needs. The assumed developed model in this research is highly fitted with empirical data and its results are consistent with theoretical basics and findings of other studies. Although in the tested model, the relationship between emotional intelligence and socioeconomic status with the vulnerability to addiction is not significant, but their significant relationship path with the

variable of fulfillment of basic psychological needs has defined their explanatory role. In other words, the mentioned model shows that high emotional intelligence along with high socioeconomic status facilitates the fulfillment of psychological needs and makes it possible for a person to enjoy good self-esteem and psychological well-being. Such a situation leads to an increase in the individual's resilience to the dangerous mood states and finally addiction.

The significance of the path of the relationship between socioeconomic status and the fulfillment of the basic psychological needs and insignificance of this path with vulnerability to addiction indicates that only having appropriate social and economic conditions cannot lead to an individual's resistance against addiction. Although this ability acts as a protective factor, in case of the non-fulfillment of basic psychological needs, it can provide a ground for one's diversion. In other words, if the socioeconomic status is not accompanied by psychological well-being, it increases the power of the individual's negative choices. In the present study, emotional intelligence and all its components have a significant relationship with vulnerability to addiction. Reverse correlation of emotional intelligence with addictiveness has been confirmed in the researches of Michel (2010), Brackett et al. (2004), Hill and Maggi (2011) and Trinidad and Johnson (2002). Among the factors of vulnerability to addiction, emotional intelligence had the strongest relationship with depression and helplessness. Davis and Humphrey (2012) found that emotional intelligence plays a moderating role in stressful events such as facing unpleasant events and family problems. Yee Ho et al. (2013) in their research confirmed the role of emotional intelligence as a moderating factor in relation to anxiety and depression caused by exposure to violence. Siu (2009) in a study on Hong Kong students found that there is a negative relationship between the components of emotional intelligence and behavioral disorders such as aggression, anxiety and depression in the study of Hong Kong students. The results of the study of B Boussiakou & Kalkani (2006) indicated that emotional intelligence was an effective factor in reducing the level of anxiety and frustration and increasing the level of self-esteem and courage.

The researchers reported a negative relationship between pessimism and emotional intelligence. Martin, Ramalho & Morin (2010) in a meta-analysis concluded that ignoring emotions and failing to deal adequately with them endangers the mental health of individuals and we can consider emotional intelligence as an acceptable factor for prediction of mental health. In explaining the relationship between emotional intelligence and vulnerability to addiction, individuals with emotional intelligence know how to be stimulated in different situations. These individuals have the ability to understand and analyze emotional experiences of self and others, and they can regulate their emotions and express their resistance to admit inappropriate behaviors, including addiction tendency (Ghanbari Talab, Ghanbari, Tahmasebi, and Naderi, 2013). In general, the strong correlation between emotional intelligence and

vulnerability to addiction in the correlation matrices, it is deduced that the nature of this relationship by considering the intermediate role of the fulfillment of the basic psychological needs will lead to a better understanding of these relationships.

The relationship between emotional intelligence and all of the subscales of the fulfillment of the basic psychological needs was significant and among the mentioned subscales, it had the strongest relationship with autonomy. These findings are consistent with the researches already mentioned, suggesting a close relationship between emotional intelligence and psychological well-being. Individuals with high emotional intelligence are capable of efficient analysis of life events, management of their relationships and emotions and are more effective than others in terms of the fulfillment of their basic psychological needs. The path of significant relationship of the fulfillment of basic psychological needs with vulnerability to addiction is well explained by self-determination theory. This theory considers the three main needs including autonomy, sense of competence and relatedness and considers the success of individuals in their satisfactory fulfillment. As each of the basic needs is not met, the psychological well-being of the individual faces a problem and one is exposed to suffer from a variety of psychological harms. The lack of fulfillment of the basic needs of a person's problem in the field of self-esteem is also important and makes the person have weak recognition of his/her values. Feeling worthless and distrusting oneself as a result of self-control, a sense of adequacy and weak interpersonal relationships make a person make mistakes for inefficient compensation of shortcomings. One of them, in the absence of psychological well-being, is addiction.

In the current study, among the three basic psychological needs, the need for relatedness had the strongest correlation with vulnerability to addiction. The need for relatedness is expressed as the intrinsic desire of individuals to feel connected to others and to be part of a group that is popular with others (Bumster and Leary, 1995). If this need is not met accurately, the path to many healthy social and family links will be closed to the individual. In such a situation, the person's relation system is based on maladaptive relationships and is out of the support and security realms. One of the negative consequences of this psychological problem is the development of negative attitudes and the tendency to use non-adaptive and dangerous mechanisms to cope with it. Also, the negative emotions and difficulty in regulating them are one of the problems of substance addicts. This causes addicts fail in the management of emotional and affection states (Zahid, Allahghillyu, Abolqasemi and Narimani, 2010). Therefore, individuals with more emotional distress are more likely to be drug and alcohol users (Tschann, Adler, Irwin, Millstein, Turner & Kegeles, 1994); since drug and alcohol use in drug use disorders is considered widely as an attempt to regulate or avoid negative emotions (Wupperman et al., 2012). Based on this, one can consider the role of relationship as a major psychological need

in overcoming unpleasant mood and emotional states and emphasize its impact on prevention of addiction tendency. According to the findings of this study, it is concluded that the role of emotional intelligence and socioeconomic status by facilitating the fulfillment of basic psychological needs, leads to great one's resilience to addiction. More precisely, high emotional intelligence can facilitate the fulfillment of basic psychological needs, which in turn can reduce individual's vulnerability to addiction. Socioeconomic status along with other factors, including the fulfillment of basic psychological needs, can be a protective factor against addiction. Based on this principle, it is suggested that the basic psychological needs of individuals and especially students in different aspects of life be taken into consideration and effective steps should be taken to develop psychological self-care. Obviously, training in this field will play a key role in its prevention. In addition, it seems that one of the effective measures in the field of resistance of young people towards addiction in student environment is to pay attention to communication skills and at the top of it emotional intelligence. In this regard, it is recommended to increase the skills based on students' emotional intelligence through continuous and effective training in various forms. Considering the socioeconomic status of students and providing facilities that help them with the difficulties of family and financial issues is another recommendation that can be made based on the evidence from this study. Finally, it should be noted that the generalizations of the findings of this research should be done with caution as it is restricted only to the statistical population of the students and the complete reliance of its results on questionnaire method.

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