

Abstract

Objective: The aim of this study was to propose the model of the impact of emotional instability personality on tendency to risky behaviors with the mediating role of attitudes to substance use in adolescents. **Method:** This study is a descriptive one where Structural Equation Modeling is used to propose the model. The population of this study included all school students of Qods County in Tehran Province in 2015. The number of 644 students was selected by multistage random sampling as the participants of this study. The data were gathered through Big Five Personality Questionnaire, Attitude towards Drug Abuse Questionnaire, and Adolescents Risk-taking Questionnaire. **Results:** The results of structural equation modeling analysis showed that the Conceptual Model of the research had an acceptable fitness with the data ($df/S-B\chi^2=2.56$, CFI=0.98, GFI= 0.96, RMSEA= 0.049). In this model, all direct and indirect paths for the prediction of risky behaviors in adolescents were obtained significant. The results also showed that attitude towards substance use had a mediating role in the relationship between instability personality and risky behaviors in adolescents. **Conclusion:** Therefore, this study revealed how interpersonal factors in a model affects risky behaviors in adolescents.

Keywords: emotional instability personality, attitude towards substance use, risky behaviors, adolescents

Causal Model of Impact of Emotional Instability Personality on Tendency to Risky Behaviors in Adolescents with the Mediating Role of Attitudes to Substance Use

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Introduction

Risk behaviors are defined as the behaviors that endanger the individual's safety and, in some cases, endanger the safety of others. These behaviors are used to stimulate the excitement and passionate feelings that are common in adolescents (Bonino, Cattelino, Ciairano, Mc Donald, & Jessor, 2005). Proposing Problem Syndrome Behavior, Jessor (2014) enumerates the categories of high-risk behaviors as smoking, drug use, alcohol drinking, hazardous driving, and early sexual activity. DiClemente, Hansen, & Ponton (2013) also developed risky behaviors to violence and overeating, and addressed tendency toward these behaviors among adolescents.

The irreparable harms and damages of each of the high-risk behaviors in adolescents as well as the high financial and schedule costs changing such behaviors at the individual and social levels have made it a social crisis (Soleimani, Jazayeri & Mohammadkhani, 2001). In addition to the fact that tendency to high-risk behaviors make adolescents susceptible to mental disorders, such behaviors are among the most important causes of adolescent mortality (Sana'eanasab, Irani & Rafati, 2009; Boesky, 2007). Such behaviors are also among the most important causes of mortality in adolescents (Sarrami, Ghorbani & Minooea, 2013; Eaton, Kann, Kinchen, Shanklin, Flint, & Hawkins, 2012). High-risk behaviors have adverse effects on adolescents' health, and also committing at least one of these types of behaviors during adolescence anticipates the possibility of the occurrence of other problems and adulthood inconsistencies (US preventive services task force, 2010). Moreover, according to the coincidence rule of high-risk behaviors, the tendency toward a high-risk behavior also provides the probability of the incidence of other high-risk behaviors in adolescents (Zadeh Mohammadi & Ahmadabadi, 2008). Most scholars believe that any failure in adolescent developmental stages increases the likelihood of being trapped in high-risk behaviors. This can be due to the fact that this period is considered as a period of the outbreak of high-risk behaviors, or this period is recognized with at least an increase in such behaviors (Diclemente et al., 2013). Ellis, Del Giudice, Dishion, Figueredo, Gray, & Griskevicius (2012) believe that the risky behaviors in adolescents are some sort of adaptation to the difficult conditions of life more than the consideration of these behaviors as pertinent to developmental stages. In this adaptation, the adolescents' personality and environmental factors are involved. In this regard, Diclemente et al. (2013) believe that the first factors effective in the attitude toward high-risk behaviors are psychological factors. One of the most important psychological factors is individuals' personality traits, and the purpose of personality examination is to go for behavioral prediction. Research also supports the susceptibility of personality in the incidence of maladaptive behaviors and psychopathology of children and adolescents (Ingram, & Price, 2001). Research has shown that there is a relationship between personality and

disorders, such as aggression, tendency to high-risk behaviors, behavioral and emotional disorders, lack of proper training of children, delinquency, and learning difficulties (Barlas, & Egan, 2006). Some personality traits predispose individuals to specific behaviors; in this regard, emotional instability is among the personality traits in adolescents that is closely related to tendency toward high-risk behaviors. Emotional instability refers to the feelings of anxiety, depression, anger, and dissatisfaction among adolescents (Barbaranelli, Fida, Paciello, Di Giunta, & Caprara, 2008). These people have irrational thoughts and are less able to control their impulses and, thereby, act in tune with poor stress conditions. Research suggests that those personality traits that act unpredictably in relation to anxiety or are accompanied by neurotic and hasty states are directly related to high-risk behaviors (Correa, Hinsley, & De Zuniga, 2010; Mehroof, & Griffiths, 2010).

In addition to the direct relationships of personality instability with the appearance of maladaptive behaviors, there are also factors that act as mediators in the relationship between them; attitude is considered one of the mediating factors among the foundations of personality and behavior. Cattell described attitudes as the most basic concepts in traits. He believes that attitudes are the actions or the desire to act in response to a particular situation, and attitudes usually originate from the innate drives that are called ergs. In this regard, middle sub-goals are at play between traits' ergs and attitudes; therefore, attitudes are the upper levels of traits that are represented (Cattell, 1983; 1990). Allport (1931) also believes that attitudes are, in fact, the consistency of behaviors and, on the other hand, are related to personality traits. In general, in terms of the relationship between high-risk behaviors and attitudes to them, it can be argued that tendency to risky behaviors is a gradual process that is initiated with a positive attitude toward them. Here, the existence of positive attitudes about high-risk behaviors increases the likelihood of the incidence of such behaviors (Alloy, Riskind, & Manos, 2005; Barlow, & Durand, 2011). Although theories and some studies have shown that attitudes are related to behaviors, social psychosocial research has indicated that not all attitudes do lead to behavior; in fact, there are some conditions for attitudes to be converted to behavior (Eisen & Fishbin, 1971). In this research, one of the research objectives is to examine whether a particular attitude, such as attitude toward drug use contributes to the prediction of high-risk behaviors and to see whether the conditions for converting attitudes to behavior in these variables have been observed. In the same way, theories of personality traits emphasize the presence of the relationship between attitudes and personality.

However, to the best of the authors' knowledge, few studies, if any, have been done in this area. As a result, one of the questions that the research seeks to answer is whether personality instability has a direct impact on irrational attitudes toward drug use and how such a feature affects attitude to drug use. The third challenge that the present research seeks to respond to is to propose the

model that explains tendency toward high-risk behaviors in adolescents based on the conceptual model of the research. In fact, here, the main objective is to see whether such a model enjoys suitable fitness indexes and these indexes support the data obtained from such a model in reality?

Method

Population, sample, and sampling method

The current research method is descriptive where structural equation modeling was used for examining the model. The statistical population of this study included the first- and second-year male and female high school students of Qods County in Tehran province in the academic year of 2014-15. Multistage random cluster sampling method was used for the selection of participants. After obtaining research permission from the Education Office of Qods County and receiving the names of all schools, eight schools (4 boys and 4 girls' schools) were selected by random sampling method. At the next step, 10 individuals were randomly selected from each class. In order to select the sample size, the "more the better" rule was followed in structural equation modeling method (Boomsma, & Hoogland, 2001). Therefore, it was attempted to use a large sample size and, thereby, a 644-participant sample was selected. The inclusion criteria were the age of 13-17 years and studying in one of the first or second periods of high school. On the other hand, the exclusion criteria were parental divorce, mother's death, and father's death. The data were analyzed using SPSS21 and LISREL8.8. Of the whole sample, 46.4% were male and 53.6% were female. In addition, 21.1% of the participants were in the first period and 78.9% of them were in the second period. The mean (standard deviation) of participants' age was 15.42 years (1.17 years).

Instruments

1. Iranian Adolescents Risk-Taking Scale: This questionnaire was designed by Zadeh Mohammadi & Ahmadabadi (2008) by considering the credible instruments in the field of risk-taking, such as Juvenile Risk Questionnaire (Gullone, Moore, Moss, & Boyd, 2000) and Youth risk behavior survey (Brener et al., 2004) and also by taking into account the cultural conditions and social constraints of the Iranian society. There are 38 items for assessing adolescents' vulnerability to 7 categories of high-risk behaviors, such as high-risk driving, violence, smoking, drug use, alcohol consumption, sexual relations and sexual behavior, and orientation to opposite gender. The respondents announce their agreement or disagreement with these items on a 5-point scale from strongly agree (5) to strongly disagree (1). The items numbered 1 to 6 pertain to risky driving, questions 7 to 11 belong to violence, questions 12 to 16 pertain to smoking, questions 17 to 24 are related to drug use, questions 25 to 30 measure alcohol consumption, questions 31 to 34 tap into orientation to opposite sex, and questions 35 to 38 measure sexual risk-taking. High score in each of the factors

indicates the high risk of adolescents in that factor. Its reliability has been assessed by internal consistency method and its validity was verified using exploratory factor analysis. Cronbach's alpha of the total scale has been reported to be equal to 0.938, while smoking, drug use, alcohol consumption, sexual relationship and behavior, and orientation to opposite sex have taken up the Cronbach's alpha coefficients of 0.931, 0.906, 0.907, 0.856, and 0.809, respectively (Zadeg Mohammadi & Ahmadabadi, 2008).

In the present study, all factors of the questionnaire were used other than alcohol consumption and sexual behavior. In addition, in the present study, the five-factor model was used and factor analysis method and the maximum probability estimation method by means of data fitness were employed to assess the model. According to the results of the indexes, the five-factor model represents a suitable fitness in the population. Moreover, Cronbach's alpha coefficients of 0.80, 0.77, 0.90, 0.90, and 0.83 were obtained for risky driving, violence, cigarette smoking, drug use tendency, and orientation to the opposite sex.

2. Drug Attitudes Questionnaire: The questionnaire was developed and validated by Delavar, Alizadeh & Rezaei (2004) to assess people's attitudes towards narcotics in five dimensions of mental attitude, physiological attitude, social attitude, attitude to drug use, attitude towards the use hazards of drug use. It consists of 49 five-choice questions based on Likert scale (1 = strongly agree, 5 = strongly disagree). The questions numbered 3, 9, 12, 17, 19, 21, 22, 23, and 2 belong to attitude toward the physiological effects of drug use the questions numbered 1, 5, 6, 7, 8, 10, 11, 14, 16, 18, 20, and 24 measure attitude towards the psychological effects of drug use, the questions numbered 2, 4, 13, and 15 pertain to attitude to the social effects of drug use, questions numbered 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, and 49 belong to attitude towards the hazards of drug use. A higher score indicates a highly irrational attitude towards drug use. Delavar et al. (2004) reported the internal consistency Cronbach's alpha coefficients of the scale and its sub-scales to range from 0.86 to 0.92, and also reported the retest reliability coefficients of the scale and sub-scales to lie between 0.84 and 0.86. In terms of the validity of this questionnaire, factor analysis method (principal component analysis) and group differentiation method were used. Rezaei, Delavar, & Najafi (2012) confirmed the Five Attitudes to Drug Use Scale using confirmatory factor analysis. In addition, in the present study, Cronbach's alpha coefficients of 0.88, 0.80, 0.55, 0.82, and 0.87 were obtained for psychological effects, physiological effects, social effects, attitude toward the hazards of drug use, and attitude toward substance use, respectively.

3. Children and Adolescents Emotional Instability Personality Scale: This scale has been derived from the 65-item Big Five Factor Scale (child and adolescent form) by Barbaranelli, Caprara, Rabasca, & Pastorelli (2003) with the aim of measuring the five big personality factors among 8-year-old children. It

consists of five main factors, namely extraversion/energy, agreeableness, conscientiousness, emotional instability, and intelligence/openness. The items are scored on a 5-point Likert scale. The questions numbered 4, 6, 8, 15, 17, 29, 31, 39, 41, 49, 54, 58, and 61 point to emotional instability. Muris, Meesters, & Diederens (2005) used junior version of the Eysenck Personality Questionnaire and Strengths & Difficulties Questionnaire to assess the convergent validity of this scale, and reported a high correlation between the similar factors. The calculated Cronbach's alpha for extraversion/energy factor was 0.78, it was 0.80 for agreeableness, it was 0.74 for conscientiousness, it was 0.83 for emotional instability, and it was 0.71 for intelligence/openness. Talebi (2014) used exploratory factor analysis and confirmed the four factors of extraversion, emotional instability, intelligence, and conscientiousness, and reported the Cronbach's alpha coefficients of 0.73, 0.83, 0.67 and 0.63 for them, respectively. In addition, in terms of the convergent validity of the scale, Eysenck questionnaire, Aeschbach's Behavioral Problems and Academic Self-Efficacy were found to have a significant relationship with the Big Five Factor Questionnaire. In the present study, the Emotional Instability Scale has been selected with four randomly selected packages, where the first package includes the questions numbered 8, 17, and 58; the second package includes the questions numbered 31, 49, and 54; the third package includes the questions numbered 6, 29, 15; and the fourth package Includes the questions numbered 41.39, 4, and 61. The internal consistency of the packages was evaluated as desirable.

Results

The correlation matrix of the studied variables is presented in Table 1.

Table 1: Correlation matrix of the research variables

<i>Variables</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>	<i>8</i>	<i>9</i>	<i>10</i>	<i>11</i>
1. Emotional instability	-	-	-	-	-	-	-	-	-	-	-
2. Mental effects of drug use	0.20	-	-	-	-	-	-	-	-	-	-
3. Physiological effects of drug use	0.13	0.77	-	-	-	-	-	-	-	-	-
4. Social effects of drug use	0.13	0.36	0.39	-	-	-	-	-	-	-	-
5. Effects of drug use	0.08	0.40	0.42	0.38	-	-	-	-	-	-	-
6. Dangers of drug use	0.15	0.38	0.34	0.30	0.70	-	-	-	-	-	-
7. High-risk driving	0.27	0.23	0.20	0.19	0.22	0.27	-	-	-	-	-
8. Violence	0.43	0.26	0.22	0.26	0.32	0.37	0.55	-	-	-	-
9. Cigarette smoking	0.20	0.36	0.30	0.28	0.61	0.59	0.27	0.39	-	-	-
10. Tendency to substance use	0.16	0.35	0.32	0.27	0.60	0.60	0.30	0.44	0.67	-	-
11. Orientation to the opposite sex	0.18	0.20	0.17	0.13	0.23	0.22	0.40	0.39	0.25	0.26	-
Mean	34.79	19.04	16.38	4.43	14.99	15.08	17.92	11.19	6.85	10.69	11.04
SD	9.22	7.63	6.50	2.17	5.56	5.29	5.35	4.45	3.28	3.94	4.65

Correlation values above 0.12 are significant at $p < 0.001$.

Structural equation modeling was used to evaluate the theoretical model of the research. All the modeling assumptions were investigated, and Robust Maximum Likelihood was used because of the violation of the normality assumption in a number of variables. Therefore, Robust Maximum Likelihood in the asymptotic covariance matrix was chosen before the calculation of the model fitness. In addition, the results of LISREL software and fitness of structural models showed that the assumptions of the "overly defined modeling" and "non-multicollinearity" have been also observed among the variables. In addition, the inflation variance index value of $5 < VIF < 1$ and the tolerance statistic of above 0.1 were obtained for the predictive variables, which indicate a lack of coherence between predictive variables (Craney & Surles, 2002). The assumption pertaining to the multiple observed variables was also met in the measurement model (confirmatory factor analysis). In addition, the assumption of the linearity of the relationship between variables on the basis of the covariance and correlation matrix was assessed through the scatter plot and was confirmed. Moreover, the assumption of the intervalness of the measurement scale was confirmed due to the nature of the data. Meanwhile, considering the fact that the missing data and remote data can affect the variance-covariance matrix between variables and the structural equation modeling analysis, delete outliers method was used in the present study in relation to these data. As shown in Table 1, all variables except for the relationship between emotional instability personality traits and substance use effects are significant at the level of $P < 0.001$. To estimate the model, the Robust Maximum Likelihood method was used and, then, the model was run using LISREL software. The model derived from running this analysis, along with standardized coefficients and relationships between variables, is presented in Fig. 1. In Fig. 1, the parameters of path coefficients in the structural model, which are beta coefficients in the regression equation, have been reported. In addition, standardized loading factor correlation coefficients between the latent variables with indicators (variables of the measured model) have been presented. All the paths of the model are significant at the level of $p < 0.01$. Table 2 presents the results of the model fitness.

Table 2: Absolute, relative, and parsimony fit indices of the model

<i>Satorra-Bentler</i>					<i>Root Mean</i>	<i>Standardized</i>
<i>Scaled Chi-Square (S-B χ^2)</i>	<i>Df</i>	<i>Goodness of Fit</i>	<i>Adjusted Goodness of Fit</i>	<i>Comparative Fit Index</i>	<i>Square Error of Approximation</i>	<i>Root Mean Square Residual</i>
161.66	63	0.96	0.94	0.98	0.049	0.067

According to Table 2, the chi-square value of 161.66 was found to be significant. In the present study, the ratio of Satorra-Bentler Scaled Chi-Square (S-B χ^2) to degree of freedom was obtained less than 3 ($df / S-B\chi^2 = 2.56$), which indicates an appropriate fit for the model. When the distribution assumptions are faulty, S-B χ^2 is used as a correction index of Chi-square test.

The root mean square error of approximation was obtained lower than 0.05, which indicates the optimal fit of the model. This index shows the average of the residual values between the observed covariance/correlation from the sample and the expected model. Moreover, as the value of the standardized root mean square residual is closer to zero, it fits the model more.

The good of fit index was reported to be 0.96; this index is conceptually similar to R^2 in regression analysis; and if this index is greater than or equal to 0.90, then the model is considered scientifically acceptable. The value of 0.94 was obtained for the adjusted goodness of fit index, which shows the acceptability of the model. As this index is higher than 0.90, it represents the better fit of the model. Also, the comparative fit index value is higher than 0.90, which indicates an acceptable fit between the model and the data (Meyers, Gamst & Guarino, 2012). Therefore, the fit indexes of the model in general showed that the collected data would be as acceptable as possible to support the research model. After the acceptance of the model, the model paths results were investigated and the results are presented in Table 3.

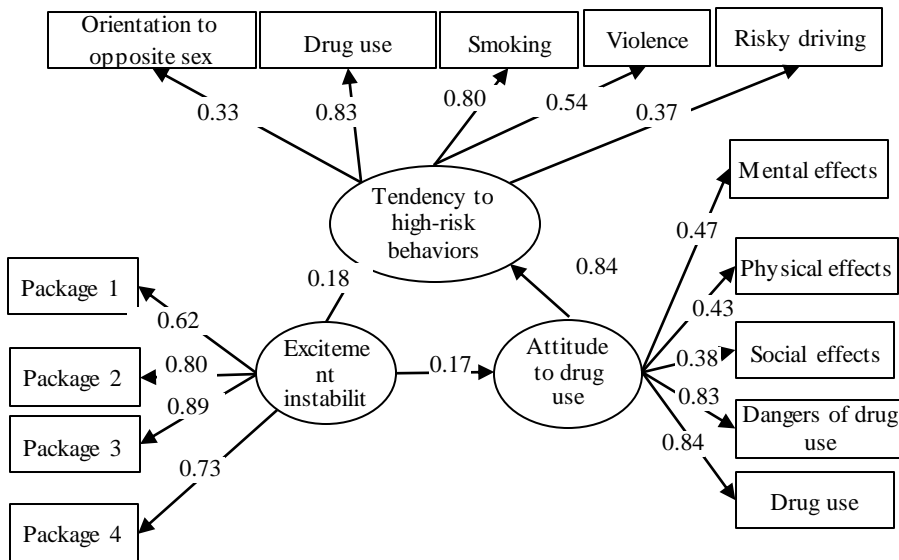


Fig. 1: Relations between the endogenous and exogenous variables of the model with standardized coefficients

Table 3: Indexes of direct, indirect, and total effects of each of the paths based on the theoretical model

<i>Independent variable</i>	<i>Path</i>		<i>Effect type</i>	β	<i>Standard error of estimate</i>	<i>t</i>
	<i>Mediating variable</i>	<i>Dependent variable</i>				
Emotional instability	-	Tendency to high-risk behaviors	Direct effect	0.18	0.04	4.11
Emotional instability	Attitude to drug use	Tendency to high-risk behaviors	Indirect effect	0.14	0.03	2.84
Emotional instability	Attitude to drug use	Tendency to high-risk behaviors	Total effect	0.31	0.07	4.41
Emotional instability	-	Tendency to high-risk behaviors	Direct effect	0.17	0.06	3.06
Attitude to drug use	-	Tendency to high-risk behaviors	Direct effect	0.84	0.12	7.16

According to the results of Table 3, emotional instability has a direct effect on the tendency to high-risk behaviors. Also, due to the significance of the direct, indirect, and total effects, the mediating role of attitude toward drug use is confirmed. In addition to the reports in Table 3, in the research model, attitude toward substance use has a direct effect on adolescents' tendency toward high-risk behaviors with the standard beta value of 0.84 and the standard error of 12.0 by considering the significance test value of 7.16. In addition, the personality trait of emotional instability with the standard beta of 0.17, the standard error of 0.06, and the significance test value of 3.06 has a direct effect on attitude toward drug use.

Discussion and Conclusion

The results of the obtained indexes showed that the conceptual model is a suitable and desirable model that has a high value of explained variance for predicting the criterion variable. In other words, the structure of the model and the research variables had a significant effect on the tendency toward high-risk behaviors. Most research in the field of social psychology has reported contradictory effects of attitudes on the incidence of such behaviors. In a large number of the early studies, no evidence was obtained to show that there is a close relationship between attitude to drug use and high-risk behaviors (Bohner, 2002). Hence, some researchers have suggested that research on the attitude construct should be discarded in full, but other researchers have attempted to determine the conditions affecting the relationship between attitude and behavior instead of excluding research on the concept of attitudes (Ajzen, 2001). In this regard, they identified methodological issues and factors involved in this area. According to Ajzen & Fishbein (1973), only if both attitude and behavior are

proportionate and consistent in terms of the degree of specificity, one should expect the existence of a close relationship between attitude and behavior. In the present study, a close relationship was found between attitude toward drug use and tendency to substance use. However, the other challenge and question is raised in terms of the way the relationship between attitude toward addiction and other high-risk behaviors such as high-risk driving, violence, smoking, and orientation to the opposite sex (which were considered as latent variables in this study) may be established. Through two perspectives, one can answer this question. Attitudes are related to schemas; hence, it seems that people who have a positive attitude towards drug use generally have schemas with irrational recognition about risky behaviors. These people are likely to think that "high-risk behaviors are not very harmful", "because they are worth being experienced the value of experiencing," or "I am very strong and not vulnerable to these behaviors." It can be due to this reason that Strom (1990) believes that one attitude does not lead to just one answer, but is reflected in most of the different behaviors of an individual. The second explanation involves the principle of the coincidence of high-risk behaviors. When a person finds a positive attitude towards a risky behavior, s/he will probably experience another risky behavior.

The significant value of beta showed that the relationship between adolescents' personality traits and tendency towards high-risk behaviors in the conceptual model was significant. Therefore, the data supported the path of adolescents' personality instability towards tendency towards high-risk behaviors in the developed model. This finding is consistent with those of the studies conducted by Mami, Ahadi, Naderi, Enayati & Mazaheri (2012), Soleimani, Hasani & Arianakia (2014), Gullone, Moore, Moss, & Boyd (2000), Cyders, Flory & Rainer (2009). The most important characteristic of personality traits is the prediction of individuals' attitudes and behaviors; therefore, personality traits are an appropriate predictor of tendency toward high-risk behaviors. As Allport (1938) states, attributes are a real construct that occurs with certain behaviors. In this view, attributes are not object-oriented and do not wait to be moved by forces of stimuli; rather, they stimulate the human being to look for environmental stimuli and reveal themselves; therefore, personality traits are an appropriate predictor of tendency to high-risk behaviors in adolescents. Theories of personality traits have introduced the factor of neuroticism, which was studied in this research under the title of Emotional Instability, as a predictor of tendency toward high-risk behaviors (Feist & Feist, 2008). According to Karney & Bradbury (1997), personality traits, such as emotional instability and neuroticism, tend to be followed by permanent vulnerabilities that may harm the self and even others. Anxiety (equal to the factor of neuroticism or emotional instability) is the common point of Freud's view and Traits Approach. Both of these perspectives emphasize the importance of anxiety in shaping behaviors. People who obtain a high score in this factor usually have an extreme emotional response and can restore to the normal state

after the emotional excitement. This irritability predicts the tendency toward a variety of high-risk behaviors. On the other hand, one of the characteristics of these people is the conduct of hasty actions; hence, they are very unable to control their desires and temptations (for example, smoking). In the eyes of these people, desires are so strong that one cannot resist them when they are at hand, although they may regret their behavior later on (Whiteside & Lynam, 2001; Eysenck & Eysenck, 1977). In addition to these explanations, it can be argued that emotional instability is a general tendency to experience negative emotions, such as anger, fear, and impulsivity in such a way that many addicts refer to the experience of distress, anger, fear as the reason for their addiction (Kameli, Jajarmi, Abedi & Kameli, 2014). People who get a high score on this factor experience more stressful events on the one hand, and they are susceptible to experiencing negative emotions and helplessness regardless of the level of stress, on the other hand. Therefore, readiness to experience stressful events and negative emotions make these people ineffective in coping with stressful events (Aliloo, Arji, Bakhshipour & Shahjouyi, 2011). In such a situation, they cannot embark on solving problems, and the absence of problem-solving skills increases the likelihood of occurrence of high-risk behaviors. As it was stated earlier, emotional instability is a natural tendency to act impulsively, and these people prefer immediate rewards to future rewards, so they tend to smoke and take opiate drugs or be with the opiate sex because they also find a good way to reduce their anxiety in this way in addition to experiencing an instant pleasure. Research also suggests that these individuals tend to be smokers or drug users since they can control their negative emotions in this way. Research has also shown that people who have obtained a high score on emotional instability have irrational cognitions and emotions. These people do not think logically in choosing their own behavior and they usually act in haste. In this case, there is evidence that adolescents consider fewer consequences in their behaviors and decisions; therefore, a teenager with the emotional instability trait considers most of the dangers lower than what they are in the real sense (Mishra & Lalumière, 2011).

In addition, the results showed that attitude toward drug use has a mediating role in the relationship between the personality trait of emotional instability and tendency to high-risk behaviors. To explain this question, it was required to explain all the paths developed in the model. Therefore, the direct effect of personality instability on tendency to drug use was discussed. Moreover, the effect of attitude toward drug use on tendency toward high-risk behaviors was explained. Considering the lack of research findings in this regard, it is possible to use Cattell, Eysenck, and Allport's views to describe and explain this finding. Cattell (1990) believes that attitudes are the high levels of traits that can be represented. If this perspective is taken into account, this finding can be explained in such a way that the attitudes consistent with personality traits satisfy the drive-based needs of the students; therefore, it seems that those who are emotionally unstable meet their need for the reduction of anxiety and stress

through positive attitudes toward drug use and tendency to drug use. This finding can also be explained from Eysenck & Eysenck's perspective (1981). In Eysenck's hierarchy of behavior organization, attitude to addiction can be the fourth level of this process that is also associated with personality traits which is the second level. With the explanation that the factor of the relationship in this process is the third level of behavioral organization that involves people's ordinary cognitions and thoughts, positive attitudes to addiction can be a feature of emotionally unstable individuals who, in most situations of life, experience negative cognitions and emotions. Thus, it is possible to predict people's rational or irrational attitudes through personality traits. People with emotional instability seem to have irrational attitudes toward the effects of drug use. These people hold negative thoughts and perceptions to different subjects, and they use fewer rational explanations in the face of difficulties and problems. These results are also supported by the research findings reported by Karimi, Abdollahpoor & Kord (2012). They believe that attitudes are similar to personality traits and attitudes are a construct that reflects individual differences and has a common variance with the Big Five-Factor Model of Personality that predicts a number of individual differences.

In general, the results of this study showed that the effect of emotional instability, as the most important intrapersonal factor, along with the attitudes toward substance use could predict tendency toward high-risk behaviors in adolescents. Therefore, the research model was developed by considering the relationships between variables, which showed that the data obtained from the research support this model. Similarly, the present study showed how attitudes toward drug use, as a mediating variable, can influence the relationship between emotional instability and tendency to high-risk behaviors. Although the present model had the highest determination coefficient in the prediction of drug use tendency, the predictive variables had considered only individual and psychological factors in the prediction of drug use tendency; therefore, there is a research gap in this regard. As a result, other researchers are suggested to examine the environmental factors along with individual and psychological factors and to compare the fitness indices between the two models. It is also recommended that other researchers develop a therapeutic program for changing attitudes by taking into account this model and examine its effects on reducing the incidence of high-risk behaviors in experimental and quasi-experimental studies. The non-examination of the non-changeability in males and females and the uncontrollability of the gender role of children can affect the results of this research. Therefore, this can be one of the limitations of the present research. Also, considering that attitudes toward substance use and tendency towards high-risk behaviors are the tools that participants are likely to fill out with caution, this behavior may have affected the research validity.

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