



Relationship Between Anxious Attachment, Family Health, and Addiction Susceptibility in University Students; the Mediating Role of Cognitive Emotion



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Authors

Rezaei F.¹ MSc
Talebzadeh Shoushtari M.*¹ PhD
Makvandi B.¹ PhD
Marashian F.S.¹ PhD

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¹ Department of Psychology, Ahvaz Branch, Islamic Azad University, Ahvaz, Iran

*Correspondence

Post Address: Post Address: Department of Psychology, Ahvaz Branch, Islamic Azad University, Street Golestani, Ahvaz, Iran. Postal Code: 61349-37333
Phone: +98 (61) 33348320
Fax: +98 (61) 33329200
talebzademarzieh@gmail.com

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ABSTRACT

Aims Individuals with substance use disorder often struggle with chronic and recurrent episodes, experiencing a lack of control over their behaviors and significant disruptions in motivation. This study investigated the relationship between anxious attachment, family well-being, and addiction susceptibility among university students with the mediating role of cognitive emotion regulation.

Instrument & Methods This study utilized structural equation modeling, a widely recognized multivariate correlation method, to examine the relationship between various factors in the context of addiction susceptibility. The target population for this study comprised students from the Islamic Azad University of Ahvaz. Through convenience sampling, a sample of 300 students was selected. All participants completed the Potential Addiction Scale, Experience in Close Relationships Scale, Family-of-Origin Scale, and Cognitive Emotion Regulation Scale. The collected data underwent statistical analysis using SEM, revealing a well-fitted model.

Findings Anxious attachment and family health significantly influenced participants' inclination toward addiction ($p < 0.001$). These effects were directly and indirectly observed, mediated by cognitive emotion regulation ($p < 0.001$).

Conclusion Reducing addiction tendencies in young individuals can be achieved through training families and university students on cultivating secure attachment styles, employing adaptive cognitive regulation strategies, and promoting overall family health.

Keywords Anxiety; Health; Family; Addiction; Emotion; Students

CITATION LINKS

[1] Substance use disorders in global mental health ... [2] Principles of care for young adults with co-occurring ... [3] The relationship of resilience and family functioning with ... [4] Early life poly-victimization and differential development of anxiety as risk ... [5] Prediction of symptoms of psychosomatic disorders in ... [6] Attachment and substance use disorders-theoretical models, ... [7] Infant-parent attachment: Definition, types, antecedents ... [8] Attachment and therapeutic alliance in substance use ... [9] An enquiry into the predictive power of the theory ... [10] Attachment difficulties and ... [11] The relationship between the attachment styles of ... [12] The relationship between the family functioning of ... [13] Family-based interventions for the prevention of substance ... [14] Does substance use by family members and community ... [15] Family-based treatments for adolescent substance ... [16] The relationship between family intimacy and ... [17] The vicious cycle: Problematic family relations, substance ... [18] Mediating role of resilience and self-efficacy in the ... [19] The relationship between attachment security and ... [20] Do depression symptoms predict ... [21] Emotion regulation and substance use ... [22] Emotion regulation in substance use disorders ... [23] Effectiveness of teaching emotion regulation strategies ... [24] Emotion dysregulation across levels of ... [25] Principles and practice of structural equation ... [26] New measures for assessing alcohol and drug ... [27] The mediating role of drug attitude ... [28] Self-report measurement of adult romantic ... [29] Iranian adaptation of the revised adult... [30] A family-of-origin scale ... [31] Exploratory factor structure of the Persian ... [32] Cognitive emotion regulation questionnaire-development ... [33] Drug cravings and its relationship with family communication patterns ... [34] The role of attachment style in substance use tendency ... [35] The association between family violence, ... [36] Emotion regulation strategies in abusers ...

Introduction

Substance use disorder (SUD) represents a significant societal issue in the 21st century, with far-reaching complications that seriously threaten society [1]. This multidimensional psychiatric disorder involves maladaptive drug-use patterns and is closely associated with adverse consequences, including anxiety, depression, and diminished quality of life [2, 3]. Individuals with SUD often struggle with chronic and recurrent episodes, experiencing a lack of control over their behaviors and significant disruptions in motivation [4]. Numerous studies have underscored the pivotal role of anxious attachment in predisposing individuals to addiction [5, 6].

Attachment, which pertains to the emotional bond between a child and their primary caregiver, is crucial to seeking safety and security [7]. The development of attachment is influenced by familial, peer, and socio-emotional factors throughout adulthood, while attachment styles serve as transformative elements that shape personality traits and behavioral tendencies [8]. The attachment system functions as a behavioral adaptation mechanism that aims to alleviate tension and arousal resulting from fear, akin to the psychological counterpart of the immune system. Just as the immune system combats physical distress, the attachment system influences fundamental social interactions and psychological attributes [9]. Moreover, it significantly influences the development of personality disorders, emotional dysregulation, and antisocial behaviors [10]. An anxious attachment style often emerges due to inconsistent and negligent parental care during childhood [11].

Evidence suggests a significant relationship between family health and the propensity for addiction [12]. As an integral part of an individual's life, the family is a social and communication system. The health of the family reflects the proper functioning of its members. The experiences and dynamics within the family of origin play a pivotal role in the well-being of family members [13]. The term "family of origin" refers to an individual's interactions and experiences with their parents or caregivers during childhood, forming the foundation for their interpersonal relationships in adulthood [14]. Researchers have hypothesized about the profound influence of the family of origin on an individual's development [15]. According to cognitive theory, observing parental behavior shapes an individual's initial schemas for family life. The emotional connection between children and their parents within families is enduring, persisting over time and physical distance. Individuals are often emotionally attached to their family of origin, even after starting their own families [16]. Consequently, a positive relationship between children and parents in the family of origin can contribute to their overall satisfaction with their present life circumstances. However, experts suggest that intra-family

relationships can also be a source of psychosocial problems for individuals [17].

Cognitive emotion regulation (CER) emerges as another noteworthy factor associated with addiction. Emotion regulation refers to the ability to understand, adjust, and express emotions, and it is a skill shaped by familial and social influences [18]. The emotion regulation process encompasses various stages of emotional processing, starting with accurate self-awareness and culminating in appropriately applying coping strategies to manage emotional arousal [19]. It is crucial to note that employing maladaptive emotion regulation methods can contribute to psychological and social difficulties during adolescence and adulthood [20]. The development of reasoning and representation skills and an individual's emphasis on emotion analysis and intervention significantly influence emotion regulation [21, 22]. This facet of regulation encompasses a range of skills aimed at recognizing, accepting, evaluating, adjusting, and transforming negative emotional states to navigate interpersonal and intrapersonal stressful situations [23] effectively. According to models of emotion regulation, adolescents who exhibit heightened emotional reactivity and encounter challenges in accepting, evaluating, and controlling their emotional responses are more likely to engage in self-harming behaviors [24].

According to the mentioned materials, the present study aimed to investigate the relationship between anxious attachment, family well-being, and addiction susceptibility among university students with the mediating role of cognitive emotion regulation.

Instrument and Methods

Design and participants

This correlational study employed structural equation modeling (SEM) as its analytical approach. The study population consisted of all students enrolled at the Islamic Azad University of Ahvaz in 2021. A total of 18 parameters were analyzed and calculated, which included 11 direct paths, two exogenous variables, one covariance, and error variances. To ensure the adequacy of the research sample for model testing, Kline [25] recommends a minimum of 15 participants for each parameter ($18 \times 15 + 50 = 320$). Considering the possibility of receiving incomplete questionnaires, 320 questionnaires were distributed among the students. Finally, 300 students completed the questionnaires and entered the research process. With a sample size of 300, there were approximately 17 participants available for each parameter, indicating the sufficient size of the sample for testing the proposed model. The inclusion criteria for participant selection encompassed obtaining informed consent, being at least a sophomore, having no history of psychological disorders, not visiting a psychiatrist during the study

period, and completing all the research questionnaires. Conversely, the exclusion criteria involved participants unwilling to continue participating in the study or providing incomplete questionnaires.

Instruments

Addiction Potential Scale (APS): The APS, developed by Weed *et al.* [26], comprises 41 items, including 36 regular items and five lie detectors. This scale assesses the propensity for addiction across two subscales: Active potential and passive potential. The first subscale primarily focuses on antisocial behaviors, drug cravings, positive attitudes toward drugs, and thrill-seeking tendencies. Meanwhile, the second subscale emphasizes self-expression difficulties and depressive symptoms. Participants rate each item on a 4-point Likert scale, ranging from 0 (Totally disagree) to 3 (Totally agree). Scores on the APS range from 0 to 180, with higher scores indicating a greater inclination toward addiction. Hosseinpour *et al.* [27] reported the reliability for this scale equal to 0.85.

Experience in Close Relationships (ECR) Scale: Developed by Brennan *et al.* [28], the ECR Scale is a self-report questionnaire comprising 36 items. It measures attachment insecurity through two categories: Attachment avoidance and attachment anxiety, with 18 items allocated to each category. The scale evaluates attachment across four subscales: Attachment to a mother, attachment to a father, attachment to friends, and attachment to a spouse. Participants rate each item on a 5-point Likert scale, ranging from 1 (Totally disagree) to 5 (Totally agree). Asgarizadeh *et al.* [29] reported the reliability for this scale equal to 0.83.

Family-of-Origin Scale (FOS): The FOS, developed by Hovestadt *et al.* [30], encompasses 40 items scored on a 5-point Likert scale, ranging from 1 (Totally disagree) to 5 (Totally agree). This scale evaluates the health of the family of origin along two dimensions: independence and intimacy. The total score on the FOS ranges from 40 to 200. Rajabi *et al.* [31] reported the reliability for this scale equal to 0.93.

Cognitive Emotion Regulation Scale (CERS): The CERS, developed by Garnefski *et al.* [32], consists of 36 items divided into nine subscales. Participants rate each item on a 5-point Likert scale, ranging from 1 (Totally disagree) to 5 (Totally agree). Five subscales of the CERS represent adaptive (Positive) cognitive emotion regulation strategies, including acceptance, positive refocusing, refocusing on planning, positive reappraisal, and putting things into perspective. The remaining four subscales represent maladaptive (Negative) emotion regulation strategies: self-blame, rumination, catastrophizing, and other blame. Badie *et al.* [33] reported the reliability for this scale equal to 0.88.

Data Analysis

The mean and standard deviation of research variables were used to evaluate descriptive data. In

addition, Pearson's correlation coefficient was used to check the correlation between the studied variables. The goodness of fit of the proposed model was evaluated using various indices, including the Goodness of Fit Index (GFI), Adjusted Goodness of Fit Index (AGFI), Incremental Fit Index (IFI), Tucker-Lewis index (TLI), Comparative Fit Index (CFI), Normed Fit Index (NFI), and Root Mean Square Error of Approximation (RMSEA). The data obtained in this study were analyzed using SPSS-26 and AMOS-24 software.

Findings

The sample mean age was 21.33±2.61 years. There was a negative correlation between adaptive cognitive emotion regulation strategies and addiction susceptibility (r=-0.48) and a positive correlation between anxious attachment and maladaptive emotional regulation strategies (r=0.33; Table 1).

Table 1. Pearson correlation coefficient between parameters (all significant at p<0.01)

Parameter	Mean±SD	5	4	3	2	1
1-Addiction susceptibility	108.28±9.03	0.48	-0.48	-0.53	0.46	1
2-Anxious attachment	68.18±24.02	0.33	-0.30	-0.30	1	
3- Family health	107.99±35.02	0.45	0.44	1		
4-Adaptive cognitive emotion regulation strategies	66.33±15.92	-0.37	1			
5-Maladaptive emotion regulation strategies	50.27±14.85	1				

Anxious attachment and family health served as predictors, addiction susceptibility as the criterion, and cognitive emotion regulation as the mediating parameter. The proposed model (df=3) fitted well with the data ($\chi^2=10.08$; GFI=0.99; AGFI=0.92; IFI=0.9; TLI= 0.92; CFI=0.98; NFI=0.98; RMSEA=0.07).

Table 2. Path coefficients of direct relationship between research parameters in the proposed model (all significant at p<0.001)

Path	β
Anxious attachment → Addiction susceptibility	0.23
Family health → Addiction susceptibility	-0.22
Adaptive cognitive emotion regulation strategies → Addiction susceptibility	-0.21
Maladaptive cognitive emotion regulation strategies → Addiction susceptibility	0.19
Anxious attachment → Adaptive cognitive emotion regulation strategies	-0.18
Family health → Adaptive cognitive emotion regulation strategies	0.39
Anxious attachment → Maladaptive cognitive emotion regulation strategies	0.22
Family health → Maladaptive cognitive emotion regulation strategies	-0.38

Addiction susceptibility in the students had significant relationships with anxious attachment ($\beta=0.23$; p<0.001), family health ($\beta=-0.22$; p<0.001),

adaptive cognitive emotion regulation strategies ($\beta = -0.21$; $p < 0.001$), and maladaptive cognitive emotion regulation strategies ($\beta = 0.19$; $p < 0.001$; Table 2).

Adaptive and maladaptive cognitive emotion regulation strategies mediated the relationship between anxious attachment, family well-being, and addiction susceptibility among university students ($p < 0.001$; Table 3).

Table 3. Path coefficients of indirect relationship between research parameters (all significant at $p < 0.001$)

Path	β
Anxious attachment → Addiction susceptibility through adaptive cognitive emotion regulation strategies	0.11
Family health → Addiction susceptibility through adaptive cognitive emotion regulation strategies	-0.13
Anxious attachment → Addiction susceptibility through maladaptive cognitive emotion regulation strategies	0.12
Family health → Addiction susceptibility through maladaptive cognitive emotion regulation strategies	-0.14

Discussion

The present study investigated the mediating role of cognitive emotion regulation in relationships between anxious attachment, family health, and addiction susceptibility among university students. The findings of this study indicate that anxious attachment and family health impacted the tendency of university students to develop an addiction, with cognitive emotion regulation mediating role. Consistent with previous research [34, 35], a positive and significant relationship was observed between anxious attachment and addiction tendencies. Several personality traits, including anxiety, depression, stress, and personality disorders, are known to increase the risk of drug addiction, and these traits are often prevalent among individuals with substance use disorders. Attachment plays a critical role in establishing a sense of security within relationships throughout life, and early relationships serve as templates for future social interactions [34]. Responsive and nurturing care provides a secure base, offering comfort, support, and protection, and helps individuals develop positive self-perceptions and perceptions of others. On the other hand, inadequate care is associated with anxiety, anger, dependency, and the suppression of needs.

Early attachment relationships shape internal patterns that contain information about oneself, others, and relationship dynamics, influencing behavior and personality traits over the lifespan. Individuals with an anxious attachment style exhibit a compulsive desire for closeness, heightened sensitivity to rejection and abandonment cues, negative self-perceptions, and positive perceptions of others [6].

Difficulties in interpersonal relationships and a lack of empowerment can lead individuals with an anxious attachment style to seek relief through substance abuse.

The study results also revealed a positive and significant association between family-of-origin health and addiction tendency, consistent with previous research [3]. This finding can be explained by the fact that families that promote independence and forgiveness for minor mistakes enhance their children's abilities and self-esteem. These families also encourage self-direction by entrusting responsibilities to their children [12]. Moreover, due to close family relationships, children feel comfortable bringing their problems to the family and seeking the guidance and opinions of family members to correct their mistakes. Therefore, the family acts as a protective factor against external threats such as addiction [16].

The results of this study provide evidence for the significant impact of adaptive strategies of cognitive emotion regulation on the tendency toward addiction, which is consistent with previous research findings [36]. For example, Abolghasami *et al.* [36] demonstrated the significant influence of emotion regulation strategies on individuals with substance abuse problems. Adaptive strategies of cognitive emotion regulation include acceptance, focus, positive refocusing, refocusing on planning, positive reappraisal, and undermining. Research has shown that individuals who regularly employ cognitive reappraisal to regulate their emotions in daily life demonstrate greater resilience to stress [23]. Cognitive reappraisal is an adaptive strategy that helps individuals modify their emotional responses to stressful events, enhancing their performance and reducing the likelihood of drug abuse.

Additionally, the study findings revealed a positive and significant association between maladaptive emotion regulation strategies and the tendency towards addiction, which aligns with the results of Abolghasami *et al.* [36], who found a significant relationship between negative emotion regulation strategies and interpersonal behaviors among individuals with substance abuse disorders. Models of substance use disorder (SUD) suggest that individuals who struggle to regulate their emotions effectively may turn to drug abuse as a coping mechanism. Treatment approaches for SUD discourage using maladaptive emotion regulation strategies and promote the adoption of adaptive strategies. Individuals with difficulty controlling their impulses are at a higher risk of developing drug or alcohol addiction. Addicts with heightened emotional reactivity tend to employ maladaptive emotion regulation strategies, while those with lower reactivity utilize adaptive strategies. Increased reactivity and maladaptive negative emotion regulation strategies appear to be risk factors for drug abuse [36].

However, it is important to acknowledge certain limitations of this study. Firstly, the research was conducted exclusively on students from the Islamic Azad University of Ahvaz, and caution should be

exercised when generalizing the results to other populations. Therefore, future studies should investigate diverse populations encompassing different age groups and educational attainment levels.

Conclusion

Cognitive emotion regulation mediates the relationship between anxious attachment, family health, and the tendency toward addiction.

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Ethical Permissions: The Ethical Committee of the Islamic Azad University of Ahvaz approved the study (IR.IAU.AHVAVZ.REC.1400.039).

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