

Comparison of the difficulty of emotional regulation and quality of life in Narcotic drug, robbery and Caused from Czech prisoners in Miandoab city

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Abstract: The aim of the current study is comparing of difficulties in emotion regulation and quality of life in prisoners of narcotic drug, robbery and caused from check prisoners in Miandoab city that done through descriptive-survey method. The population include all prisoners of narcotic drug, theft and check abusers (N=1192) that 215 people calculated by Morgan's table as a sample that selected by stratified random sampling method. Collecting data were done by using standard questionnaire of emotional regulation difficulty and quality of life. Data were analyzed by SPSS software and using MANOVA test. The findings of this research indicate that: limited access to emotional regulation strategies is less in narcotic drug prisoners, prisoners of robbery, and ones caused from check respectively. But there is no difference between the difficulty of emotional regulation among prisoners of narcotic drug, prisoners of robbery, and prisoners caused from check. There is a significant difference between the psychological status of life quality of the prisoners of robbery and the prisoners caused from check in the city of Miandoab and the level of psychological field is less than the prisoners caused from check from the prisoners of robbery.

Key words: Difficulty of emotional regulation, quality of life, prisoners

INTRODUCTION

Many people are being imprisoned, who are efficient forces and young people in most cases. They have to return to their community after their conviction period. Therefore, the evaluation of the health indicators of these people in prisons are important in terms of helping to return healthy manpower and also in terms of preventing potential health problems and dangers that these people can transfer them from prison. Quality of life is one of the health indicators with a combination of cognition of each person in different aspects of life and performance in human, work, and social relationships, which is essential for the continuation of optimum life and well-being of the individual. So that today, quality of life has been comparing with life expectancy which the first is an indicator for the width of life, and the latter is a longitudinal one. It is clear that quality of life is a multidimensional concept including one's physical, psychological, and social health, and then the expression of "quality of life" is defined in the relation of healthy which is about stages of the disease or treatment (Ismaili, 2008). Many of the scientific courses, including social sciences and health care courses have contributed to the historical development of the concept of life quality. This issue itself creates problems because each of these courses focuses on quality of life from a different angle and has different interests and follows different outcomes. For example, sociologists and psychologists essentially describe the quality of life in terms of satisfying life and happiness that takes into account the level of fulfillment of one's wishes or expectations (Hojjat, 2015). Difficulties in conceptualizing quality of life are focused on determining the components of happiness or life satisfaction and confirmed the possible differences between different cultures from acceptable expectations and standards for individuals (Holmes, 2005). By making the first quality of life scales, the concept of quality of life was formally introduced by the Karnofsky in 1969. Although this scale emphasizes a lot on the physical aspect of quality of life, it was welcomed by the therapists; and it was presented as a symbolic and lasting move in a space, where the common and usual approaches of that time sufficed to diagnosis, prognosis and therapeutic progress (Facts and Sheriff, Molavi and Talebi, 2007). Quality of life was one of the most fundamental concepts in the positive psychology movement. Over the past few decades, many studies had been conducted on the affecting factors on it. In positive psychology, constructs of life quality had been based on two approaches: subjective and objective approach. In a subjective approach, quality of

life is synonymous with the person's happiness or satisfaction and is emphasized on cognitive factors in assessing the quality of life (Schalock, 1996). But the objective approach, quality of life had been conserved as obvious and relevant cases to life standards. These standards include physical and personal health, (wealth, etc.), social communication, employment, and other social and economic factors (Williams 1985). In the fluctuation between the two subjective and objective approaches, a new approach was made which was called a holistic one. In this view, quality of life was a multidimensional phenomenon that included both subjective and objective components.

Another factor to be investigated in this study is the difficulty of emotional regulation that must be learned. Setting up excitement as a process of initiating, maintaining, modifying or changing the incidence, severity or continuity of the inner feelings and the excitement relate to the socio-psychological, physical processes are not repressing the emotions, and the person should not be always in a calm and silent state of emotional excitement; but it includes the processes of monitoring and changing the emotional experiences of a person (Heidari and Iqbal, 2010). Emotions have high quality and can cause a positive or negative reaction in individuals, so that if they are appropriate to the situation and circumstances, it will be caused to react positively and otherwise negatively. Therefore, when emotions are intense or prolonged or not consistent with the conditions, they need to be set (Gross, 1998). The general concept of cognitive emotion regulation implies a cognitive mode to enter manipulated data of excitement (Thompson, 1991; Oksner & Gross, 2004, 2005). In other words, the strategies of cognitive emotional regulation refer to how people think after experiencing a negative or incidental event. Emotion regulation can be defined as processes which individuals can influence what emotions to have and how to experience and express them (Gross, 1998). Emotion regulation has been defined in many ways, but all of them define that emotion regulation is a way which individuals explain their own experience and express themselves emotionally in a distress situation through the use of strategies such as supervising, suppression and re-evaluation cognitive controller (Gross, 2002). Thompson (1994) believes that emotion regulation is the internal and external processes that are responsible for controlling, evaluating and changing emotional responses of an individual in order to achieve his goals. In sum, the importance of emotional regulation in emerging social phenomena has not been highlighted. Research has shown that emotion regulation plays an important role in emotional management (Saarni, Mumme, and Campos, 1998). Emotion regulation is a specific form of self-regulation (Tice and Bratslavshy, 2000) and defined as internal and external processes involved in the revise, evaluation, and adjustment of the appearance, severity and duration of emotional responses (Thompson, 1994) which are used in non-conscious, semi-conscious and conscious levels (Mayer and Salovey, 1995). Emotional self-regulation consists of the processes which people affect their emotions, modality and expressing them. This ability or feature plays a significant role in the well-being and mental health, and it is necessary to be well-identified and should be considered its factors and consequences (Moshiriyani Farahei, 2015). However, one's ability to control his emotion is one of the most important features that must be learned. Emotional regulation is defined as the process of initiating, maintaining, modifying or changing the incidence, severity or continuity of inner emotion and excitement relate to the socio-psychological, and physical processes in the accomplishment of the individual's goals (Vimz & Pima, 2010). In fact, emotional regulation is not just a suppression of emotions, but one should not always be in a state of calm and silent in emotional excitement. Emotional regulation includes monitoring processes and changing personal emotional experiences (Thompson, 1994). The emotions have high quality in such a way that they can lead to positive or negative reactions in people (Gross, 1998). If it matches the situation, it will cause a positive reaction; otherwise it will cause a negative one. Therefore, when the emotions become severe, either prolonged or incompatible, then it is necessary to adjust them (Heydari and Iqbal, 2010). Therefore, according to the presented issues, this study aims to compare the difficulty of emotional regulation and quality of life in Narcotic drug, robbery and Caused from Czech prisoners in Miandoab city.

RESEARCH METHODOLOGY

According to the purpose of the applied research and its nature, the method of research is causal comparative of descriptive method. The statistical population consisted of all Narcotic drug, robbery and Caused from Czech prisoners in Miandoab city that was about 485 people; 215 people were selected as sample size by using the Morgan's table and simple random method. Two standard questionnaires were used for data collection, which are detailed in the following:

Emotional regulation difficulty questionnaire: This scale was made by Grazno-Roemer (2012) and had been translated and examined by Khanzadeh, Saidian, Hossein Chari and Edrisi (2012). This scale consists of thirty six parts, which scoring them are ranked by a Likert grade; higher scores represent a greater difficulty in the order of emotion. This scale has 36 items and its responds are based on the five-point Likert scale, it ranges from 1 (never) to 5 (always). This questionnaire measures 6 components (each 6 questions have a component). The

subscales of this questionnaire include: lack of acceptance of emotional responses, difficulty in targeting behavior, impulse control difficulty, lack of excitement awareness, limited access to emotional regulation strategies, and lack of excitement transparency. The reliability coefficient of the whole scale was reported 0.93 by using inner emotional methods, and for each of the six sub-scales of emotional excitement, the Cronbach's alpha coefficient was reported more than 0.80. In the study of factor structure, the psychometric properties of scale in the Iranian population, which was performed by Khanzadeh et al. (2012) on students in Shiraz, the Cronbach's alpha coefficient for sub-scales was between 0.81 and 0.86, and the retest reliability coefficient was fluctuated between 0.79 and 0.91 after an open week test. Also, the overall internal stability is 0.93 and each sub-scale is expressed 0.85, 0.89, 0.86, 0.80, 0.88 and 0.84 respectively. Based on an internal reliability study, that was conducted by Alawi, the total internal consistency is reported 0.86. The higher score shows the lower excitement setting (Moshirian Farahei et al., 2015).

Quality of life questionnaire: A quality of life questionnaire. This questionnaire is used to measure the quality of life of a person in the last two weeks; its creators are World Health Organization in collaboration with 15 international centers in 1989. The numbers of questions are 24 in 4 domains (the domains of physical health, psychological, social relations and the environment of life) which the first two questions do not belong to any of the areas and generally it evaluates the state of health and quality of life. It is worth to mention that questions 3, 4, and 25 are scored in reverse order and the quality of life in each area is explained from 24 to 120. In the reported results that are done by the Quality of Life Scale group of World Health Organization which has been conducted in 15 international organizations, the Cronbach's alpha coefficient is between 0.73 and 0.89 for the four subscales and the whole scale. The quality of life is explained from 26 to 13. The questionnaire has been translated and validated in more than 40 countries (Min, Kim, Lee, 2002, and Skevington, Lotfy and O'Connell, 2004). In Iran, Nassiri (2006) used three methods such as retest, Pneumatic and Cronbach's alpha for scale reliability in a three-week period, which was 0.67, 84.87, and 0.00 respectively. In this study, for determining the validity from the correlation, the overall score of each dimension was used with each of the questions forming of that dimension. The range of correlation coefficients was 0.45 - 0.83 and all coefficients were significant at 0.01 level. Each part had the highest correlation with its dimension. In a research conducted by Yousefi and Safari (2009), for determining the validity of the correlation, the overall score of each dimension was used with each question forming of that dimension. The correlation coefficients range was from 0.45 to 0.83, and all coefficients were significant at 0.01 level. Each part also had the highest correlation with its dimension (quoted by Hojjati, 2015).

Questionnaires were distributed among 30 people in the statistical population to assess the reliability. Based on this method, by using SPSS software, the reliability of the test was calculated by Cronbach's alpha for the questionnaire of emotional regulation difficulty 0.883 and the quality of life questionnaire 0.735. For analyzing the hypotheses, multivariate analysis was used.

Findings

Statistical Indexes of Research Variables

Table 1: Statistical Indexes of the Research Variables

Group	N	Components	Means	Std. deviation	Components	Means	Std. deviation
Drugs	99	lack of acceptance of emotional responses	20.060	3.909	Physical health field	22.979	4.174
rubbery	74		18.973	4.030		23.162	4.394
Check	42		20.071	4.198		23.666	3.967
Drugs	99	difficulty in targeting behavior	17.232	4.566	Psychological field	17.626	3.704
rubbery	74		17.986	4.501		18.635	3.897
Check	42		17.833	5.011		16.595	2.705
Drugs	99	impulse control difficulty	19.949	4.525	life relationships field	9.545	3.048
rubbery	74		19.770	4.510		10.135	2.691
Check	42		21.023	5.009		9.976	3.264
Drugs	99	lack of excitement awareness	18.969	5.131	The environment of life	26.666	6.0894
rubbery	74		19.202	5.082		26.067	5.420
Check	42		19.761	4.460		26.285	4.413
Drugs	99	limited access to emotion regulation strategies	17.343	3.815	Quality of Life	76.818	13.713
rubbery	74		17.594	4.154		78	12.671
Check	42		18.881	3.703		76.523	10.215
Drugs	99	lack of excitement transparency	17.151	3.296	Difficulty emotion regulation	110.707	14.853
rubbery	74		16	3.701		109.527	15.458
Check	42		18.428	4.168		116	15.565

To examine the difficulty of emotional regulation, quality of life, and their components among narcotic drug and rubbery ones and prisoners caused from check in the city of Miandoab are the descriptive index shown in

Table (1). There is a difference between the difficulty of emotion regulation of narcotic drug, rubbery ones and prisoners caused from check in the city of Miandoab.

Table 2: tests of between subjects effects

Source of change (cause of imprisonment	d.f	mean squares	F	Sig:	Partial Eta squared
lack of acceptance of emotional responses	2	28.876	1.797	0.168	0.017
difficulty in targeting behavior	2	13.353	0.622	0.538	0.006
impulse control difficulty	2	23.065	1.082	0.341	0.010
lack of excitement awareness	2	9.254	0.371	0.690	0.003
lack of excitement transparency	2	24.142	1.685	0.188	0.016
Limited access to strategies	2	113.599	8.058	0.001	0.071
Difficulty emotion regulation	2	597.469	2.585	0.078	0.024

As it is shown in Table 2 in the MANOVA test, the significance level of the test is only meaningful for the limited access to emotion regulation strategies at the level of 0/05, which it means that there is a significant difference between narcotic drug, rubbery ones and prisoners caused from check in the city of Miandoab. And in another components (the lack of acceptance of emotional responses, the difficulty of targeting behavior, impulse control difficulty, the lack of excitement awareness, lack of excitement transparency, limited access to emotion regulation strategies and the difficulty of emotional regulation) confirmed the zero assumption.

Table 3: pairwise comparisons (LSD test)

Component	Group	Subgroup	Mean Difference	Std. error	Sig:
Limited access to strategies	narcotic drug	Rubber	1.343	0.577	0.021
		check	-1.538	0.691	0.027
	rubbery	Drugs	-1.343	0.577	0.021
		check	-2.881	0.725	0.001
	check	Drugs	1.538	0.691	0.027
		Rubbery	2.881	0.725	0.001

Also, considering to the results of the Last Significant Difference (LSD) in Table (3), we can conclude that there is an eye-catching difference among limited access to the strategies for regulating the excitement of narcotic drug and robbery and prisoners caused from check in the city of Miandoab, and the limited access to emotional regulation strategies are less than narcotic drug prisoners, prisoners of robbery, and prisoners caused from check respectively. There is a difference between the life quality of narcotic drug, robbery and prisoners caused from check in the city of Miandoab.

Table 4: tests of between subjects effects

Source of change (cause of imprisonment	d.f	mean squares	F	Sig:	Partial Eta squared
Physical health	2	6.968	0.393	0.676	0.004
Psychological	2	57.697	4.441	0.013	0.040
Life relationships	2	7.901	0.893	0.411	0.008
Living environment	2	7.862	0.253	0.776	0.002
Quality of Life	2	40.384	0.249	0.780	0.002

As it is shown in Table (4), the results of MANOVA test show that the significance level of the test is only significant for the psychological domain at the level of 0.05; that is, There is a significant difference between the psychological domain of the narcotic drug, robbery and the prisoners caused from check in the city of Miandoab, and in other variables, the quality of life and its components (health, physical), life relationships and the environment of life are confirmed by zero assumptions.

Table 5: pairwise comparisons (LSD test)

Component	Group	Subgroup	Mean Difference	Std. error	Sig:
Psychological field	narcotic drug	Rubbery	-1.009	0.554	0.070
		check	1.031	0.664	0.122
	Rubbery	Drugs	1.009	0.554	0.070
		check	2.040	0.696	0.004
	caused from	Drugs	-1.031	0.664	0.122
		check	Rubbery	-2.040	0.696

Considering the results of LSD in Table 5, we can conclude that there is a significant difference between the psychological life quality of prisoners of robbery and prisoners caused from check in the city of Miandoab, and the level of psychological field is less than the prisoners caused from check, the prisoners of robbery, narcotic drug prisoners respectively.

DISCUSSION AND CONCLUSION

The aim of this study was to compare the difficulty of emotional regulation and the quality of life between narcotic drugs and robbery and prisoners caused from check in the city of Miandoab. And the results indicated that the limited access to emotional regulation strategies was less than narcotic drug prisoners, prisoners of robbery, and prisoners caused from check. But there was no difference among the difficulty of emotional regulation and narcotic drug prisoners, prisoners of robbery, and prisoners caused from check. There is a significant difference between the psychological field of the life quality of the prisoners of robbery, the prisoners caused from check in the city of Miandoab, and the level of psychological field of life quality between prisoners or robbery and prisoners caused from check. The difficulty of emotional regulation was less than prisoners caused from check and prisoners of robbery respectively. Difficulty of emotional regulation is a specific disorder in emotional processing, which more often refers to the reduction in the ability to identify and recognize emotions (Chen, Xu, Jing, and Chen, 2011). It is believed that the difficulty of emotional regulation is a risk factor for many psychiatric disorders, because people with this discomfort are very excited by the stress of physical correlations that it can't be explained. This impediment prevents regulating emotions and makes it difficult for a person to adapt (Taylor and Bagby, 2004). Swart, Kortekaas and Aleman (2009) argue that people with alexithymia are stressed by emotional Self-disciplined emotion, in other words, the ability faces to some problems to cognitive processing of emotional information and managing emotions, and also have difficulty in differentiating the inner feelings of physical sentiment. Also, several studies have shown that high levels of alexithymia are associated with a wide different range of psychiatric disorders such as depression (Hintika, Honkalampi, Lehtonen and Vinamaki, 2001), anxiety (Berthpze, Consoli, Peterz Diaze and Jouvent, 1999) neuroticism (Espina, 2003), Alcoholic and drug abuse, lack of mobility lifestyle, poor nutrition and poor eating habits (Helmerts and Mente, 1999). Among the psychiatric disorders related to alexithymia, drug abuse disorder has attracted a lot of attention. Dubey, Pandey and Mishra (2010) found that alexithymia are associated with unhealthy behaviors such as eating disorders, drug abuse, alcohol dependency, and gambling. Also, according to the results of following people have the same aim with the findings of this research such as Gharib et al. (2015), Stevens and Gerhart and Gouldsmith (2012), Gross and Butler (2003), Bozorg (2015), Motiean, Ghorbani and Golparvar (2014), Hamdi (2014), Khanzadeh, Saidian, Hossein Chari and Edrisi (2012), Salehi, Baghban, Bahrami and Ahmadi (2011). Moshirian Farahei et al. (2015) conducted a research on "prediction of the difficulty of emotion regulation regarding spiritual intelligence" in Mashhad Prisoners; and their findings suggested that there was a meaningful negative relationship between the difficulty of emotion regulation and the components of spiritual intelligence. According to the findings, it can be concluded that spirituality and emotional regulation are important factors in the adaptation of individuals from stressing items and it is effective in preventing crime, which is consistent with the findings of this research.

In explaining the results, it can be said that when a new prisoner enters the network of prisoners' social relations, he wishes to interact with others and to accept from others, and then he accepts the norms and values of the prisoners; and compare himself and want to be encouraged from them, so it is possible to justify the prisoners' difficulty of emotional regulation which were close to most of the components and also have no significant difference statistically.

Also, on the results of the second hypothesis, Anderson, Mikulic and Sandor (2010) argue that quality of life is based on dimensions that are closely related. Improving the quality of life as one of the many approaches in positive psychology supports a satisfying approach to life in order to increase happiness and human quality of life.

The theory of quality of life is based on the assumption that emotional elements of happiness largely derive from cognitive judgments of living satisfaction, or derive from the assessment of time which a person feels happiness and security, and also his criteria is satisfied about work and activities (Freish, 2011). The results of Razavi Heidari, Talebzadeh Sani, Gholami and Hosseinpour (2016) showed that the relationship between quality of life and mental health was significant and by using the results of this study, it can be concluded that there was a meaning relation between the quality of life and the general health of narcotic drug. Hernandez, Aranda, and Gonzalez (2009) stated that women in charge of households have lower quality of life and more depression than other women.

In explaining the results, one can point to the living environment and the surrounding prisoners. In this regard, Karimi Wakil (2012) believes that man naturally tries to provide the living conditions for his life in a desirable manner. Social scientists have also considered the role of factors such as socioeconomic status, financial interests, personal goals, employment and social support in quality of life (Holmes, 2005). Also, the results of researches by Castelli et al. (2012), Gonca Bumin and Ayla (2008), Rasoulipour and Dukanehyfard (2016), Hosseinian, Ghasemzadeh and Mandana (2011), Yousefi and Safari (2009) confirmed the findings of this research. The results of Efaty Dowyoshly, Kafi Masouleh and Delazar (2012) showed that many fields of quality of life have a significant correlation with mental health of affiliated individuals. The mental health of quality of life with three items of anxiety, social wickedness, and social depression showed a significant correlation with the findings of this research. The results of Mohammadi Turk Abad (2008) showed that there is no significant relationship between irrational beliefs and emotional intelligence in adolescents against law. In a study by Weinry, Gustavsson, Litjeqvist, poppen and Rossel (1985) concluded that alexithymia undermines the quality of life and affects general health and social function, and Feeling of continuity increases life satisfaction, which is confirmed by the findings of this research.

According to the results of the research hypothesis, it is suggested that: The difficulty of cognitive regulation strategies of adaptive emotions should be taught to prisoners during specialized courses and workshops. Because these strategies cannot only control emotions very well but also improve the level of health in different dimensions like biological, psychological, social and moral in the future. According to the quality of life which depends on other cognitive assessments of other fields of life such as family and working conditions and experiences from communication with others, this can be turned into a symbol of mental health of prisoners and it is necessary to pay more attention to this factor. Also, the establishment of proper occupation and entertainment for prisoners to fill their leisure time is to increase their mental health and quality of life.

REFERENCES

- Anderson, R., Mikulić, B. and Sandor, E. (2010) Quality of life in EU: Trends in key dimensions 2003-2010 conference presentation, 69th DGINS Conference, 30 September 2010 Sofia, available at
- Bozorg, M. (2015). Investigation of Tolerating Distress, Anxiety, and Alexithymia in Obsessive-Compulsive Disorder. Master's thesis, Shiraz University
- Brethoze, S., Consoli, S., Peterz-Diaz, F., & Jouvent, R. (1999). Alexithymia and anxiety: Compounded relationships? A psychometric study. *European Psychiatry*, 14(7), 372-378.
- Castelli, L., Tesio, V., Colonna, F., Molinaro, S., Leombruni, P., Bruzzone, M., et al. (2012). Alexithymia and psychological distress in fibromyalgia: prevalence and relation with quality of life. *Clin. Exp. Rheumatol.* 30, 70-77.
- Chen, J.; Xu, T.; Jing, J. & Chan. R. (2011). Alexithymia and emotional regulation: A cluster analytical approach. *BMC Psychiatry*, (11)33.
- Dubey, A., Pandey. R., & Mishra. K. (2010). Role of emotion regulation difficulties and positive/negative affectivity in explaining alexithymia-health relationship: An overview. *Indian Journal of Social Science Research.* 7(3), 20-31.
- Efati Dowyoshuly, M., Kafi, M. and Musa Delazar, R. (2012). The Relationship between Mental Health and Quality of Life in addict people. *Journal of Addiction Research*, 22 (6): 55-64
- Espina, A. (2003). Alexithymia in parents of daughters with eating disorders its relationship with Psychopathological and personality variables. *Journal of psychomatic research*, 55, 553-560.
- Frish, M.B. (2011). *Psychotherapy Based on Improving Quality of Life Volume 2: Applying the Life Satisfaction Approach in Positive Psychology and Cognitive Therapy*. Translation by Akram Khamseh, Tehran: Arjmand Publication
- Garip, Y., Dilek, Ö., Özgül, B. T. and Şükran, T. (2015). Alexithymia in Fibromyalgia Patients and Its Impact on the Quality of Life. *İstanbul Med Journal*; 16, 137-40
- Gonca, B. G. & Ayla, G. (2008). Anxiety, depression and quality of life in mothers of disabled children, School of Physical Therapy and Rehabilitation. 15(1),6-11

- Gross, J. J. (1998). The emerging field of emotion regulation: An integrative review. *Review of General Psychology* 1998; 2: 271-299.
- Gross, J. J. (1998). Wise emotion regulation. In L. Felderman Barrett & P. Salorey (Eds.), *The Wisdom of feelings: Psychological Processes in emotion intelligence*. New York: Guilford.297-318.
- Gross, J. J. and Butler, E.A. (2003). Emotion regulation in romantic relationships: the cognitive consequences of concealing feelings. *Sage Journals Online* .university of Washington.
- Haghighayegh, S., Abbas Kalantar, M., Mowlavy, H. and Talebi, M. (2010), The Effectiveness of Cognitive-Behavioral Therapy on the Quality of Life of Irritable Bowel Syndrome Patients with the Prevalence of Diarrhea and Pain. *Journal of Psychology*, 14 (1): 110-95
- Hamdi, S. (2015). Investigating the relationship between bad mood and difficulty in emotional regulation and sleep quality among undergraduate students of Urmia University in the academic year of 93-92. Master thesis, Islamic Azad University, Urmia Branch
- Heidari, A.R. and Fereshteh, E. (210). The relationship between difficulty in emotional regulation, attachment styles and intimacy with marital satisfaction in the couples of Ahwaz steel industry. (*Social Psychology*) *New Findings in Psychology*, Volume 5, Number 15: 115-134
- Helmrs. K. F., & Mente, A. (1999). Alexithymia and health behaviors in healthy male volunteers. *Journal of psychosomatic Research*, 47, 635-645.
- Hernandez, R.L., Aranda, B. E., & Gonzalez, R. M.T. (2009). Depression and Quality of Life for Women in Single-parent and Nuclear Families. *The Spanish Journal of Psychology*; 47,635-645.
- Hintika, J., Honkalampi, K., Lehtonen, J., & Viinamaki, H. (2001). Are Alexithymia and depression distinct or overlapping construct: a study in a general population? *Comperhensive psychiatry*. 42(3), 234-239.
- Hojjati, T. (2015). Investigating Relationship between Emotional Intelligence and Mental Health and Quality of Life in Hemodialysis Patients. Master's Thesis, Islamic Azad University, Urmia Branch.
- Holmes, S. (2005). Assessing the quality of life – Reality or impossible dream? A discussion paper. *International Journal of Nursing Studies*, 42,493-501
- Hosseinian, S., Ghasemzadeh, S. and Niknam, M. (2011). Prediction of the life quality of female teachers based on the variables of emotional and spiritual intelligence, *Quarterly Journal of Occupational and Organizational Counseling*, 3 (9), 42-60
- Ismaili, I. (2008). Measures to reduce harm (methadone treatment) in prison and its effect on improving quality of life. *Quarterly Journal of Addiction Research*. 2 (8): 105-120
- Karimi Wakil, A.R. (2012). Relationship between quality of life and religious orientation with death anxiety. Master's thesis, Allameh Tabataba'i University, Tehran. Faculty of Psychology and Educational Sciences
- Khanzadeh, M., Sa'idian, M., Hossein Chari, M. and Edrisi, F. (2012). Factor structure and psychometric properties of the complexity scale in emotional regulation. *Journal of Behavioral Sciences*, 6 (1): 23-24
- Mayer, J. D., Salovey, P. (1995). Emotional intelligence and Construction and regulation of feelings. *Applied and Preventive Psychology*; 4: 197-208.
- Min, S.K., Kim, K.I., Lee, C.I., et al. (2006). Development of the Korean versions of WHO Quality of Life scale and WHOQOLBREF. *Qual Life Res* 2002; 11, 593-600.
- Mohammadi Turk Abad, F. (2008). A Comparative Study of the Relationship between Irrational Beliefs and Emotional Intelligence in Normal Male Adolescents against Laws in Yazd, Educational Sciences and Psychology. Master's thesis, Shahid Beheshti University, Faculty of Educational Sciences and Psychology
- Mosheirani Faryahi, S.M., Ghanai Chamansbad, A., Asghari Ebrahimabad, M.J, Moshirian Farahi, M.M., Najmi Mostafa, G., Moslemi, H. and et al. (2015). Anticipate the difficulty of emotional regulation with respect to spiritual intelligence in Mashhad prisoners. *Journal of Religion and Health*. 3 (1): 39-48
- Motiean, S., Ghorbani, M. and Golparvar, M. (2014). Relationship between affiliation with emotional regulation difficulties in women in Isfahan. *Journal of Clinical Psychology*, 6 (1): 77-89
- Ochsner, K. N. Gross, J. J. (2004). Thinking makes it so: A social cognitive neuro science approach to emotion regulation. In R. F. Baumeister & K. D. Vohs (Eds.), *Handbook of self regulation: Research theory, and applications*. New York: Guilford Press, 229-255.
- Ochsner, K. N., Gross, J. J. (2005). The cognitive control of emotion: *Trends in Cognitive Sciences*, 9, 242-249
- Rasoulipour, A. and Dokanehy Fard, F. (2016). Predicting the quality of life of addicted spouses based on the source of religious control. The first international conference on modern research in the field of education and psychology and social studies of Iran, Qom, the Permanent Conference Secretariat, the International Institute for the Study of Middle Eastern Studies
- Razavi Heidari, S.M.N., Talebzadeh Sani, K., Gholami, J. and Hosseinpour, H. (2016). The relationship between quality of life and the general health of prisoners with a history of drug abuse. The first international

- conference on modern research in the field of education and psychology and social studies of Iran, Qom, the Permanent Conference Secretariat, the International Institute for the Study of Middle Eastern Studies
- Saarni, C., Mumme, D. L. Campos, J. J. (1998). Emotional development: Action, Communication, and understanding. In W. Damon & N. Eisenberg (Eds.), *Handbook of child psychology*. Wiley: New York, 237-309.
- Salehi, A., Gardener, I., Bahrami, F. and Ahmadi, S.A. (2011). The Relationship between Cognitive Strategies for Emotional Regulation and Emotional Problems regard to Individual and Family Factors. *Journal of Family Counseling and Psychotherapy*, Volume 1, Issue 1, 1-18
- Schalock, R. L. (1996). Quality of life and quality of assurance, in R. Renwick, I. Brown and M. Nagler (eds.), *Quality of Life in Health Promotion and Rehabilitation: Conceptual Approaches, Issues, and Applications* (Sage, Thousand Oaks), 104-118
- Skevington, S.M., Lotfy, M. and O'Connell, K.A. (2004). The World Health Organization's WHOQOL-BREF quality of life assessment: psychometric properties and results of the international field trial. A report from the WHOQOL group. *Quality Life Research* 13, 299-310.
- Stevens, N.R., Gerhart, J., Goldsmith, R.E. and Heath, N. M. (2012). Emotion regulation difficulties, low social support, and interpersonal violence mediate the link between childhood abuse and posttraumatic stress symptom. *Behav Thera*, In Press, Corrected Proof.
- Swart, M., Kortekaas, R., and Aleman, A. (2009). Dealing with feelings: characterizations of trait alexithymia of emotion regulation strategies and cognitive – emotional Processing. Retrieved October 25, 2011 from <http://www.nlm.nih.gov/1949-2.45>.
- Taylor, G.J. and Bagby, R.M. (2004). New trends in alexithymia research. *Psychother Psychosom*; 73(2), 68-77.
- Thompson, R. A. (1991). Emotion regulation and emotion development. *Educational Psychology Review*. 3:269-307.
- Thompson, R. A. (1994). Emotional regulation: a theme in search for definition. In N. A. Fox, *The Development of Emotion Regulation: Behavioral and Biological Considerations*. Monographs of the Society for Research in Child Development. 59, 25-31.
- Tice, D. M., Bratslavsky, E. (2000). Giving into feel good: The place of emotion regulation into context of general self-control. *Psychological Inquiry*. 11:149-159.
- Vimz, B., And Pima, W. (2010). The assessment of emotion regulation improving construct validity in research on psychopathology in youth. *Journal Of Psychological Behaviour Assessment* ,PublishedOnline Do I,10,1007/S10862-010-9178-5.
- Weiner, B. (1985). An attributional theory of achievement motivation and emotion. *Psyche Rev*; 92(4), 548-573.
- Williams, A. (1985). Economics of coronary artery bypass grafting. *British Medical Journal*, 291, 236-329.
- World Health Organization. (2000). *Health promotion glossary*. Translation by Pour Eslami Mohammad, Ayar Saeid, Sarmast Hamideh. Tehran: Office of Communications and Health Education, Ministry of Health, Treatment and Medical Education
- Yousefi, F. and Safari, H. (2009). The effect of emotional intelligence on quality of life and its dimensions in a group of students of Shiraz University. *Journal of Psychological Studies*, 5 (4): 107-128