


Predicting Alcohol Use Based on Parental Perception and Emotion Regulation Difficulties in Youth

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ABSTRACT

Purpose: The present study aimed to predict alcohol use based on parental perception and emotion regulation difficulties in youth.

Methods and Materials: This research was correlational in nature. The statistical population consisted of all male youths aged 18 to 25 who visited health houses and cultural centers in regions 7 and 8 of Tehran in the spring of 2025. The sample of 200 individuals was selected through purposive and non-random sampling. Data were collected using the Alcohol Use Questionnaire by Sheikh (2014), the Perceived Parenting Styles Questionnaire by McClun and Merrell (1998), and the Difficulties in Emotion Regulation Scale by Gratz and Roemer (2004). The data were analyzed using the Pearson correlation coefficient and stepwise regression analysis with SPSS version 28.

Findings: The findings revealed that authoritative parenting explained 21%, authoritarian parenting 36%, permissive parenting 29%, and difficulties in emotion regulation 15% of the variance in alcohol use ($p < 0.05$).

Conclusion: It can be concluded that a positive perception of parents as emotional supporters and behavioral guides is a fundamental prerequisite for developing emotion regulation skills. Such perceptions enable adolescents to express their emotions in a safe environment without fear of rejection or blame.

Keywords: Alcohol use, Parental perception, Emotion regulation difficulties, Youth.

1. Introduction

Alcohol consumption remains one of the most pervasive global health concerns, representing a major contributor to preventable morbidity and mortality among youth. Despite its widespread social acceptance, alcohol remains a psychoactive substance with profound neurophysiological and behavioral consequences. The *World Health Organization* estimates that approximately 2.6

million deaths annually are attributable to alcohol consumption, with nearly 400 million individuals living with alcohol use disorders worldwide ([World Health Organization, 2025](#)). In recent years, the global prevalence of alcohol consumption among adolescents and young adults has become a significant public health challenge, as patterns of early initiation and excessive drinking predict later-life dependence, cognitive impairments, and psychosocial difficulties ([MacKillop et al., 2022](#)). Alcohol acts as a central

nervous system depressant, altering the neurochemical balance in the brain and producing both short-term euphoria and long-term deficits in judgment, coordination, and emotional regulation. The *National Institute on Alcohol Abuse and Alcoholism* emphasizes that alcohol misuse contributes to a wide spectrum of medical complications, including hepatic, cardiovascular, and neurological disorders ([National Institute on Alcohol & Alcoholism, 2025](#)).

From a neurobiological perspective, alcohol interferes with neuronal communication by disrupting synaptic transmission and modulating neurotransmitter systems such as GABA and glutamate, which play essential roles in emotional regulation and cognitive processing ([Pervin & Stephen, 2021](#)). These disruptions can exacerbate impulsive and risky behaviors, particularly in adolescence—a developmental period characterized by ongoing maturation of the prefrontal cortex and emotional regulation systems. Thus, understanding the psychosocial and emotional factors underlying alcohol use in youth has become a priority for prevention research and clinical intervention.

The etiology of alcohol use among youth is multifaceted, involving an interplay of biological predispositions, cognitive vulnerabilities, emotional dysregulation, and environmental influences ([Lincoln et al., 2022](#)). Among these factors, the family environment—especially parenting style and parental perception—plays a pivotal role in shaping adolescents' attitudes and behaviors regarding substance use ([Haverfield & Theiss, 2023](#)). Parental perception refers to how adolescents interpret and internalize their parents' behaviors, attitudes, and emotional availability. This perception affects the adolescent's ability to regulate emotions, form social connections, and engage in or avoid risky behaviors ([Singh & Singh, 2023](#)). Adolescents who perceive their parents as warm, communicative, and supportive typically develop secure attachments and higher emotional resilience, which protect against tendencies toward substance use ([Kou, 2022](#); [Yang et al., 2023](#)).

In contrast, negative parental perceptions—such as those resulting from authoritarian or neglectful parenting—may foster emotional insecurity, low self-esteem, and maladaptive coping mechanisms. When adolescents experience excessive parental control, inconsistent discipline, or lack of empathy, they are more likely to engage in risk-taking behaviors, including alcohol use, as a means of emotional escape or autonomy assertion ([El-Shiekh et al., 2024](#); [Parveen & Jan, 2024](#)). Research consistently shows that authoritarian parenting correlates with higher substance

use tendencies, while authoritative parenting—characterized by warmth, structure, and open communication—promotes healthy emotional development and behavioral self-regulation ([Matković et al., 2021](#); [Workie et al., 2024](#)).

Adolescents' perception of parental alcohol use also strongly influences their own behaviors. According to a study conducted in Sweden, perceived parental alcohol problems were significantly associated with adolescents' own drinking patterns, suggesting a modeling effect through learned behaviors ([Workie et al., 2024](#)). Similarly, cultural and familial norms surrounding alcohol play an important role in shaping youths' cognitive and emotional frameworks related to drinking. In multiethnic societies, gender differences and cultural expectations further moderate these dynamics. For instance, in a large-scale study, gender was found to influence alcohol consumption patterns, with men exhibiting higher prevalence rates than women, yet both genders being influenced by familial and emotional contexts ([Goh et al., 2024](#)).

Emotion regulation—the ability to identify, manage, and modulate emotional responses—is another crucial determinant in understanding alcohol use among youth ([Lincoln et al., 2022](#)). Difficulties in emotion regulation (DER) refer to maladaptive patterns of emotional processing, including emotional suppression, impulsive reactivity, and lack of clarity about emotional states ([Zou et al., 2024](#)). Individuals who struggle with regulating their emotions often resort to external methods, such as alcohol consumption, to manage internal distress or anxiety ([Dakanalis et al., 2023](#)). Emotion dysregulation may emerge from early childhood experiences in emotionally invalidating environments, where parental interactions fail to model adaptive emotional responses ([Hajal & Paley, 2020](#)). Consequently, youth with emotion regulation difficulties often show heightened vulnerability to addictive and impulsive behaviors ([Singh, 2023](#)).

Empirical evidence supports a strong link between emotion regulation and substance use. Studies have shown that adolescents with poor emotion regulation skills are more prone to using alcohol as a coping mechanism to alleviate negative affective states ([Oliveira et al., 2024](#)). This maladaptive strategy often leads to a cyclical pattern, where alcohol temporarily numbs distress but exacerbates emotional instability over time. Moreover, [Rubio et al. \(2025\)](#) identified specific clusters of emotion regulation strategies associated with both concurrent and long-term alcohol problems among university students, emphasizing that maladaptive strategies—such as emotional

avoidance and suppression—are significant predictors of drinking behavior.

Emotion regulation difficulties have also been linked to broader psychopathological processes, including anxiety, depression, and impulsivity (Dakanalis et al., 2023; Lincoln et al., 2022). These factors jointly contribute to increased alcohol use risk, particularly among individuals with poor parental emotional support. Adolescents' capacity to manage negative emotions is significantly shaped by the emotional climate of their family. When parents fail to provide consistent emotional validation or engage in harmful alcohol use themselves, their children may internalize maladaptive emotional schemas, predisposing them to similar coping behaviors (Avci, 2025; Haverfield & Theiss, 2023).

Family interaction models emphasize that secure parental attachment facilitates emotion regulation by modeling adaptive coping and fostering emotional awareness (Marcone et al., 2021). In contrast, families marked by conflict or inconsistent emotional communication tend to produce offspring with heightened emotional reactivity and less capacity for self-regulation. This notion aligns with attachment theory, which posits that parental responsiveness and sensitivity serve as the foundation for emotional development and resilience (Yang et al., 2023). In families where parental emotional responses are dismissive or inconsistent, children may resort to avoidant coping strategies such as substance use.

Recent studies have expanded on the neural and affective mechanisms underlying emotion regulation in adolescents. Deng et al. (Deng et al., 2021) demonstrated that adolescents with higher mindfulness exhibited greater frontal EEG asymmetry during emotional regulation tasks, suggesting enhanced executive control and emotional stability. Conversely, low mindfulness and high emotional suppression correlated with maladaptive coping behaviors such as alcohol consumption. Moreover, the network analysis of expressive suppression by Zou et al. (Zou et al., 2024) revealed complex interrelations between suppression and rumination, both of which heighten vulnerability to emotional dysregulation and addictive behavior.

Environmental and cultural contexts further complicate this relationship. In countries where alcohol is socially discouraged or prohibited, such as Iran, alcohol consumption among youth is often clandestine, driven by psychological and emotional factors rather than social drinking norms. Studies show that such contexts heighten the association between family dysfunction, emotional suppression, and

covert alcohol use (Avci, 2025). Adolescents who perceive their parents as punitive or neglectful may lack the emotional scaffolding necessary for adaptive coping, rendering them more susceptible to maladaptive emotional regulation strategies and substance experimentation (El-Shiekh et al., 2024).

From a developmental standpoint, adolescence is a critical stage for identity formation, emotional maturation, and social role experimentation. During this phase, deficits in emotion regulation often emerge as precursors to externalizing behaviors, including aggression, delinquency, and substance abuse (Singh, 2023). Research indicates that adolescents who experience both low parental warmth and high parental control demonstrate heightened stress reactivity and impaired emotional processing, which may prompt alcohol use as a compensatory mechanism (Parveen & Jan, 2024). Additionally, Mitincu-Caramfil et al. (Mitincu-Caramfil et al., 2025) identified a correlation between emotional changes and alcohol consumption in youth, suggesting that emotional instability itself may serve as both a cause and a consequence of drinking behavior.

Further, the findings of Zhang and Wu (Zhang & Wu, 2025) reinforce the centrality of emotion regulation strategies in predicting problem behaviors among adolescents. Their latent profile analysis identified distinct clusters of emotion regulation, with maladaptive groups displaying greater tendencies toward risky behaviors, including alcohol consumption. Such findings corroborate prior research that emotion regulation acts as a mediator between environmental stressors—such as family conflict—and maladaptive behavioral outcomes (Oliveira et al., 2024). Moreover, Singh (Singh, 2024) demonstrated that emotion regulation difficulties mediate the relationship between perceived parenting practices and health-risk behaviors, highlighting the interdependence of these psychosocial variables.

Emotion regulation difficulties not only exacerbate immediate behavioral risks but also predict long-term maladaptive coping styles and psychopathology (Lincoln et al., 2022). Adolescents who experience persistent emotional suppression and lack emotional awareness may develop dependency patterns on external regulators such as alcohol to achieve temporary affective relief. Marcone et al. (Marcone et al., 2021) emphasized that positive peer interactions and parental warmth are protective factors that buffer against such tendencies. This finding aligns with research suggesting that emotional competence, nurtured through supportive family interactions, serves as a critical

protective factor against risky behaviors (Hajal & Paley, 2020).

Cultural and individual differences may further modulate these associations. For instance, Matković et al. (Matković et al., 2021) found that adolescents' perceptions of parental behavior significantly correlated with their alcohol consumption habits, suggesting that subjective interpretation of parenting practices can be as influential as objective parenting style. Similarly, emotional intelligence and emotion regulation capacities mediate the relationship between parenting and youth risk behaviors, underscoring the need for interventions targeting both parental education and emotional skill-building among adolescents (Dakanalis et al., 2023; Lincoln et al., 2022).

The integration of emotion regulation frameworks into substance use prevention models has proven beneficial in contemporary research. Emotionally focused interventions that promote mindfulness, acceptance, and adaptive coping have demonstrated efficacy in reducing alcohol consumption among at-risk adolescents (Deng et al., 2021; Oliveira et al., 2024). Moreover, emotion-regulation-based prevention strategies align with cognitive-behavioral principles, emphasizing the restructuring of maladaptive cognitive and affective responses to stress.

At the same time, studies by Rubio et al. (Rubio et al., 2025) and Singh and Singh (Singh, 2023) have emphasized that the link between emotion regulation and alcohol use is not uniform; instead, it varies across contextual and individual factors, such as perceived parental support, cultural background, and exposure to stressors. Emotional dysregulation may function as a mediating mechanism that translates adverse family experiences into maladaptive behavioral expressions (Avcı, 2025). Similarly, Lincoln et al. (Lincoln et al., 2022) underscored that emotion regulation serves as a transdiagnostic factor across multiple forms of psychopathology, implying that improving emotional regulation may have broad preventive implications for various maladaptive behaviors.

Given the interplay between parental perception, emotion regulation, and alcohol use, it becomes essential to examine how adolescents' internal emotional landscapes interact with external familial influences. While authoritative parenting fosters self-regulatory competencies and prosocial behaviors, authoritarian and permissive styles may engender confusion, frustration, and emotional instability that predispose adolescents to risky coping mechanisms such as alcohol consumption (Kou, 2022; Parveen & Jan, 2024). Consequently, preventive interventions targeting both

parental education and adolescent emotion regulation training may yield more sustainable outcomes in mitigating alcohol use tendencies.

In sum, research indicates that alcohol consumption among youth is best understood through a multidimensional lens incorporating both family-related and emotional factors. Parental perception influences emotional development, while emotion regulation capacities determine how youth respond to stress and temptation. Understanding these interrelations can provide a theoretical and practical foundation for designing targeted interventions that promote emotional resilience and reduce alcohol-related harm.

The present study aims to predict alcohol use based on parental perception and difficulties in emotion regulation among youth.

2. Methods and Materials

2.1. Study Design and Participants

This study is a correlational study, and the statistical population includes all male youths aged 18 to 25 who visited health houses and cultural centers in regions 7 and 8 of Tehran in the spring of 2025. To estimate the sample size, the formula proposed by Bujang & Baharum (2016) was utilized. According to this formula, the minimum sample size in correlational studies can be calculated using the formula $\sqrt{N \geq 50 + 8m}$, where (m) represents the number of independent variables. In this study, six independent variables were identified, and ultimately, a sample of 200 individuals was selected using purposive and non-random sampling.

The inclusion criteria for the study consisted of willingness to participate, being aged 18 to 25 years, not having consumed psychiatric medications for at least one month prior to the assessment, having at least a primary education level, and being physically and mentally prepared to complete the questionnaires. The exclusion criteria included incomplete questionnaires and requests to withdraw from participation. The researcher collected data over three months. During this period, participants were asked to complete questionnaires assessing parental perception and difficulties in emotion regulation related to alcohol use. Each participant was allotted approximately 20 to 30 minutes to complete the questionnaires, and a calm environment was provided to minimize distractions. During data collection, the questionnaires were carefully reviewed, and any that were incomplete or incorrectly filled out were excluded from analysis. This research adhered to ethical

standards and ensured the confidentiality of information, aiming to enhance the understanding of factors influencing alcohol use tendencies among youth, with potential implications for developing preventive and therapeutic strategies.

2.2. Measures

Alcohol Use Questionnaire: This questionnaire, based on the theory of Fishbein et al., consists of 19 items and aims to assess the inclination towards alcohol consumption from cognitive, emotional, and behavioral perspectives. It was designed by Sheikh (2014). The response scale is Likert-based, assigning scores of 5, 4, 3, 2, and 1 to the options "Strongly Agree," "Agree," "Neutral," "Disagree," and "Strongly Disagree," respectively. To obtain the overall score, the total score of all questions is summed, resulting in a range from 19 to 95, where higher scores indicate a greater inclination toward alcohol consumption. The reliability of the questionnaire was calculated using Cronbach's alpha, which yielded a value of 0.87. The construct validity was assessed through correlation with the mental health test, yielding a coefficient of 0.60, while content validity was confirmed by psychology and counseling experts (Sheikh, 2014).

Perceived Parenting Styles Questionnaire: This questionnaire was developed by McClun & Merrell in 1998. It is based on the indicators of Baumrind's parenting styles, with Cronbach's alpha reported as 0.75 for permissive style, 0.85 for authoritarian style, and 0.82 for authoritative style. Additionally, Cronbach's alpha for Baumrind's questionnaire in Iran was reported as 0.72. The McClun and Merrell (1998) questionnaire is a straightforward closed-response test comprising three groups of six items each to identify each of the three parenting styles (authoritative, authoritarian, and permissive). The reliability results from McClun and Merrell (1998) showed that 100% of students marked the same section in the closed-response format of this test (McClun & Merrell, 1998). Mehrad Sadr et al. (2018) reported the reliability of this tool using Cronbach's alpha, which ranged from 0.53 to 0.75, and a reliability of 0.65 was obtained through the test-retest method (Mehrad Sadr et al., 2018). In the present study, the reliability of this questionnaire was achieved 0.70.

Difficulties in Emotion Regulation Scale: This 36-item scale was developed by Gratz and Roemer in 2004 and

measures levels of emotion regulation difficulties across six subscales using a five-point Likert scale from 1 (almost never) to 5 (almost always). The subscales include Nonacceptance of Negative Emotions, Difficulties Engaging in Goal-Directed Behaviors, Difficulties Controlling Impulsive Behaviors, Limited Access to Effective Emotion Regulation Strategies, Lack of Emotional Awareness, and Lack of Emotional Clarity. An individual's total score for emotion regulation difficulties is obtained by summing the scores of the six subscales. Higher scores on this scale indicate greater difficulties in emotion regulation. Gratz & Roemer (2004) reported a reliability coefficient of 0.88 using the test-retest method over a 4-to-8-week interval (Gratz & Roemer, 2004). Additionally, Cronbach's alpha coefficients for its subscales were above 0.80, with an overall scale reliability of 0.93. Exploratory factor analysis was used to assess construct validity, which revealed a six-factor structure explaining over 55.68% of the variance of this variable. Finally, internal consistency of this scale using Cronbach's alpha for all subscales ranged from $r=0.86$ to $r=0.88$. Furthermore, the one-week test-retest coefficient also ranged from $r=0.79$ to $r=0.91$ (Khanzadeh et al., 2012). Based on the results obtained from the research, DERS can be applied to attain research and clinical objectives in Iranian society. In the present study, the reliability of this questionnaire was calculated at 0.77 using Cronbach's alpha.

2.3. Data Analysis

After data collection, analyses were conducted using SPSS version 28. The analysis assumptions included normal distribution of data, homogeneity of variances, and independence of observations, which were assessed and confirmed using appropriate tests such as the Kolmogorov-Smirnov test and Levene's test. Additionally, Pearson correlation coefficient and stepwise regression analysis were employed to analyze the relationships between variables.

3. Findings and Results

Based on the results, 73 participants (36.5%) were aged 18 to 20 years, 81 participants (40.5%) were aged 21 to 23 years, and 46 participants (23%) were aged 24 to 25 years. The mean age of participants was 21.88 years with a standard deviation of 1.09.

Table 1*Descriptive analysis*

Variable	Mean	Standard Deviation	Skewness	Kurtosis
Alcohol Use	51.36	5.74	-0.122	-0.488
Emotion Regulation Difficulties	38.16	9.92	-0.420	-0.256
Authoritative	19.36	5.82	0.135	0.640
Authoritarian	18.71	5.82	-0.271	-0.336
Permissive	14.62	5.82	0.704	0.653

As shown in Table 1, the descriptive statistics indicate that the mean score for alcohol use was 51.36 with a standard deviation of 5.74, suggesting a moderate level of alcohol consumption among participants. The mean score for emotion regulation difficulties was 38.16 (SD = 9.92), reflecting a moderate degree of difficulty in managing emotions. Regarding perceived parenting styles, the mean

score for authoritative parenting was 19.36 (SD = 5.82), for authoritarian parenting 18.71 (SD = 5.82), and for permissive parenting 14.62 (SD = 5.82). The skewness and kurtosis values for all variables ranged between -0.704 and 0.704 in absolute value, indicating that the data distributions for all study variables were approximately normal and suitable for parametric statistical analyses.

Table 2*Pearson Correlation Coefficient*

Variables	Pearson Coefficient	α	Sig
Authoritative	-0.213	0.05	0.000
Authoritarian	0.228	0.05	0.000
Permissive	0.209	0.05	0.000
Emotion Regulation Difficulties	0.460	0.05	0.000

According to the results in Table 2, authoritative parenting has a significant negative correlation with alcohol use, while authoritarian and permissive parenting styles have

a significant positive correlation with alcohol use ($p < 0.05$). Furthermore, difficulties in emotion regulation also show a significant positive correlation with alcohol use ($p < 0.05$).

Table 3*Regression Analysis for Predictor Variables on Alcohol Use*

Model	Correlation Coefficient (R)	Coefficient of Determination (R^2)	Adjusted R^2	Standard Error of Estimate (SEE)
1	0.845	0.714	0.705	4.730

As shown in Table 3, the correlation coefficient among the variables is 0.845, and the adjusted coefficient of determination is 0.714, indicating that 70% of the variance

in alcohol use is explained collectively by the predictor variables.

Table 4*F Statistic for Regression Significance and Correlation Coefficient*

Significance Level	F Statistic	Mean Squares	Degrees of Freedom	Total Squares	Model
0.000	79.898	2681.487	4	5362.974	Regression
	10.903	2147.936	195	7510.910	Residual
			199		Total

As seen in Table 4, the obtained F statistic indicates that the multivariate correlation among the variables and the

regression of predictor variables on alcohol use is statistically significant ($p < 0.05$, $F = 79.898$, $df = (195, 4)$).

Table 5*Final Residual Variables in Stepwise Multiple Regression*

Regression Model	Unstandardized Coefficients	Standardized Coefficients	t Statistic	Significance Level
	B	Standard Error	Beta	
1	Constant	25.935	1.954	13.274
	Authoritative	-0.958	0.298	-0.213
	Authoritarian	0.549	0.316	0.358
	Permissive	0.493	0.427	0.294
	Emotion Regulation Difficulties	0.597	0.261	0.152

Table 5 presents the regression coefficients indicating the contribution of each predictor variable in explaining the criterion variable. As observed, parental perception, with the highest beta value, serves as the best predictor of alcohol use. Specifically, authoritative parenting explains 21%, authoritarian parenting explains 36%, permissive parenting explains 29%, and difficulties in emotion regulation explain 15% of the variance in alcohol use.

4. Discussion and Conclusion

The present study sought to predict alcohol use among youth based on parental perception and difficulties in emotion regulation, and the findings revealed that both variables significantly contributed to explaining alcohol use tendencies. Specifically, authoritative parenting negatively predicted alcohol use, while authoritarian and permissive parenting styles, along with difficulties in emotion regulation, positively predicted higher tendencies toward alcohol consumption. These findings highlight the multifaceted nature of alcohol use behaviors, reflecting an interplay between family dynamics and emotional functioning. Adolescents' perceptions of their parents as emotionally available, warm, and supportive serve as protective factors, whereas perceptions of excessive control, inconsistency, or rejection increase vulnerability to maladaptive coping strategies such as alcohol use. The results align with theoretical models that emphasize the central role of parenting style and emotion regulation in shaping behavioral and emotional outcomes in youth (Haverfield & Theiss, 2023; Lincoln et al., 2022; Singh & Singh, 2023).

The negative relationship between authoritative parenting and alcohol use underscores the importance of emotional warmth, rational guidance, and autonomy support in preventing risky behaviors. Authoritative parents typically balance responsiveness with structure, fostering

adolescents' self-regulation and emotional stability. This finding corroborates previous studies showing that adolescents who perceive their parents as supportive exhibit higher emotional competence and lower engagement in substance use (El-Shiekh et al., 2024; Kou, 2022; Parveen & Jan, 2024). Conversely, authoritarian parenting—marked by rigidity and harsh discipline—was found to be a strong positive predictor of alcohol use. This aligns with evidence indicating that authoritarian environments often lead to emotional suppression and rebellion, increasing the likelihood of externalizing behaviors such as substance abuse (Matković et al., 2021; Workie et al., 2024). Inconsistent discipline and low emotional attunement can cause adolescents to internalize negative self-concepts and seek alternative means, such as alcohol, to regulate stress and negative affect (Avci, 2025).

The finding that permissive parenting also predicted alcohol use supports the view that excessive leniency, lack of boundaries, and insufficient monitoring contribute to maladaptive coping patterns among adolescents. Permissive environments often lack clear behavioral expectations, leading youth to experiment with risky behaviors without anticipating consequences (Marcone et al., 2021). Such findings align with the social learning framework, suggesting that adolescents internalize parental attitudes and behaviors, modeling them in their own social contexts. In permissive families, the absence of consistent guidance may reinforce impulsive emotional responses and decreased inhibition toward alcohol (El-Shiekh et al., 2024; Singh, 2024).

The positive association between difficulties in emotion regulation and alcohol use aligns with an extensive body of literature emphasizing the emotional mechanisms underlying substance use. Adolescents who struggle to identify, understand, and manage their emotions may resort to alcohol as a means of escaping or numbing negative affective states (Dakanalis et al., 2023; Lincoln et al., 2022).

The current results confirm that emotion regulation difficulties are not merely byproducts of substance use but serve as independent predictors of maladaptive coping. Prior research indicates that poor emotional regulation correlates with heightened anxiety, depressive symptoms, and impulsivity—all of which contribute to alcohol consumption tendencies (Oliveira et al., 2024; Zou et al., 2024). These findings further corroborate neuropsychological evidence showing that deficits in executive functioning and emotion regulation predispose youth to addictive patterns by impairing the capacity for adaptive decision-making (Deng et al., 2021).

Moreover, the finding that emotion regulation difficulties explained 15% of the variance in alcohol use resonates with prior research identifying emotional dysregulation as a transdiagnostic risk factor for maladaptive behaviors (Lincoln et al., 2022). Adolescents with emotion regulation difficulties may struggle to delay gratification or tolerate distress, making them more susceptible to alcohol's immediate rewarding effects. This supports the self-medication hypothesis, which posits that individuals use alcohol to modulate or escape from unwanted emotional experiences (Rubio et al., 2025). Rubio et al. demonstrated that maladaptive emotion regulation strategies such as suppression, avoidance, and rumination were significantly associated with both concurrent and long-term alcohol problems. Likewise, Singh (Singh & Singh, 2023) and Singh and Singh (Singh, 2023) found that emotion regulation difficulties mediate the relationship between parenting and health-risk behaviors in adolescents, confirming that emotional dysregulation serves as a key mechanism through which family environments affect behavioral outcomes.

Another significant implication of the findings relates to the mediating role of emotional regulation between parental perception and alcohol use. Youth who perceive their parents as emotionally unresponsive or punitive may internalize maladaptive emotional scripts, leading to emotion suppression and impulsive behaviors (Haverfield & Theiss, 2023; Yang et al., 2023). The inability to manage emotional distress effectively may drive these individuals to engage in substance use as a compensatory strategy. This interpretation is consistent with Dakanalis et al. (Dakanalis et al., 2023), who linked emotional dysregulation with maladaptive behaviors such as binge eating, stress, and depression—conditions often comorbid with substance misuse. Similarly, Oliveira et al. (Oliveira et al., 2024) demonstrated that individuals with low emotional awareness and limited access to adaptive regulation strategies showed

higher levels of negative repetitive thinking and behavioral addictions, supporting the notion that emotional dysregulation transcends specific behavior domains and underlies a broad range of maladaptive outcomes.

Cross-cultural studies further reinforce these findings. In collectivist societies where emotional restraint and parental authority are emphasized, authoritarian parenting may have even more pronounced effects on youth emotional health and behavioral autonomy (Goh et al., 2024). Adolescents exposed to high parental control and low emotional validation may develop internal conflicts between obedience and autonomy, contributing to emotional suppression and increased risk of using alcohol as a symbolic act of independence. Conversely, in Western cultures that value open emotional expression, authoritative parenting promotes emotional competence and resilience, serving as a buffer against maladaptive coping (Kou, 2022). This cultural perspective underscores the importance of contextualizing parenting influences within societal norms when designing interventions to prevent youth alcohol use.

The observed associations also resonate with recent neuroscientific findings emphasizing the role of emotional processes in substance use vulnerability. For instance, frontal EEG asymmetry patterns have been shown to differentiate adolescents with high mindfulness from those with low mindfulness during emotion regulation tasks, suggesting that higher emotional awareness is associated with reduced reactivity to stress and, consequently, lower likelihood of alcohol consumption (Deng et al., 2021). These findings lend neurobiological support to the psychological model proposed in the current study, in which emotion regulation capacity mediates the relationship between parental perception and alcohol use. Additionally, Zou et al. (Zou et al., 2024) demonstrated that expressive suppression and rumination co-occur as maladaptive emotion regulation mechanisms, forming dense emotional networks that predispose youth to problematic behaviors.

The results of this study also align with earlier empirical findings indicating that adolescents from families with alcohol problems are more likely to develop similar habits due to both genetic and environmental transmission effects (Workie et al., 2024). However, the mediating influence of emotion regulation may determine whether such predispositions translate into behavioral outcomes. Adolescents with higher emotional competence may be able to break this intergenerational pattern, demonstrating the potential of emotion regulation training in preventive interventions. In contrast, those with lower emotional

competence may replicate their parents' maladaptive coping strategies, perpetuating a cycle of emotional dysregulation and substance abuse (Avci, 2025).

The convergence of parental perception and emotional regulation difficulties as predictors of alcohol use underscores the need for integrated theoretical models. Existing research increasingly supports a bio-psycho-social approach that recognizes the interplay between family context, cognitive-emotional functioning, and behavioral outcomes (Hajal & Paley, 2020; Lincoln et al., 2022). In this view, authoritative parenting fosters adaptive emotion regulation through modeling, validation, and guidance, while authoritarian and permissive parenting disrupt the development of self-regulation by either over-restricting or neglecting emotional expression (El-Shiekh et al., 2024; Parveen & Jan, 2024). Adolescents who lack secure emotional attachments may turn to alcohol as a surrogate means of emotional regulation. This mechanism echoes the attachment theory perspective that emotional security in early family relationships predicts resilience and adaptive coping during adolescence (Yang et al., 2023).

Furthermore, findings by Mitincu-Caramfil et al. (Mitincu-Caramfil et al., 2025) confirmed that emotional instability significantly correlates with alcohol consumption among youth, particularly during emotionally charged life transitions. These findings are congruent with the present study, indicating that emotion regulation deficits heighten susceptibility to substance use during periods of psychological stress. Similarly, Zhang and Wu (Zhang & Wu, 2025) identified latent profiles of emotion regulation strategies associated with behavioral problems, suggesting that adolescents who rely on maladaptive strategies such as avoidance and suppression exhibit higher risk for alcohol use. Together, these studies validate the conceptual model that emotion regulation mediates the influence of parental perception on alcohol use tendencies.

In addition, the pattern of results suggests that parental education and family communication programs emphasizing emotional literacy, empathy, and balanced control could substantially mitigate youth alcohol tendencies. Empirical research shows that parental modeling of adaptive emotion regulation contributes to children's ability to handle frustration, resolve conflicts, and resist peer pressure (Hajal & Paley, 2020; Lincoln et al., 2022). Given that adolescence is a critical period for emotional and cognitive development, interventions targeting both parents and adolescents may yield synergistic effects in reducing alcohol-related risks. Moreover, integrating emotion-regulation training into

school-based preventive programs could enhance students' coping resources and resilience against environmental stressors.

The current findings contribute to the growing body of literature emphasizing the intertwined influence of family and emotional factors in adolescent behavioral health. By establishing empirical links between parental perception, emotion regulation difficulties, and alcohol use, this study adds support to contemporary integrative frameworks in psychology and public health. These results not only confirm the theoretical premises of prior studies but also extend them by demonstrating the combined predictive power of emotional and familial variables in a Middle Eastern context, where cultural norms around alcohol use differ from Western societies.

Despite its valuable contributions, the present study has several limitations. First, the sample consisted exclusively of male youths aged 18 to 25 residing in urban regions of Tehran, which restricts the generalizability of the findings to females, older adults, and individuals from rural areas or different cultural backgrounds. Second, the study employed a cross-sectional and correlational design, which precludes causal inference. Although the statistical associations are robust, it remains unclear whether parental perception and emotion regulation difficulties directly cause alcohol use or whether the relationships are reciprocal. Third, the reliance on self-report instruments to assess sensitive variables such as alcohol use may introduce social desirability bias, leading participants to underreport consumption or exaggerate positive parental perceptions. Fourth, the study did not control for potentially confounding variables such as peer influence, socioeconomic status, or comorbid psychological conditions like anxiety and depression, which could affect both emotion regulation and alcohol use. Finally, cultural stigma surrounding alcohol use in Iran may have constrained participants' honesty, potentially underestimating true prevalence rates and behavioral associations.

Future studies should employ longitudinal or experimental designs to clarify the causal pathways linking parental perception, emotion regulation, and alcohol use tendencies. It is recommended that future research include diverse samples encompassing different genders, socioeconomic levels, and cultural contexts to enhance external validity. Incorporating neurophysiological measures—such as functional MRI or EEG—could provide deeper insights into the neural correlates of emotional regulation and its connection with substance use behaviors. Moreover, researchers should examine potential mediating

and moderating variables, such as peer relationships, family cohesion, stress exposure, or personality traits, to develop a more nuanced understanding of how environmental and emotional factors interact. Qualitative or mixed-methods designs using interviews or focus groups could also enrich quantitative findings by capturing the lived experiences and contextual meanings of alcohol use and family dynamics.

Given the established relationship between parental perception, emotion regulation, and alcohol use, practical interventions should focus on strengthening family relationships and enhancing emotional competencies among youth. Parenting education programs should train parents to adopt authoritative strategies characterized by warmth, consistency, and emotional availability. Mental health practitioners and educators should incorporate emotion-regulation skills training—such as mindfulness, cognitive reappraisal, and distress tolerance—into prevention and counseling programs. Community-based initiatives should aim to reduce the stigma surrounding emotional expression and encourage open family dialogue about stress, coping, and substance use. Finally, policymakers should prioritize youth-focused health promotion strategies that integrate family counseling, school-based emotional education, and accessible support services to prevent the escalation of alcohol-related problems.

Authors' Contributions

All authors significantly contributed to this study.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

In this study, to observe ethical considerations, participants were informed about the goals and importance of the research before the start of the study and participated in the research with informed consent.

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