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## The Role of Defensive Emotional Distancing in Loneliness of Offenders with Substance Use Disorders

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### Abstract

**Background:** The abilities to effectively regulate emotions and establish meaningful interpersonal relationships are considered to be crucial for overall mental health. The current study aimed at exploring the relationship between the intrapersonal and interpersonal components of self-differentiation and the feeling of loneliness in offenders with substance use disorders.

**Method:** Participants were 80 male offenders with opiate use disorders hospitalized at the Special Prison Hospital in Belgrade. Data were collected by using self-report Differentiation of Self Inventory and UCLA Loneliness Scale. In analyzing the data, Pearson product-moment correlation analysis and multiple regression analysis were employed.

**Results:** As has been hypothesized, results show that loneliness is associated with a lower level of self-differentiation. The most prominent role in loneliness plays emotional cutoff. Since close relationships are interpreted as threatening, defensive emotional distancing protects from further negative, painful relationship experiences, and traumatization, but, as a consequence, leaves a person deprived of meaningful social contacts needed to fulfill the basic need for connectedness.

**Conclusions:** Long-term use of behavioral and emotional defense mechanisms, such as distancing and denial, along with the exaggerated facade of independence and self-sufficiency, often seen in forensic clients seems to conceal chronic feelings of loneliness and longing for meaningful and emotionally fulfilling human contact. Adopting adaptive emotion regulation strategies may be an important mechanism for alleviating loneliness in offenders with substance use disorders, and probably, lead to decreasing the use of substances in an attempt to modulate emotions.

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“But loneliness is not living alone, loneliness is the inability to keep someone or something within us company, it is not a tree that stand alone in the middle of the plain but the distance between the deep sap and the bark, between the leaves and the roots.”

José Saramago “*The Year of Death of Ricardo Reis*”

## 1. Background

From the perspective of Bowen (1976, 1978) family systems theory, the developmental process starts and progresses through gradually separating self from others and distinguishing own thoughts, feelings, and needs from the thoughts, feelings, and needs of others. This process gradually builds the sense of self as separated and unique, therefore structuring boundaries and forming a personal identity. Nevertheless, it preserves important interpersonal emotional connections and does not leave a person isolated and alone.

### 1.1 Differentiation of Self

Bowen (1976, 1978) portrays the family as an emotionally interrelated system: a change in the functioning of one part directly induces the changes in the whole system. Anxiety and change in one family member will affect the feelings, thoughts, and reactions of others. Two opposite forces act simultaneously, one leading to the togetherness of family members; the other acts towards individuation, autonomy, and separate sense of self of its members. The developmental process of an individual leads towards achieving maturity and independence without losing the capacity for emotional connectedness with others.

Families differ in the amount of anxiety they potentially contain. Some find it relatively difficult to destabilize, while others feel threatened and unstable and constantly experience high levels of anxiety. The amount of anxiety of a family determines the degree to which its members can become differentiated. In the family projection process, parents project their own immaturity onto the most emotionally attached child in the family, and this triangulated child will develop slower and with an even lower level of differentiation than the parents (Bowen, 1978). Thus, according to Bowen, psychopathology is a result of family projection and the process of transgenerational transmission. Children who are most involved in emotional processes in the family and are the least differentiated later choose spouses who have an equally low level of differentiation (Kerr, 2003).

Bowen (1976, 1978) defines differentiation self as a personality variable crucial for maturity and psychological health. It represents “the ability to distinguish between thoughts and feelings in an emotional relationship system” (Bohlander, 1995).

At the *intrapsychic level*, differentiation refers to the ability to distinguish thoughts from feelings, that is, the degree to which a person relies on feelings or intellect in actions and relationships with others. Highly differentiated people have an autonomous intellectual system that controls their emotional system, they cope with stressful situations with more flexibility and adaptability, and function equally well both rationally and emotionally.

At the *interpersonal level*, self-differentiation refers to the ability to experience intimacy while maintaining personal autonomy in relationships with others. More differentiated persons retain

a certain degree of autonomy in close relationships (Skowron & Friedlander, 1998), they retain a clear sense of personal identity and do not change beliefs when under pressure. Differentiation enables more flexible boundaries that allow emotional intimacy and physical connection with another person without fear of losing personal identity. Weaker differentiated people, just as they find it difficult to distinguish their thoughts from feelings, find it difficult to separate themselves from others, and take a dependent position in a relationship; they do not distinguish their own thoughts and feelings from another person thoughts and feelings (Goldenberg & Goldenberg, 1990). Bowen (1976) describes a well-differentiated self as a solid self, which maintains its individuality and does not merge. On the other side, the fused self is pseudo self, which operates by rules, customs, and expectations.

A higher level of self- differentiation is associated with lower levels of psychological distress (Kim-Appel et al., 2007; Murdock & Gore, 2004; Skowron et al., 2009), lower levels of depression (Hooper & DePuy, 2010; Hooper & Doehler, 2011), higher levels of marital satisfaction (Peleg, 2008; Skowron, 2000), relationship satisfaction (Lal & Bartle-Haring, 2011). and psychological adjustment (Skowron, 2004; Skowron et al., 2004). People with a higher degree of fusion between the intellectual and emotional processes react emotionally, they are more prone to destabilize even when exposed to low levels of stress, they are more emotionally reactive (Skowron & Friedlander, 1998), find it difficult to remain calm under the influence of other people emotions; in short, they are trapped in a world of emotions (Bowen, 1976).

Findings from research studies examining the effects of attachment with significant others on emotion regulation support Bowen's claims. Mikulincer and Shaver (2007) particularly stressed the role of the family in determining individuals' abilities to develop skills for coping with life's difficulties. Through their relationship experiences, children learn "how to cope with negative emotions and angst when facing situations of distress and danger" (Estevez et al., 2017, p. 535).

Emotion dysregulation and chronic irritability, as one of its core symptoms, is a risk factor for the development of psychiatric disorders later in life (Leibenluft, 2011; Roy et al, 2014). Bielas et al. (2016) conclude that there is a direct link between multiple adverse experiences in childhood and the development of internalizing psychiatric disorders. The exposure to trauma can lead to pathological use of dissociative mechanisms, leading to the deficit in mentalization and autonomous regulations of affects and impulses (Ciulla & Caretti, 2012).

Emotion regulation is positively correlated with addictive behaviors (Estevez et al., 2017). Emotional dysregulation is strongly associated with substance use (Hashemi et al., 2018), internet addiction (Karaer & Akdemir, 2019; Yildiz, 2017), gambling disorder (Rogier & Velotti, 2018), anger expression, and violence (Velotti et al., 2017), and criminal behavior (for example, Kingston et al., 2017). Substance use is a means to cope with current and past trauma and crisis, and the coping strategy adopted to help manage emotions and mental health (Aldao et al., 2010;

Love et al., 2020; Ricketts & Macaskill, 2003). Estevez et al. (2017) conclude that “emotion–regulation difficulties predict substance and non-substance-related addictions” (p. 540)

Also, research findings confirm the presence of interpersonal difficulties associated with substance use. These difficulties were linked to impulsivity and disturbed emotional self-regulation preventing substance-dependent individuals from establishing a satisfying human relationship, so substance use “can be understood as it is the way to bypass these relational difficulties” (Frisone et al., 2020, p. 10).

## 1.2 Loneliness

Loneliness is described as a subjective and negative experience, resulting from the cognitive evaluation of the match between the discrepancy of quantity and quality of existing relationships and relationship standards (De Jong Gierveld et al., 2006). Loneliness does not equal social isolation; it is not directly connected with the objective absence of relationships or a consequence of solitude (same source). The core elements of this concept are an unwelcome feeling of lack or loss of companionship, the negative, unpleasant aspects of missing certain relationships as well as missing a certain level of quality in one’s relationships (De Jong Gierveld, 1998). Objective circumstances do not necessarily lead to subjective experiences of loneliness, their relationship mediates “the characteristics of the relationships that are available and of the relationships that are not (or no longer) available; the saliency of the relationships that are missed; the time perspective, and the possibilities one sees to upgrade and enlarge one’s network of relationships; personality characteristics such as shyness, social skills and assertiveness; and the concept of self” (De Jong Gierveld, 1998, p. 74).

Ascher and Paquette (2003) define loneliness as “the cognitive awareness of a deficiency in one’s social and personal relationships, and ensuing affective reactions of sadness, emptiness, or longing” (p. 75). Also, loneliness may be described as a negative affect state and “reflects an individual’s subjective perception of deficiencies in his or her network of social relationships” (Russell et al., 1984).

From the attachment perspective, Weiss (1973) defined loneliness as a subjective state that indicates unsatisfied needs for proximity, love and care due to the unavailability and nonresponsiveness of attachment figures. In other words, loneliness is a form of separation distress that results from failure to meet basic attachment needs. Relationships that promote a sense of security and safety, the need for acceptance, understanding, and care, alleviate and prevent loneliness. In contrast, a history of relationships with unavailable and nonresponsive relationship partners and the resulting attachment insecurities should render a person chronically vulnerable to loneliness (Berlin et al., 1995).

Loneliness is closely associated with depression (Achterbergh et al., 2020; Hojat, 1998) and negative feelings about interpersonal relationships (De Jong Gierveld, 1987). Lonely people are less interpersonally competent than people who are not lonely (Spitzberg & Canary, 1985), they express pessimistic views (Davis et al., 1992), and have lower levels of positive affect (Mehrabian & Stefl, 1995). Lonely individuals are more likely to be shy (Kamath & Kanekar, 1993) and less satisfied with life than other individuals (Riggio et al., 1993). Lonely individuals report feeling socially uncomfortable, fearing intimacy, being easily intimidated by others, being unable to communicate adequately to others, and having developmental deficits such as childhood neglect and abandonment (Rokach & Brock, 1996).

Lonelier individuals use more maladaptive emotion regulation strategies, and their maladaptive strategies are also more strongly linked with depression (Morroquin & Nolen-Hoeksema, 2015). Loneliness has an adverse effect on mental health (Achterbergh et al., 2020), not only by increasing the risk of becoming depressed (Stessman et al., 2014) and worsening depressive symptoms (Wang et al., 2018) but also loneliness and depression worsen each other reciprocally (Cacioppo et al., 2006). Nikmanesh et al. (2015) and Hosseinbor et al. (2014) confirmed a significant positive relationship between drug abuse and the feeling of loneliness and emotion regulation difficulty.

Marroquín and Nolen-Hoeksema (2015) conclude that close relationships influence the emotion regulation strategies people use since emotion regulation is “a channel through which social factors affect internal functioning and mental health, and inform relationship pathways for clinical intervention” (p. 836).

### **1.3 The Current Study**

The current study aimed at exploring a relationship between the intrapersonal and interpersonal components of self-differentiation and the feeling of loneliness in offenders with substance use disorders. It was hypothesized that a lower level of self-differentiation is correlated with a pronounced experience of loneliness, suggesting that less satisfying past relationship experience in the lower differentiated individuals leads to a negative emotional state of separation distress.

## **2. Method**

### **2.1 Participants and Procedure**

According to Serbian Criminal Law, patients committing criminal offenses, who cannot be held (fully) accountable for these acts due to the influence of psychoactive substances or mental health disorders can be sentenced to compulsory hospitalization in the Special Prison Hospital, a unique, maximum security institution specialized for the implementation of treatment measures for substance use disorders, as well as mental health disorders.

Participants were 80 male offenders with opiate use disorders hospitalized at the Special Prison Hospital in Belgrade with a mean age of 38.39 (SD= 4.82), ranging from 25 to 53 years. The inclusion criterium was that all participants were voluntarily involved in Relapse Prevention Program, therefore assuming that they were motivated for the treatment. Their participation in the study was voluntary, the purpose of the study was explained, and all participants gave their written informed consent. The questionnaires were administered anonymously.

## 2.2 Measures

### 2.2.1. Differentiation of Self

#### *Differentiation of Self Inventory*

The original Differentiation of Self Inventory (DSI) is a 43-item self-report measure focusing on adults, their significant relationships, and current relations with the family of origin (Skowron & Friedlander, 1998). The scale is comprised of a total score and four subscales that represent dimensions of differentiation of self (Jankowski & Hooper, 2012):

1. Emotional Reactivity assesses the individual's awareness of and ability to regulate affect, the degree to which a person responds to environmental stimuli with flooding and labile emotions or hypersensitivity to the point of being consumed by them;
2. "I" Position assesses the extent to which a person can define and express one's own perspective, especially in the face of anxiety and/or social pressure, explicitly defined sense of self as well as one's capacity to reasonably adhere to one's own standpoints and convictions even under pressure;
3. Emotional Cutoff assesses the extent to which an individual reactively distances from others to soothe anxiety, fear of intimacy, and the tendency to isolate oneself from others and one's own emotions when too much tension emerges from intrapersonal or interpersonal experiences using behavioral defenses like distancing, or denial;
4. Fusion with Others measures the amount of emotional closeness in one's interpersonal relationships, emotional overinvolvement, heavy reliance on others in decision making, and/or over-identification with one's parents or significant others.

Two of the subscales (Emotional Reactivity and "I" position) assess the intrapersonal dimension of differentiation while the other two subscales (Emotional Cutoff and Fusion with Others) assess the interpersonal dimension (Skowron & Friedlander., 1998). Internal consistency reliabilities of the original DSI and its subscales were reported by Skowron and Friedlander (1998) as: DSI full scale = .88, ER = .84, IP = .85, EC = .82, and FO = .74. Confirmatory factor analyses support the DSI's four-factor structure.

Participants responded to a statement on a five-point Likert scale: *strongly agree, agree, disagree, strongly disagree, or undecided*. Higher scores on the Differentiation of Self Inventory (DSI) subscales indicate less emotional reactivity, emotional cutoff, and fusion with others, and greater ability to take an “I” position.

### 2.2.2 Loneliness

#### *UCLA (Version 3)*

The UCLA Loneliness Scale is a 20-item scale designed to measure one’s subjective feelings of loneliness as well as feelings of social isolation. Participants rate each item as either *I often feel this way, I sometimes feel this way, I rarely feel this way, I never feel this way*.

The measure has been revised two times since its first publication; once to create reverse-scored items, and once to simplify the wording (Russell, 1996; Russell et al., 1980). UCLA (Version 3) was highly reliable (coefficient alpha ranging from .89 to .94) and test-retest reliability over a 1-year period ( $r = .73$ ). Convergent validity for the scale was indicated by significant correlations with other measures of loneliness (Russell et al., 1980).

### 3. Results

Correlational analysis was executed to examine the relationship between self-differentiation (DSI score) and loneliness, and subscales of DSI and loneliness. The results are shown in Table 1.

**Table 1.** Pearson Correlation between self-differentiation and loneliness

Variable	1	2	3	4	5	6
<b>Emotional Reactivity</b>	-					
<b>“I” Position</b>	.19	-				
<b>Emotional Cutoff</b>	.19	.09	-			
<b>Fusion with Others</b>	.32**	-.01	.19	-		
<b>Differentiation of Self</b>	.78**	.50**	.55**	.41**	-	
<b>Loneliness</b>	-.22	-.22	-.54**	.19	-.40**	-

Note:  
 \*\*  $p < .01$  (2-tailed)      N=80

Results of the Pearson correlation indicated that DSI score and loneliness were moderately negatively correlated  $r(80) = -.40, p < .01$ . Lower self-differentiation levels were associated with higher levels of experienced loneliness. Further analysis showed that only the Emotional Cutoff subscale of all four subscales of DSI showed a significantly strong negative correlation with loneliness  $r = -.54, p < .001$ . Participants who were more prone to reactively distance from others to soothe anxiety, who has greater fear of intimacy and to a greater degree use behavioral

defenses like distancing, or denial were more likely to experience loneliness and feelings of social isolation.

A simultaneous multiple regression analysis was carried out to investigate whether subscales of DSI could significantly predict participant's loneliness. The results are shown in Table 2.

**Table 2.** Summary of Simultaneous Multiple Regression Analysis for Participants' Loneliness (N=80)

Variable	B	SE (B)	$\beta$	t	Sig. (p)
Emotional Reactivity	-.17	.11	-.16	-1.58	.119
I Position	-.21	.14	-.14	-1.50	.137
Emotional Cutoff	-.52	.11	-.48	-4.90	.000
Fusion with Others	.24	.16	.15	1.46	.148

Note:

$R^2 = .353$  ( $p < .001$ )

The results of the regression indicated that the model explained 35.3% of the variance and that the model was a highly significant predictor of loneliness,  $F(4,75) = 10.21$ ,  $p < .001$ . The individual predictors were examined further and indicated that only emotional cutoff was a significant predictor of loneliness ( $t(79) = -4.90$ ,  $p < .001$ ) in the model. The degree to which an individual uses emotional distancing from others can predict feelings of loneliness and social isolation in a way that the more defensive distancing an individual uses, the lonelier they will get.

#### 4. Discussion

As has been hypothesized, results show that loneliness is associated with a lower level of self-differentiation in offenders with substance use disorders. The most prominent role in loneliness plays emotional cutoff and distancing from significant relationships. Since close relationships are interpreted as threatening, emotional distancing as a defense mechanism protects from further negative and painful relationship experiences and traumatization, but, as a consequence, leaves a person deprived of meaningful social contacts needed to fulfill the basic need for connectedness. This finding inevitably leads to further exploring the past relationship experiences of lonely people.

Since the developmental process of an individual is directed towards achieving maturity and independence without losing the capacity for emotional connectedness with others, emotional

distancing represents a behavioral mechanism for distance regulation “enacted to manage emotional overwhelm or perceived threats to safety” (Skowron & Schmitt, 2003, p. 210). Like emotional fusion, but on the opposite side of the continuum of closeness, it points out to “unresolved symbiotic attachment” (Kerr & Bowen, 1988). Bowen (1976) emphasize that “the person who runs away from his family of origin is as emotionally dependent as the one who never leaves home” (p. 86). The need for emotional contact still prevails, but the defensive process of separation from negative relationship experiences Bowen has described leads to an intense feeling of loneliness since it deeply separates the individual from others and leaves the feeling of isolation. The developmental process of an individual is directed towards achieving maturity and independence without losing the capacity for emotional connectedness with others.

Difficulties in the psychological and interpersonal functioning of individuals with substance use disorders are associated with preexisting deeply rooted patterns of dysfunctional emotional regulation (Estevez et al., 2017). Addictive behaviors lead to avoiding or regulating negative feelings and emotions (Aldao et al., 2010; Ricketts & Macaskill, 2003). Emotional dysregulation is an early risk factor as well as an ongoing motivator of drug use (Kober, 2014) “far more than a quest for pleasure, chronic substance use is the addict’s attempt to escape distress” (Maté, 2010, p. 46).

A lower level of differentiation of self points out to the difficulties in experiencing, regulating, and expressing emotions, that is, the use of maladaptive strategies of emotional regulation. As research studies have concluded, offenders reported higher levels of difficulties identifying feelings, emotional nonacceptance, physical aggression, and hostility (Garofalo et al., 2018; Gillespie et al., 2018). Also, emotional dysregulation was strongly associated with criminal behavior (for example, Kingston et al., 2017) and substance use (Hashemi et al., 2018) as a means to cope with current and past trauma and crisis (Aldao et al., 2010; Love et al., 2020; Ricketts & Macaskill, 2003). On the other side, impulsivity and disturbed emotional self-regulation prevent substance-dependent individuals from establishing a satisfying human relationship (Frisone et al., 2020).

From the developmental perspective, early attachment experiences shape the early organization of the right brain, the neurobiological core of the human unconscious (Schore & Schore, 2007). Early in life, emotions are regulated by caregivers. Later in life, they become increasingly self-regulated as a result of neuropsychological development. The roots of a defensive distancing can be traced back to the early failure of dyadic emotional communication, resulting in defensive denial and distortion of experience. The failure of primary emotional communication and

attunement with subsequent patterns of the inadequate capacity of self-regulation leads to seeking alternative methods of affect modulation, often connected with substance use in an attempt to repair missing or deficient psychological structures. As Maté (2010) noted, “if people are addicted to self-soothing behaviours, it’s only because in their formative years they did not receive the soothing they needed” (p. 320). Marroquín and Nolen-Hoeksema (2015) concluded that “emotional regulation is a channel through which social factors affect internal functioning and mental health, and inform relationship pathways for clinical intervention” (p. 836).

## 5. Conclusion and Limitations

In conclusion, long-term use of behavioral and emotional defense mechanisms, such as distancing and denial, along with the exaggerated facade of independence and self-sufficiency, often seen in forensic clients seems to conceal chronic feelings of loneliness and longing for meaningful and emotionally fulfilling human contact. Adopting adaptive emotion regulation strategies may be an important mechanism for alleviating loneliness in offenders with substance use disorders, and probably, lead to decreasing the use of substances in an attempt to modulate emotions. Further research should continue to explore the connection between self-differentiation and loneliness in different populations and settings and expand the knowledge of the mechanisms underlying their connectedness.

The present findings must not be interpreted without the consideration of various limitations. First, the sample consisted of a small number of offenders and all of them were males, from a single correctional facility in Serbia, which limits the generalization of results. Secondly, the results might not be applicable to individuals who have committed less serious or minor criminal acts that had not led to incarceration. Furthermore, it may not be fully excluded that self-reports caused some bias in the present data due to the fallibility of memory, social desirability, and avoidance of self-disclosure. Finally, the present study does not allow any causal inferences due to its cross-sectional design; factors not controlled for in the present analyses may also exert essential influences on the outcome variable.

## References

1. Achterbergh, L., Pitman, A., Birken, M. Pearce, E., Sno, H., & Johnson, S. (2020). The experience of loneliness among young people with depression: a qualitative meta-synthesis of the literature. *BMC Psychiatry*, 20(1). <https://doi.org/10.1186/s12888-020-02818-3>
2. Aldao A., Nolen-Hoeksema S., Schweizer S. (2010). Emotion-regulation strategies across psychopathology: A meta-analytic review. *Clinical Psychology Review*, 30(2), 217–237. <https://doi.org/10.1016/j.cpr.2009.11.004>
3. Asher, S. R., & Paquette, J. A. (2003). Loneliness and peer relations in childhood. *Current Directions in Psychological Science*, 12(3), 75–78. <https://doi.org/10.1111/1467-8721.01233>
4. Berlin, L. J., Cassidy, J., & Belsky, J. (1995). Loneliness in young children and infant-mother attachment: A longitudinal study. *Merrill-Palmer Quarterly*, 41(1), 91–103.
5. Bielas, H., Barra, S., Skrivanek, C., Aebi, M., Steinhausen, H. C., Bessler, C., & Plattner, B. (2016). The associations of cumulative adverse childhood experiences and irritability with mental disorders in detained male adolescent offenders. *Child and Adolescent Psychiatry and Mental Health*, 10, 34. <https://doi.org/10.1186/s13034-016-0122-7>
6. Bohlander, J. R. (1995). Differentiation of Self: An examination of the concept. *Issues in Mental Health Nursing*, 16(2), 165-184. <https://doi.org/10.3109/01612849509006932>
7. Bowen, M. (1976). Theory in the practice of psychotherapy. In P. J. Guerin, Jr. (Ed.), *Family therapy: Theory and practice* (pp.42-90). New York: Garner Press.
8. Bowen, M. (1978). *Family therapy in clinical practice*. New York: Jason Aronson.
9. Cacioppo, J. T., Hughes, M. E., Waite, L. J., Hawkey, L. C., & Thisted, R. A. (2006). Loneliness as a specific risk factor for depressive symptoms: cross-sectional and longitudinal analyses. *Psychology and Aging*, 21(1), 140–151. <https://doi.org/10.1037/0882-7974.21.1.140>
10. Ciulla, S., & Caretti, V. (2012). Trauma, dissociazione, disregolazione, dipendenza. *Psichiatria e psicoterapia*, 31(2), 101-119.
11. Davis, S. F., Hanson, H., Edson, R. & Ziegler, C. (1992). The relationship between optimism-pessimism, loneliness, and level of self-esteem in college students. *College Student Journal*, 26, 244-247.
12. De-Jong Gierveld, J. (1987). Developing and testing a model of loneliness. *Journal of Personality and Social Psychology*, 53(1), 119-128.
13. De Jong-Gierveld, J. (1998). A review of loneliness: Concepts and definitions, determinants, and consequences. *Reviews in Clinical Gerontology*, 8, 73-80. <https://doi.org/10.1017/S0959259898008090>
14. De-Jong Gierveld, J., Van Tilburg, T. G., & Dykstra, P. A. (2006). Loneliness and social isolation. In D. Perlman & A. Vangelisti (Eds.), *The Cambridge handbook of personal relationships* (pp. 485-500). Cambridge, UK: Cambridge University Press.
15. Estevez, A., Jáuregui, P., Sanchez-Marcos, I., López-González, H., & Griffiths, M. D. (2017). Attachment and emotion regulation in substance addictions and behavioral addictions. *Journal of Behavioral Addictions*, 6(4), 534-544.
16. Frisone, F., Settineri, S., Sicari, P. F., & Merlo, E. M. (2020). Gambling in adolescence: a narrative review of the last 20 years. *Journal of Addictive Diseases*, 1-20. <https://doi.org/10.1080/10550887.2020.1782557>

17. Garofalo, C., Velotti, P., & Zavattini, G. C. (2018). Emotion regulation and aggression: The incremental contribution of alexithymia, impulsivity, and emotion dysregulation facets. *Psychology of Violence, 8*(4), 470-483. <https://psycnet.apa.org/doi/10.1037/vio0000141>
18. Gillespie, S. M. Garofalo, C. & Velotti, P. (2018). Emotion regulation, mindfulness, and alexithymia: Specific or general impairments in sexual, violent, and homicide offenders?, *Journal of Criminal Justice, 58*, 56-66. <https://doi.org/10.1016/j.jcrimjus.2018.07.006>
19. Goldenberg, I. & Goldenberg, H. (1990). *Family therapy: An overview*. Pacific Grove: Brooks/Cole Publishing Company.
20. Hashemi, S. G. S., Shalchi, B., & Yaghoubi, H. (2018). Difficulties in emotion regulation, psychological well-being, and hypersexuality in patients with substance use disorder in Iran. *Iranian Journal of Psychiatry and Behavioral Science, 12* (1), e10449. <https://doi.org/10.5812/ijpbs.10449>
21. Hojat. M. (1998). Satisfaction with early relationships with parents and psychosocial attributes in adulthood: Which parent contributes more? *The Journal of Genetic Psychology, 159*(2), 203-220.
22. Hosseinbor, M., Yassini Ardekani, S. M., Bakhshani, S., & Bakhshani, S. (2014). Emotional and social loneliness in individuals with and without substance dependence disorder. *International journal of high risk behaviors & addiction, 3*(3), e22688. <https://doi.org/10.5812/ijhrba.22688>
23. Jankowski, P. J. & Hooper, L. M. (2012). Differentiation of Self: A Validation Study of the Bowen Theory Construct. *Couple and Family Psychology: Research and Practice, 1*(3), 226–243.
24. Kamath, M. & Kanaker, S. (1993). Loneliness, shyness, self-esteem, and extraversion. *Journal of Social Psychology, 133*, 855-857.
25. Karaer, Y., & Akdemir, D. (2019). Parenting styles, perceived social support, and emotion regulation in adolescents with internet addiction. *Comprehensive Psychiatry, 92*, 22-27. <https://doi.org/10.1016/j.comppsy.2019.03.003>
26. Kerr, M. (2003). Multigenerational family systems theory of Bowen and its application. In G. Sholevar (Ed.), *Textbook of Family and Couples Therapy: Clinical Applications* (pp. 103–126). Washington, DC: American Psychiatric Press.
27. Kerr, M. & Bowen, M. (1988). *Family evaluation*. New York, NY: W. W. Norton & Company.
28. Kim-Appel, D., Appel, J., Newman, I., & Parr, P. (2007). Testing the effectiveness of Bowen's concept of differentiation in predicting psychological distress in individuals age 62 years or older. *The Family Journal, 15*, 224–233.
29. Kingston, D. A., Graham, F. J., & Knight, R. A. (2017). Relations between self-reported adverse events in childhood and hypersexuality in adult male sexual offenders. *Archives of sexual behavior, 46*(3), 707-720. <https://doi.org/10.1007/s10508-016-0873-5>
30. Kober, H. (2014). Emotion regulation in substance use disorders. In J. J. Gross (Ed.), *Handbook of emotion regulation*. 2nd ed., (pp. 428-446). New York: Guilford Press.
31. Lal, A., & Bartle-Haring, S. (2011). Relationship among differentiation of self, relationship satisfaction, partner support and depression in patients with chronic lung disease and their partners. *Journal of Marital and Family Therapy, 37*, 168–181.

32. Leibenluft, E. (2011). Severe mood dysregulation, irritability, and the diagnostic boundaries of bipolar disorder in youths. *American Journal of Psychiatry*, *168*, 129-142.  
<https://doi.org/10.1176/appi.ajp.2010.10050766>
33. Love, B., Vetere, A. & Davis, P. (2020). Understanding addiction, relapse and recovery amongst substance using offenders – a qualitative study informed by developmental psychological theories. *Drugs and Alcohol Today*, Vol. ahead-of-print No. ahead-of-print. <https://doi.org/10.1108/DAT-04-2020-0023>
34. Marroquín, B., & Nolen-Hoeksema, S. (2015). Emotion regulation and depressive symptoms: Close relationships as social context and influence. *Journal of Personality and Social Psychology*, *109*(5), 836–855. <https://doi.org/10.1037/pspi0000034>
35. Marroquín, B., & Nolen-Hoeksema, S. (2015). Emotion regulation and depressive symptoms: Close relationships as social context and influence. *Journal of personality and social psychology*, *109*(5), 836–855. <https://doi.org/10.1037/pspi0000034>
36. Maté, G. (2008). *In the realm of hungry ghosts: Close encounters with addiction*. Berkeley, CA: North Atlantic.
37. Mehrabian, A., & Stefl, C.A. (1995). Basic temperament components of loneliness, shyness, and conformity. *Social Behavior and Personality*, *23*, 253-264.
38. Mikulincer M., Shaver P. R. (2007). *Attachment in adulthood: Structure, dynamics, and change*. New York, NY: Guilford Press.
39. Murdock, N. L., & Gore, P. A. (2004). Stress, coping, and differentiation of self: A test of Bowen theory. *Contemporary Family Therapy*, *26*, 319–335.
40. Nikmanesh, Z., Kazemi, Y., Khosravi, M. (2015). Role of Feeling of Loneliness and Emotion Regulation Difficulty on Drug Abuse, *Journal of Community Health Research*, *4*(1), 55-64.
41. Ricketts T., Macaskill A. (2003). Gambling as emotion management: Developing a grounded theory of problem gambling. *Addiction Research and Theory*, *12*(1), 77–87.  
<https://doi.org/10.1080/1606635031000112546>
42. Rogier, G., & Velotti, P. (2018). Conceptualizing gambling disorder with the process model of emotion regulation. *Journal of behavioral addictions*, *7*(2), 239-251. <https://doi.org/10.1556/2006.7.2018.52>
43. Roy, A. K., Lopes, V. & Klein, R. G. (2014). Disruptive mood dysregulation disorder (DMDD): a new diagnostic approach to chronic irritability in youth. *American Journal of Psychiatry*, *171*, 918-924.  
<https://doi.org.10.1176/appi.ajp.2014.13101301>
44. Rokach, A., & Brock, H. (1996). The causes of loneliness. *Psychology: A Journal of Human Behavior*, *33*, 1-11.
45. Russell, D. (1996). UCLA Loneliness Scale (Version 3): Reliability, validity, and factor structure. *Journal of Personality Assessment*, *66*, 20-40.
46. Russell, D. Cutrona, C. Rose, J., & Yurko, K. (1984) Social and Emotional Loneliness: An Examination of Weiss's Typology of Loneliness. *Journal of Personality and Social Psychology*, *46*, 1313-1321.
47. Russell, D., Peplau, L. A., & Cutrona, C. E. (1980). The Revised UCLA Loneliness Scale: Concurrent and discriminate validity evidence. *Journal of Personality and Social Psychology*, *39*, 472-480.
48. Russell, D., Peplau, L. A., & Ferguson, M. L. (1978). Developing a measure of loneliness. *Journal of Personality Assessment*, *42*, 290-294.

49. Schore, J. R. & Schore, A. N. (2007). Modern attachment theory: The central role of affect regulation in development and treatment. *Clinical Social Work Journal*, 36, 9-20. <https://doi.org/10.1007/s10615-007-0111-7>
50. Skowron, E. (2000). The role of differentiation of self in marital adjustment. *Journal of Counseling Psychology*, 47, 229–237.
51. Skowron, E. A. (2004). Differentiation of self, personal adjustment, problem solving, and ethnic group belonging among persons of color. *Journal of Counseling & Development*, 82, 447–456.
52. Skowron, E. A., & Friedlander, M. L. (1998). The differentiation of self inventory: Development and initial validation. *Journal of Counseling Psychology*, 45, 1–11.
53. Skowron, E. A., & Schmitt, T. A. (2003). Assessing interpersonal fusion: Reliability and validity of a new DSI fusion with others subscale. *Journal of Marital and Family Therapy*, 29, 209–222.
54. Skowron, E., Stanley, K., & Shapiro, M. (2009). A longitudinal perspective on differentiation of self, interpersonal and psychological well-being in young adulthood. *Contemporary Family Therapy*, 31, 3–18.
55. Skowron, E. A., Wester, S. R., & Azen, R. (2004). Differentiation of self mediates college stress and adjustment. *Journal of Counseling & Development*, 82, 69–78.
56. Spitzberg B, Canary D (1985). Loneliness and relationally competent communication. *Journal of Social and Personal Relationships*, 2, 287-302.
57. Stessman, J., Rottenberg, Y., Shimshilashvili, I., Ein-Mor, E., & Jacobs, J. M. (2014). Loneliness, health, and longevity. *The journals of gerontology. Series A, Biological sciences and medical sciences*, 69(6), 744–750. <https://doi.org/10.1093/gerona/glt147>
58. Velotti, P., Garofalo, C., Callea, A., Bucks, R. S., Roberton, T., & Daffern, M. (2017). Exploring anger among offenders: The role of emotion dysregulation and alexithymia. *Psychiatry, psychology and law*, 24(1), 128-138. <https://doi.org/10.1080/13218719.2016.1164639>
59. Wang, J., Mann, F., Lloyd-Evans, B., Ma, R., & Johnson, S. (2018). Associations between loneliness and perceived social support and outcomes of mental health problems: a systematic review. *BMC Psychiatry*, 18(1), 156. <https://doi.org/10.1186/s12888-018-1736-5>
60. Weiss, R. S. (1973). *Loneliness: The experience of emotional and social isolation*. Cambridge, MA: The MIT Press.
61. Williamson, D. S. (1981). Personal authority via termination of the inter-generational hierarchical boundary: A new stage in the family life cycle. *Journal of Marital and Family Therapy*, 7(4), 441–452.
62. Yildiz, M. A. (2017). Emotion regulation strategies as predictors of internet addiction and smartphone addiction in adolescents. *Journal of Educational Sciences and Psychology*, 7(1), 66-78.



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