

PSYCHOLOGICAL PROBLEMS AND FAMILY FUNCTIONING AS RISK FACTORS IN ADDICTION

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Objectives: The purpose of the present research was to determine the role of family functioning and psychological problems of drug addicts and non addicts by assessing the difference between the two groups. After detailed literature review it was hypothesized that scores on the variable of communication, affective expression and control among family members of addicts will be higher than non addicts. Furthermore scores on the variables of anger control problems, emotional distress and positive self will also be higher of addicts. **Methods:** This was a cohort study. A cluster sampling method was used. Sample of present research consisted of 240 adolescents divided into two groups of 120 addicts and 120 non-addicts each from different socio-economic status. General scale of Family Assessment Measure-Version III (FAM-III) was administered in order to measure the level of communication, value and norms whereas dyadic Relationship Scale was used to measure affective expression and control among the family members of addicts and non addicts. Renold Adolescent Adjustment Screening Inventory was administered in order to assess anger control problems, emotional distress and positive self in addicts and non addicts. *t*-test was calculated in order to determine the difference in the level of communication, value and norms, affective expression and control among families of addicts and non addicts. Furthermore difference in anger control problems, emotional distress and positive self between the addicts and non addicts was also determined by calculating *t*-test. **Results:** Results showed significant differences in the variables among the family members and there is also a significant difference between addicts and non addicts. **Conclusion:** Avenues for further research have been suggested.

Keywords: Addiction, Family functioning, affective expression, emotional distress, positive self

INTRODUCTION

Research has shown that family provides a rich mixture of stimuli to the offspring that often affects both physical and psychological development. Although schools, friends and the media also are involved in this process, instilling in children the beliefs, values, and suitable behaviour of their society remains a fundamental function of the family. The key function of a child's family is to raise the young person in as healthy a manner as possible. Recent research indicates the manners which the family interaction goes about this process contributes to a range of developmental outcomes. At the negative end of the spectrum, these include low self esteem and conduct disorders.

In recent years, drug taking has become a serious problem for nations. It does not only affect the behaviour of an individual but it severely influences the family especially the children. The whole family of a persisting drug taker is becoming sick. Various investigations showed that parental maltreatment and substance abuse has detrimental effects on their children's well being. There are over 40 theories for studying drug abuse.¹ Some of these theories are person centred, and others are environmental. Flay and Petraitis,² identified a number of determinants of drug abuse on the basis of 24 studies. It was concluded that the determinants

of abuse are some combination of the social and environmental; social bonding of the individual to the family, peers, and community organization.

Shafi,³ studied the psychosocial risk factors of heroin abuse in Pakistan and found that heroin abusers tended to perceive low positive parental relations, high psychological stress, low self-esteem, high sensation seeking behaviour and high need for affiliation as compared to the non-users.

Kuperman⁴ examined the contribution of familial interpersonal, academic and early substance use factors to relative risk for an alcohol dependence diagnosis in adolescents. Risk factors for an alcohol dependence diagnosis included being at least 16 years of age, negative parents-child interactions, school and personal related difficulties and early experimentations with a variety of substances.

The purpose of the present research was to determine the style of family functioning which leads to drug addiction in children. It will also bring into notice the behavioural problems in children, which could be warning signs in the development of addiction.

SUBJECTS AND METHODS

A cluster sampling method was used for the present research and two samples of participants were recruited from Karachi, which is the biggest industrial city of Pakistan. The sample consisted of 240 males divided into two groups of 120 addicts

and 120 non-addicts. The first sample consisted of male (addicts) who all came for treatment the first time. This first time treatment was selected in order to minimize the effects of counselling on the addicts. The second sample consisted of male (non-addicts) from several academic institutions. The age of the participants in both samples ranged from 16–25 years. The entire sample was living in two parent families. This was done to control the effects of parental divorce and separation on the participants.

Participation was voluntary. A letter of consent describing the research project and inviting participation was provided to the administrator of the hospitals, along with the questionnaires. After getting permission from authorities, the subjects (addicts) were instructed that if they wish to participate they should sign the consent form and complete all the questionnaires. Once the rapport was developed with the addicts and non-addicts they were interviewed and examiner filled in questionnaires. Only those scales were administered which were the requirements of the study. General scale of Family Assessment Measure-Version III (FAM-III) was administered in order to measure the level of communication, value and norms whereas dyadic Relationship Scale was used to measure affective expression and control among the family members of addicts and non addicts. Renold Adolescent Adjustment Screening Inventory was administered in order to assess anger control problems, emotional distress and positive self in addicts and non addicts. Both the tests were translated into Urdu and few modifications were made according to the requirement of Pakistani culture. The examiner had to read aloud the questions and mark the responses for addicts, as many of them were uneducated. After collection of data, the answer sheets were scored. Both the tests are scored in a pathological direction such that higher values are indicative of greater dysfunction. Statistical method used for analysis of data in the present research was Mean comparison applying Student's *t*-test.

RESULTS

An analysis of the results (Table-1) reveal that there is a significant difference on the variable of Anger Control Problems ($t=4.552$, $df=238$, $p<0.05$), Emotional Distress ($t=5.115$, $df=238$, $p<0.05$), and an insignificant difference on the variable of Positive Self ($t= -0.058$, $df=238$, $p>0.05$), between addicts and non addicts.

Analysis of the result reveals that there is a significant difference on the variable of

communication ($t=4.117$, $df=238$, $p<0.05$), and an insignificant on affective expression ($t=3.820$, $df=238$, $p<0.05$), and control among the family members of addicts and non-addicts.

DISCUSSION

Addiction is an important problem, which needs immediate attention of social scientists. The number of addicts has increased and the problem is being widely discussed. However the discussion most often concentrates merely on the fact itself and its scale, and tends to forget the factors that determine the situation. To better understand why young people become addicts it is essential to know the factors.

Present study discusses family functioning and psychological risk factors that influence the addicts' behaviour in young people. Yet it does not mean that only these factors are important. The presence of these factors only indicates the higher probability of addiction. There are many established psychosocial risk factors like parental relationship, achievement motivation, self-esteem, psychological stress and sensation seeking behaviour that are found positively correlated with heroin abuse in Pakistan.^{5,6}

Early aggressive behaviour is the most important predictor of addiction. The result of the present research was consistent with the hypothesis formulated and previous studies. Anger is highly correlated with the aggression, delinquency and antisocial behaviour.¹ According to De Moja and Spielberger⁷ the drug abusers experienced anger more often than the nonusers, were more likely to express anger toward other persons or objects in the environment, and had less control of their angry feelings. Those young people who lack anger control become addicts because they were unable to identify alternative ways and in order to attain their goals they attacked the obstacle. The issue of how to improve the self control is pertinent to population at risk for addictive diseases. It has been demonstrated that the help of others (professional treatment, self-help groups, and family), distraction and similar techniques, the use of motivation, life-style changes including appropriate rest, physical activity, sports, physical work, the use of environments, mastering of social and other relevant skills, relaxation based approaches, techniques working with improved self-awareness, pharmacotherapy, acknowledgement of an addictive disease and abstinence, and disrupting risky behavioural patterns is an acceptable strategies to improve the self control.⁸

Table-1: Risk factors of addicts and non-addicts

Variables	Groups						df	Significance (2-tailed)	t	95% CI of the difference	
	Addicts			Non-Addicts						Lower	Upper
	N	Mean	SD	N	Mean	SD					
Anger control problem	120	5.05	3.241	120	3.42	3.225	238	0.000	4.552	0.926	2.340
Emotional distress	120	9.26	5.043	120	6.51	3.040		0.000	5.115	1.691	3.809
Positive self	120	4.66	2.406	120	4.68	2.042		0.954	-0.058	-0.584	0.551
Communication	120	6.54	2.245	120	5.39	2.079		0.000	4.117	0.599	1.700
Affective expression	120	7.35	2.296	120	6.29	1.985		0.003	3.820	0.513	1.604
Control	120	7.15	2.459	120	6.56	2.117		0.047	1.997	8.15	1.175

According to Merton,⁹ everyone wants good things in life as is identified by society. Access to one's goal is facilitated by advanced level education, while being undereducated is a major barrier to the achievement of success goals. According to Glavak, Kuterovac and Sakoman¹⁰ addicts' fathers were on average less educated than non-addicts' fathers, typically to a high school level. The education level of addicts' mothers was also similar to that of non-addicts' mothers, typically they were educated to a high school level.

There has been a growing interest in how variations in family process may be differentially related to emotional and behavioural problems in children. Family is the first institution of children's socialization and one of the most influential agents, determining the formation of a personality; the family transmits values, improves morality and proper behaviour. Children of dysfunctional families are based primary on the assumption that they possess certain maladaptive characteristics. According to Beavers and Hapson¹¹ family dysfunction is based on the interactive patterns in the family, with emphasis on how well the family can organize and manage itself. Previous research has shown that problems in family functioning linked to the development of antisocial, aggressive and addictive behaviour in adolescents.¹² Another study has shown that the addicts perceive their mothers as more rejecting more aggressive and showing more undifferentiated rejection than non-addicts. The addicts also perceive their fathers as more rejecting than their mothers, less warm and accepting, and more neglecting. In comparison with non-addicts, the addicts evaluate the relationships with their mothers and general satisfaction with their families as poorer. Adolescent addicts mostly come from intact families. In the addicts' primary families (mother, father, and siblings), there have been found a significantly higher incidence of addiction, schizophrenia, and suicide or attempted suicide.

Generally speaking, the relationship between family dysfunctioning and addiction is significant. There are many types of family conflicts but the absence of communication and the

inability to solve the problems are two of the most fundamental forms related to further addiction. Hadeley *et al*¹³ also reported that the degree of family dysfunction was significantly related to internalized shame, object relation deficits, presence of addiction, and emotional problems. It therefore appears that dysfunction in the family of origin may affect several domains of individual's life, two of which are problem solving communication and global distress in intimate relationships. The result of the present research were consistent with the hypothesis formulated and previous studies. One of the most frequent complaints that we came across while interviewing them was that 'their parents do not listen to their ideas, accept their opinions as relevant and try to understand their feelings and points of view'.

A vital element of communication is the expression of affection. Individual anywhere experiences more or less warmth and affection at the hands of the people most important to them as they grow up.¹⁴ In addressing the issue of disciplinary practices, Glueck and Glueck¹⁵ report extreme permissiveness, over strictness or inconsistency by the mother and permissiveness by the father influence the development of traits characteristics of addicts and delinquents. This finding has been supported by the result of present research, which indicates ineffective parental control in the families of addicts as compared to non-addicts. It has been demonstrated that when parents engage in hostile control, they communicate that hostility in an acceptable way of resolving interpersonal disputes.¹⁶⁻¹⁷

Overall analysis of the present study shows that psychological problems and disturbed family functioning are risk factors, which play an important role in the development of addictive behaviour in young people.

CONCLUSION

In conclusion analysis of the results of the present research indicates that the family occupies an important place among other groups that socially influence addicts. Therefore the problem of relation between the family and addicts should be taken

into consideration while designing effective programs for the prevention of addiction. Psychological problems in young persons are playing an equal role in the development of addiction.

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