On the Relationship of Family Functioning and Self-differentiation with Respect to Psychotropic Substances among Teenagers

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ABSTRACT
Aim: family factors play an important role to attitude to substance abuse. The present study aims to determine the relationship between family functioning and self-differentiation and attitudes to psychotropic substance abuse among teens. Method: it is a correlative study. Samples include all high school students in Kermanshah, Iran in 2014. 384 students were selected through cluster multi-level sampling. Data were gathered using FAD inventory, DSI-R and attitude to psychotropic substance abuse questionnaires. Data were analyzed using Pearson correlation coefficient and regression analysis. Results: results suggested a positive relationship between family functioning subscales (relationship, emotional involvement, role overall performance, problem solving, behavior control), except for emotional support, and attitudes to psychotropic substance abuse. Also, a negative relationship was found between family functioning emotional getaway, self in combination with others subscales and total score of differentiation to attitude to psychotropic substance abuse. No relationship was found with faulting emotional. Results from regression analysis showed that emotional involvement, problem solving, emotional reaction and self mood subscales could predict attitudes to psychotropic substance abuse. Conclusion: considering the results, it could be concluded that it is always important to consider the role of family while planning preventive programs to psychotropic substances.

INTRODUCTION

During the recent centuries, it has been suggested that family malfunctioning was the major reason to detection and expanding of many of the personal, social problems and other damage and deviations, and one of the most common problems in most societies is substance abuse [1]. Family functioning is a very important aspect of family environment which affects children’s physical, social health and excitement. In fact, the things happening in a family and how they are accomplished could be a key factor to create flexibility and decrease present and future risks relative to undesirable events and conditions [2].

Research on family and drug abuse, addict parents, emotional and family inquietude, tense family relationships [3], lack of attention and care from children [4, 5], parents emotional and excitement supports [6], applying power or wrath and parents tolerance [4], parents addiction and miss behavior [7], severe control on family behavior [8], and family malfunctioning [9] were reported to be the effective factors to children substance abuse. Studies showed significant relationship between teen’s substance abuse and their relationship with their parents, so that teens, whose parents showed democratic, respective and receptive behaviors and provided their children with gradual development of independence, were less willing to use substances [4, 10]. Several studies [11, 12, 13] noted that protective factors such as mutual interest between parents and children, and the siblings could be significantly protective against risks including drug abuse.

A healthy family is the one that its members help others differentiation, which means training the family members to differentiate their emotional and rational functioning from others members of the family. Low differentiation in substance abuse [14, 15, 16, 17] and dependency of other people to the addict member has shown to be effective on the addict member and their behavior; working on it could be helpful to improve their mental health [18]. All family members including addict members are shown to face them and their problems, they show low levels of differentiation from their families and are not able to distinguish their feelings and
thoughts from others, and become upset easily by the feelings imposed by their families, which indicates the ties and lack of differentiation [19].

Miller (2004) believed that high levels of chronic anxiety in individuals with low levels of differentiation improve their confrontation with physical and psychological problems. He argued that psychological problems and physical features including substance abuse improve levels of chronic anxiety [20]. Jounson, Walter and Seeman (2004) and Beebe and Frisch (2009) that individuals who are not differentiated experienced higher levels of chronic anxiety and physical and psychological signs including anxiety, headache, depression, substance and alcohol abuse, and psychosis [21, 22]. In this regard, Gibson (1993), Scoal worn, Kozlo and Sciopincas (2010) introduced physical diseases, mental disorders, addiction, and illegal drug abuse as the mechanisms to gain chronic anxiety [23, 24].

According to Fishin (1967) substance abuse occurs under individual’s attitude to the substance. On one hand, forming positive and negative attitudes results from the combination of knowledge, information, beliefs, and feelings of the individuals about drugs, and on the other hand, the worth they consider for drugs stems from their attitudes to them. Individuals attitudes has been investigated in many fields of psychology including social, cognitive, etc and psychologists believe in a strong relationship among individuals attitude, performance and their behaviors where they avoid drugs or use them based on their attitudes to substance abuse [25]. In other words, substance abuse is a developing process. At the beginning, the person may show a positive attitude to using substance and tend to try it; later they may use the substances regularly and face substance abuse and dependency [26]. Results of the study showed that family factors could affect the attitude to substance abuse [27, 28, 29]. Considering the important role of family on substance abuse, the present aims to investigate the relationship between family functioning and self-differentiation to psychotropic substance abuse which is less considered by the researchers. In other words, the present study suggests answering the question if family functioning and self-differentiation affect attitudes to psychotropic substance abuse among teens in Kermanshah, Iran.

**MATERIALS AND METHODS**

It is a correlation study. Samples included all high school students in Kermanshah, Iran in 2014 at age range of 12 to 18; 347 participants were selected using multi level clustering method according to Morgan table. In this regard, several field of study among all, and some classes in each field and 15 students from each class were chosen and investigated among all high school students. Due to possible decrease in number of participants and incomplete questionnaires, researchers decided to increase the number of the participants to 370. At the end of the study 325 questionnaires were analyzed.

The following questionnaires were used to gather data:

1. Family functioning questionnaire: it includes 53 items and was designed to evaluate family functioning based on Mac Mester theory. It was prepared in 1983 by Apeshtain, Baldwin and Bishop to describe organizational and structural characteristics of family. It evaluates family abilities to self-comprising, family duties through self-reporting process designed based on 5 items Likert scale (never, a little, average, a lot, completely). This questionnaire includes seven subscale including: relationship, emotional converse, role, general performance, problem solving, emotional sympathy and behavior control; sum of the scores from the subscales creates total score FAD. Reliability of the inventory was tested by Pshtain et al. (1983) on a sample of 503. Alpha coefficient ranged from 0.72 to 0.92 which shows its high internal consistency. In Iran several studies, e.g. Bokharian (2002), Nowruz (1998), Molataqi (1998), bahari (2000), Amini (2000), reported high levels of reliability and validity. Bokharian (2002) reported Cronbach alpha coefficient for subscales problem solving, stating emotions and total scale in FAD to be 75.92, 0.0 and 0.93 [30]. Alikhani et al. (2014) reported alpha coefficient 0.84 [31]. They evaluated validity of the questionnaire from Cronbach alpha as 0.87.

2. DSI-R questionnaire: it was first designed by Scorn and Friellander in 1988 and was reviewed by Scorno Smith in 2003 and the final questionnaire was designed based on Boen theory. It focused on important relationships in life and normal relationship in family. Items of the questionnaire were scored based on a 6-item-Likert scale (1: completely disagree) to (6: completely agree). Self-differentiation questionnaire is scored adversely except for questions 4, 7, 11, 15, 19, 23, 27, 31, 37 and 43. The scale includes four subscales of excitement reaction, my situation, emotional emission, and relation with others. The maximum real number is 276. The lower the score, the less the self-differentiation. Skanian (2005) studied the questionnaire on a sample of 26 students. Questions with the lowest correlation with the whole of the test were omitted [32]. In his study, Cronback alpha coefficient was estimated to be 0.81 [33]. Alikhani et al. (2014) reported it as 0.73 [31]. They also reported questionnaire validity to be 0.61.

3. Questionnaire of attitude to psychotropic substance abuse: to evaluate attitude to substance abuse, authors of the study designed a questionnaire including 35 items including five dimensions of (recognition, emotional, readiness to performance, futurism and government actions); it was scored using a 5-item scale Likert (completely agree, agree, no idea, disagree, completely disagree). As it was the first time that the
Results:

214 samples from 347 under study (%61.7) were female and 133 (%38.3) were male. Their average age was 16.55. Results from the study showed correlation coefficient of 0.17, 0.30, 0.24, 0.30, 0.31 and 0.26 between family functioning subscales of relationships, emotional involvement, role, family general performance and problem solving with attitude at P<0.001, accordingly. There was no meaningful relationship reported between emotional support and attitude. There was correlation of -0.24, -0.19, -0.17 and -0.23 between subscales emotional reaction, my mood, integrate with others and total score of differentiation and attitude at P<0.001. There was no meaningful relationship between faulting emotional and attitude.

<table>
<thead>
<tr>
<th>Predictive variable</th>
<th>Brief model</th>
<th>Criterion variables</th>
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<tbody>
<tr>
<td>Emotional integration</td>
<td>47. =OR 22.2 =OR 72. =10F 001.0P&lt;</td>
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<tr>
<td>Problem solving</td>
<td>22.2 =OR 72. =10F 001.0P&lt;</td>
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<tr>
<td>Emotional reaction</td>
<td>47. =OR 22.2 =OR 72. =10F 001.0P&lt;</td>
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<tr>
<td>My mood</td>
<td>47. =OR 22.2 =OR 72. =10F 001.0P&lt;</td>
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Conclusion:

The present study aimed to investigate attitude to psychotropic substance abuse among teens in Kermanshah, Iran, and also to determine the relationship between family functioning and self-differentiation, and attitudes to psychotropic substance abuse. Results from the study showed that there was a relationship between subscales of family functioning and attitude to psychotropic substance abuse, which suggested that the higher and the more the family functioning was, the more negative the attitude to using psychotropic is, and there is less tendency to use them. At this point, there was a good accordance between results from the present study and other studies [9, 27, 28, 29].
Researchers reported the most effective reasons to addiction as parents addiction, family and emotional unrest, loose emotional relationships [3], lack of attention from parents [4, 5], lack of excitement and emotional support by parents [6], inimical and forceful behavior or extreme tolerance by parents [4], misbehavior and addiction of parents [7], tight control on family members [8] and malfunctioning of family [9]. All the factors mentioned suggested low family functioning. Studies indicated a good family relationship in a family with proper functioning where each member has a strong and effective relationship with others; it is considered a safe environment; unless, in their search for solution, individuals might choose substance abuse. Another family component is emotional integration. If the dimension is healthy, individuals receive emotional responses in accordance to their excitement. When a teenager living in a family without emotional integration faces a problem, his family could not show a proper reaction to his excitement and might scoff him which results in tendency to psychotropic substance abuse. Role is clearly understood in a healthy family where each member, including father, mother or children, knows their roles and enjoys doing the duties relative them. If the environment is comfortable to the teenager, parents do not act correctly, there will be tendency to substance abuse. Considering problem solving dimension, if teenagers face a problem, a healthy family tries to find a proper solution to the problem. If the dimension is weak in the family, teenager feels disappointed due to his age and finds him miserable. High emotional support is a factor to proper family functioning. A teenager who lacks emotional support tends to use psychotropic substances to relief his stress. An important component in family is behavior control. If the proper control is not applied on the teenagers, they might feel the tendency to substance abuse due to their age. In this regard, some researchers [4, 10] believed that teenagers whose parents showed democratic, respective and receptive behavior grew gradual independence and showed less tendency to drug abuse.

Another part of the results from the present study suggested a relationship between self-differentiation and attitude to psychotropic substance abuse which means the higher the self-differentiation, the more negative the attitude to substance abuse and vice versa. It could be said that teenagers with higher self-differentiation showed negative attitude to psychotropic substance abuse. In this regard, results corresponded to other studies [14, 15, 16, 17].

It could be concluded that differentiated teenagers have a stronger personality and do not change their beliefs and behavior to gain others satisfaction. It means that such individuals have gained strong identity and a clarified planning to recognize their own abilities who would not get disappointed when they face failures as they believe they tried their best. It is seen that they have a more coherent thinking styles and think deep enough not to follow their peers. Also, results from the study showed that family functioning and self-differentiation could predict attitudes to psychotropic substance abuse. If teenagers grow in a family with proper functioning, they gain a simultaneous increase in their self-differentiation; they, also, show negative attitude to psychotropic substance abuse and would be less willing to use them. In fact, results of the present study could be explained using Boen theory; he believed that ups and downs of family life and relationships among family members on staying with each other or leaving the family is the energy generator of fundamental behavior among human. He focused on human emotional functioning and considered it as a natural system which he investigated regularly and scientifically [38].

Therefore, considering the results from the present study, it is suggested to distinguish the effect of family functioning and self-differentiation to change teenagers' attitude to psychotropic substance abuse. The present study investigated a sample of teenagers in Kermanshah Iran. Results should be generalized carefully to other societies; we suggest further research on the issue in other societies.

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REFERENCES

Do Parent's Differentiation levels Predict Those Of Their Adult


[34] Goldenberh, I., H. Goldenberh, Family Therapy. (Translated by Hussain Shah HR, Bravaty, S. Naqshbandi. Tehran: Ravan.)