

Abstract

Objective: This study was an attempt to predict addiction potential based on family process and content model in high school students. **Method:** The research method in this study was a descriptive-correlational one. All the high school students of Karaj city in the academic year 2012-2013 constituted the statistical population of the study. From this population, the number of 410 participants was selected through random cluster sampling. The research instruments here included Addiction Potential Scale (Zargar, 2006), Family Process Scale (Samani, 2007) and Family Content Scale (Samani, 2007). **Results:** The results showed that there was a significant negative correlation between the predictor variables and criterion variable. In addition, the results of regression analysis showed that the family process and content model can predict addiction potential. **Conclusion:** The research results have several applied implications.

Keywords: Addiction Potential, Family Process, Family Content

On the Prediction of Addiction Potential Based on Family Process and Content Model in High School Students

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Research on Addiction
Quarterly Journal of Drug Abuse

Presidency of the I. R. of Iran
Drug Control Headquarters
Department for Research and Education

Vol. 9, No. 34, Summer 2015
<http://www.etiadjohi.ir/>

Introduction

Addiction and substance abuse have been among the most serious human problems and the most complex human phenomena in the recent years. As a maladaptive pattern, substance use leads to frequent social, legal, and job-related problems (Barati, Verdipour & Jalilian, 2011). Due to the young population of the country, drug addiction is one of the issues that threatens the younger generation, especially students. Nowadays, narcotic drugs have become a business product. To gain high profits, drug dealers and traffickers provide young people with these substances and this has greatly reduced the age of drug use (Rafipour, 1999). Newcomb (1995) stated that adolescence is an important developmental period in which the young people seek identity and some part of this period entails risk-taking which is manifested in the form of unsafe sexual behaviors, alcohol use, cigarette smoking, and use of other drugs. Tendency to cigarette smoking, alcoholic drinks, and other drugs among adolescents in different countries in recent decades is on the rise (Ferrence, Lothian & Cape, 2000). In social psychology, tendency is divided into two types: cognitive tendencies and non-cognitive and affective tendencies. Cognitive tendencies include some thinking variables such as intelligence, divergent thinking, verbal perception, etc. while non-cognitive tendencies are dealt with such personality variables as attitudes, preferences, interests and needs (Getzlez, 1999). Pourafkari (1997) defined tendency as an internal orientation in which there is a high probability of the incidence of some behaviors, or some behaviors are easily taught. People's beliefs and attitudes about the negative and positive consequences of addiction are defined as tendency to drug use (Adrom & Nikmanesh, 2011). Hiroi & Agatsuma (2005) reached the conclusion that it is not true that everybody tends to drug use and becomes addicted if s/he is exposed to drugs. Therefore, long-term exposure to drugs is not the sufficient condition for addiction. Indeed, the individuals who are prone to addiction will tend to it. Addict prone theory asserts that some people are intrinsically prone to addiction and will become addicted if exposed to drugs. However, some people are not potentially prone to addiction; therefore, they will not become addicted that much easily (Gendreau & Gendreau, 1970). The manifestation of addiction may peak at the early adolescence (Zeinali & Vahdat, 2009). There are different reasons for addiction to the variety of narcotics. Some turn to addictive drugs to gain acceptance in the society and some others try to demonstrate themselves as highly developed and grown-up people, and some people turn to drug use since they seek solace in it (Jessor, 1984; cited in Hajhassani, Shafi Abadi, Pirsaghi & Bashirpour, 2011). Sociologists, experts, and other thinkers held some ideas and beliefs about addiction tendency that are briefly subdivided into three categories. The first group believe that people tend to drugs since they have easy access to drugs. The second group views mental preparations and personality traits as the main cause of addiction tendency whereas the third group believe that

individuals may be entangled in social crises and unrests and they then turn to drug use to sedate such pains (Faridkian, 2010). However, family is one of the most important factors in the emergence of addiction tendency, addiction prevention, and addiction abstinence. Family and peers are among the most important determinants of socialization, respect, or neglect of social norms (Brook, Brook & Richter, 2001). Family is an environment that is in connection with a wide range of social and emotional behaviors of children (Meunier, et al., 2011). Communications and conflicts in families are effective in children's developmental growth (Fiese & Winter, 2008). Abundant research findings are indicative of the fact that several deviant behaviors of children and adolescents are rooted in family (Naghdi, 2003). Hence, psychologists and family therapists have tried to touch upon family problems and issues by the development of theories and models about family function so that healthy people, families, national communities, and global communities can emerge. Among these theoretical models and frames, it is possible to refer to systemic theory, exchange theory, conflict theory, structural – functionalism theory, and symbolic theory (Samani, 2008). Family process and content model is one of the national models which can demonstrate psychological family profile (Samani, 2005). Samani regards a collection of family functions as effective factors in control and/or the intensification of family conflicts and crises. These factors are outlined into three dimensions, namely family process, family content, and social context.

In this model, family processes include a series of functions that are used by each family to adapt to new conditions (Samani & Sadeghzadeh, 2007) and also contain items such as styles and communication skills, coping strategies, decision-making and problem-solving skills, solidarity and flexibility, and religious orientation (Samani, 2011, cited in Zargar, Mohammadi Bahramabadi & Besaknejad, 2012). The second dimension (family content) includes all the items that constitute the perfectly objective and tangible reality of family members and refers to family possessions in terms of physical and mental health, occupation and education, financial sources, educational facilities, location of living, time for being together, and physical appearance and social prestige. The third dimension of this model is social context, which refers to a set of beliefs and values prevailing a society in which families are located (Samani & Asadmanesh, 2011).

It is possible to identify such conditions that bring about addiction tendency among family members and children by using this model and to take actions in eliminating and moderating these factors. In one family, functions and communications among family members are in a way that the family environment is prepared to meet the basic needs of children, whether physical or mental needs. One of the family functions is basically the education and socialization of children; and any failure and deficiency in family functioning imposes adverse effects on rearing normal children (Navabakhshi & Sabeti, 2008). In terms of the role of family in addiction tendency, research findings

have shown that some components pertaining to family, especially parental control and support are associated with the probability of substance abuse in adolescents (Karol, Kumpfer & Fowler, 2007; cited in Seifi Gandomani, Saffarinia & Kalantari Meibodi, 2012). Moreover, some studies have also reported the availability of a significant relationship between the possibility of drug abuse and parental intimacy (Therese, Janet & Christopher, 2011). Stanger, et al. (2002) showed that some items from family processes such as family relationships and problem-solving methods are strong predictors for communication problems and drug addiction in adolescents. Given the vulnerability of adolescents and the devastation of all aspects of their individual and social life in case of drug addiction, any attempts at the identification of the factors contributing to addiction tendency, prevention, and treatment are valuable. Examination of the family environment as one of the most important factors in tendency and orientation to addiction is of paramount importance; for this reason, the present study attempts to clarify whether family process and content can predict the tendency to addiction in adolescents.

Method

Population, sample, and sampling method

The research method in this study was a descriptive-correlational one. All the male and female high school students of Karaj city in the academic year 2012-2013 constituted the statistical population of the study. From this population, a 410-participant sample size was selected through random cluster sampling due to the unavailability of the detailed list of the population and considering previous studies (Bayanati, 2011).

Instrument

1- Addiction Potential Scale (Iranian Version): This questionnaire was constructed by Zargar (2006) considering the psychosocial context of Iranian community and contains two factors, 36 items plus 5 other items measuring lying. The items are scored based on a Likert scale from zero (strongly disagree) to 3 (strongly agree). In terms of criterion validity, the scale discriminates addicts and non-addicts from each other. The construct validity of the questionnaire has been calculated by correlating it with SCL-25 which has been reported to be significant. The reliability of the scale was calculated via Cronbach's alpha which equaled .90 (Zargar, Najarian & Na'ami, 2008).

2- Self-report Family Process Scale: This 43- item scale was developed by Samani (2008) based on the theoretical model of the process and content of family. The scoring of this scale was done based on a 5-point Likert scale (strongly agree = 5 to strongly disagree = 1). Samani (2008) assessed the reliability of the scale via Cronbach's alpha and test-retest reliability. Cronbach's alpha coefficients were obtained equal to .86, .88, .76, .79, and .79 for decision-

making and problem solving, coping skills, solidarity and respect, communication skills, and religious beliefs, respectively. The test-retest reliability of these factors was equal to .83, .77, .78, .72, and .79, respectively. In addition, Jafari (2009) reported Cronbach's alpha for the scale equal to .87, .62, .86, .91, .90, and .94.

3- Self-report Family Content Scale: This 38-item scale was designed based on context-based model of family process and content (Samani, 2008). Samani & Sadeghzadeh (2010) evaluated this scale which is scored based on a five-point Likert scale (strongly agree = 5 to strongly disagree = 1). This scale measures seven factors, namely occupation and education, time for being together, financial sources, physical and mental health, location of living, physical appearance and social prestige, and educational facilities. Samani (2008) assessed the reliability of the scale via Cronbach's alpha and test-retest method. Cronbach's alpha coefficients were equal to .86, .88, .76, .79, .79, .82, and .85 and test-retest reliability of the factors were obtained equal to .83, .77, .78, .72, .79, .82, and .82, respectively as mentioned above. Samani (2008) and Samani & Sadeghzadeh (2010) explored the validity of this scale through factor analysis. The results of these two studies suggested the adequate psychometric properties of this scale. In addition, Jafari (2009) reported that the Cronbach's alpha coefficients of this scale and its factors range from .65 to .86.

Results

The descriptive statistics of the variables under study are presented in the following table.

Table 1: Descriptive statistics of the variables under study

<i>Variable</i>	<i>Total</i>			<i>Female</i>			<i>Male</i>		
	<i>Frequency</i>	<i>Mean</i>	<i>SD</i>	<i>Frequency</i>	<i>Mean</i>	<i>SD</i>	<i>Frequency</i>	<i>Mean</i>	<i>SD</i>
Addiction potential	410	38.62	13.40	210	37.86	12.34	200	39.43	14.42
Family content	410	133.80	17.93	210	136.8	17.15	200	130.66	18.25
Family process	410	158.76	19.71	210	160.44	18.95	200	156.99	20.38

The correlation matrix of the variables of the study is shown in the table 2.

Table 2: Correlation matrix of the variables of the study

<i>Variable</i>	<i>Addiction potential</i>	<i>Family content</i>	<i>Family process</i>
Addiction potential	1	-	-
Family content	-.255**	1	-
Family process	-.572**	.408**	1

**P<.01

Simultaneous regression analysis was used to study the role of predictive variables in predicting addiction potential as follows.

Table 3: Results of regression analysis of addiction potential based on family process and content

<i>Variable</i>	<i>B</i>	<i>SD</i>	<i>β</i>	<i>t</i>	<i>R</i>	<i>R²</i>
Family content	-.02	.033	-.027	.596	.573	.328
Family process	-.382	.03	-.561	-12.61		
Constant value	101.85	5.07	-	20.07	-	-

As it is observed in the above table, family process is a significant predictor of addiction potential which has a negative role in addiction potential. This means that as a person obtains higher scores in family process, s/he will be far less prone to addiction. In contrast, family content is not a significant predictor.

Discussion and Conclusion

The present study was conducted to predict addiction potential based on family process and content in senior high school students. The results showed that the model of family process and content can predict addiction potential. In support of these research findings, Mathern & Tomas (2001), White (2000), Samadi Rad (2002), and Behmanesh (2009) showed that there is a significant relationship between the instability of the family environment as a component of family process and tendency to addiction. Undoubtedly, family is one of the most effective factors in addiction susceptibility and also addiction prevention and withdrawal. Interactions of couples and members together in an affective and friendly environment along with mutual respect can act as a strong barrier against tendency to addiction among family members. In this regard, the study conducted by Asgari, Safarzadeh & Ghasemi Mofrad (2011) is a strong reason to accept this assumption. Stanger, et al. (2002) have found that such family processes as family communications and problem-solving methods are strong predictors for communication problems and drug addiction in adolescents. Some studies have also found a significant relationship between problem-solving skills and addiction tendency (Mott & Haurin, 1988; Kakia, 2010). In a study conducted on Yasouj students, researchers concluded that family processes can predict students' behavioral problems (Zargar, et al., 2012). As one of the dimensions of family process, religious orientation is a strong predictor of addiction susceptibility in that the families and people who have stronger religious orientation are less likely to be prone to addiction (Haj Husseini &

Akhavan Tafti, 2003; Zargar, et al., 2008; Asghari, Kordmirza & Ahmadi, 2012). When a person turns to addiction to achieve mental relief and relaxation due to the problems arising from family and other areas, this indicates that family cannot act as a strong comforting force. However, when solidarity, unity, and commitment prevail among family members, one can take advantage of these members to prevent and solve problems and also take advantage of them as mental permanent solace rather than use drugs as a short-term sedative (Olson, 2000). In families with drug dependent children, personal growth and development are not encouraged and rational discussions and cultural activities in these families do not take priority. Religious beliefs, which are considered a protective family process fade away in such families. In these families, there is no coherent organization and, thereby, such families do not have a disciplined routine in activities and responsibilities and the likelihood of drug use in family members rises (Najafavi & Navabinejad, 2004). In general, family processes are defined as actions and skills in the family environment and different life situations and issues. When family is weak in skills and in applying proper behaviors and decisions, this will create a source of deviance and perversion of its members. Majidpour, Hamidzadeh, Gholizadeh & Salehi (2005) showed that mental and affective problems, lack of fun, frustration at occupational future, and educational stress are among the most important reasons for smoking. In the same way, the research findings of the studies done by Siam (2007), Besharat, Mirzamani & Pourhosseini (2001), and Faridkian (2010) suggested a significant relationship between the components of family content and addiction tendency. Family content refers to the possessions and palpable factors that a family enjoys. Low levels of physical and mental health as one of the family contents can provide family members with the conditions for addiction tendency. When a person suffers a mental or physical problem, s/he turns to addiction to reduce the pain. Location of living is another component of family content that may play a fundamental role in tendency to addiction. Families who live in places where there are a great number of people suffering from addiction in the neighborhood are more likely to be familiar with drugs and drug users and to be more inclined to drugs by imitating drug users. Furthermore, other family contents such as poor education facilities, low levels of parental presence, and poor control can lead to the emergence of addiction tendency among family members.

In general, the findings of this study indicate that family process and content can predict tendency to addiction. When these factors are weakened, the possibility of addiction tendency rises. Family is the source of comfort; therefore, whenever this position is deviated from its main function for any reason, family members may be inclined to addiction in order to relieve the suffering. The limited statistical population of this study and participants' biases in responding to the research instruments were among the limitations of the current study. In line with the findings of the current study, it is suggested that

experts and policy planners in the field of family health and fight against addiction pay considerable attention to the family. Researchers are also recommended to study the impact of each of these components on addiction in different societies more rigorously and attentively.

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