The Role of Family Function, Generation Gap and Socioeconomic Status in Addictibility of Young People

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Abstract

Objective: This study aimed to investigate the role of family function, generation gap and socioeconomic status in addictability of young people. **Method:** The number of 400 male students from State, Azad and Payam Noor universities was selected through voluntary sampling. Then, they filled out Addiction Susceptibility Questionnaire, Family Assessment Device, and Generation Gap Scale. **Results**: The results showed that there was a significant correlation between most factors of predictor variables and addictability. The proposed model has a desired goodness of fit with data and it is possible to use family function, generation gap and socioeconomic status to account for addictability of young people. **Conclusion:** Family function and generation gap can explain addiction susceptibility and, thereby, attention to this matter can lead to the proposal of some recommendations for addiction prevention and treatment.

Keywords: Family Function, Generation Gap, Socioeconomic Status, Addictability, Young People

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Introduction

Drug use is one of the most important problems of the present age. Today, addiction is considered as a social crisis with a global scope that causes adverse social, cultural and political consequences. Addiction is a physical, mental, and social illness where various pre-addiction items play a fundamental role in its development (Galanter, 2006). Before a person starts using drugs, the context for tendency to it is provided during the growth period and in parallel with the development of behavior, thoughts, beliefs, lifestyle, and personality traits. In other words, before the person turns to drug use, the conditions and preparedness for drug use are created that are referred to as vulnerability to addiction (Agatsuma & Hiroi, 2004). Although substance abuse is considered as an individual problem, it affects the entire family since most of the drug abusers (men and women) live in the family environment or at least meet their parents on weekends. Therefore, it seems necessary to consider the role of the family and the relationship between family members in the incidence of addiction phenomenon (Gruber & Taylor, 2006). Evidence suggests that parental education has an impact on the level of maladaptive behaviors such as addiction (Andersson & Eisemann, 2003).

Family is one of the most important institutions related to the phenomenon of drug addiction. The role of family is considered to be of such importance that it is considered as the independent variable in some studies (Di Pietro et al., 2007). Family is regarded as one of the most fundamental determinants of health and disease of its members in which parents play the major role. Parenting styles are among the most important factors in children's psychosocial growth (Gallarin & Alonso, 2012). Family is the most important entity for development that can create potential and readiness for addiction. In families where humiliation and blame are dominant, there will be the following consequent features available: there is not a reliable relationship of trust between members, there are no clear boundaries between family members, the roles and duties of members are not in accordance with their developmental level, problem-solving does not occur properly, there is no emotional support, and conflicts cannot be resolved properly. All of these can be a good platform for the development of addiction (Ghamari, 2011).

The decision to use or not use drugs is mostly dependent upon one’s communication with family members, mechanisms of coping with family, and drug abuse of other family members. In families wherein drug or alcohol consumption is not confirmed, family members are less likely to abuse them. It is clear that family members play the primary role in the trajectory of alcohol consumption or drug use. Poor communication, poor problem-solving skills, dispute, stressful financial drives, and fuss have often been reported as antecedents of drug use (Gruber & Taylo, 2006). Miller, McDermut, Gordon, Keitner & Ryan (2004) pointed out that the families of alcohol dependent people have reported more impaired family functioning than other families. Agha & Zia

(2008) showed that psychological problems and family functioning are among the risk factors in people's tendency to addiction. Roles, tasks and responsibilities should be systematically organized among all family members to achieve optimal performance in the family system. DePaul (2006) introduced some features of families with optimal performance as: open communicative interaction, effective control and containment of psychological pressures, empathy, leadership, expression of love and interest, and personal responsibility. McMaster model of family functioning considers six dimensions and assesses family performance in the conduct of duties. The dimensions of this model are as follows. Problem-solving: the ability of the family to identify the problem, review and take action to solve it, evaluate the results, and make necessary adjustments. Communication: direct, effective and clear exchange of information, which is more reflected in verbal behaviors. Roles: patterns of behavior existing in interactive activities that are necessary to establish a healthy and effective system. Affective responsiveness: it is referred to as the conditions in which the family meets the emotional needs of all the family members. This means that different situations with varying emotions are responded. Affective involvement: it is a manifestation of affective responsiveness and refers to the expressed satisfaction with the degree and quality of interest and concern of the family members to each other. Behavior control: this dimension results from the interactive effects of family members on each other and includes rules and degrees of freedom for behaviors (Epstein, Ryan, Bishop, Miller & Keitner, 2003).

Friedman & Glassman (2000) conducted a study on the number of 2750 addicted people and came to the conclusion that there is a mutual relationship between family conflicts and addiction problems in children. Considering the gap between the generations regarding the change of habits, Smart, Reginald, Fejer & Dianne (2012) examined the role of parental addiction in adolescents' substance abuse. Research findings show that teenagers learn drug abuse patterns from their parents and parents should enter treatment processes to reduce adolescents' drug abuse. The concept of generation gap is associated with the persistence of a society's culture from one generation to another one. If the adolescents and youth's socialization process faces some problems for any reason, transition is done partially, and the culture is not desirably transferred to the next generation; then, a heavy gap is engendered between the new and old generations which amounts to 5 to 10 percent (Panahi, 2003). Generation gap is manifested as intergenerational value gap and intergenerational normative gap. Values are abstract ideals and norms represent the dos and don'ts of social life that have been accepted by the public (Panahi, 2003). On the other hand, the socio-economic status of individuals affects children's normal development and well-being of families. People with low socio-economic level are vulnerable in the formation of maladaptive coping mechanisms, such as drug use (Jones, Eidelman & Yudron, 2011). Due to the sensitivity of the issue of addiction and

the need for the conduct of further studies on it, the questions here remain unanswered: to what extent does the family environment as the most important institution in society cause the vulnerability of people in terms of addiction? Can the value and normative gaps between the new and old generations put a person at risk of addiction? The present study is an attempt to answer these questions and it is hoped that the results of it can provide some constructive suggestions for prevention and intervention in the field of addiction.

Method

Population, sample, and sampling method

According to the data collection procedure of this study, this research falls within the correlation type studies and is categorized in basic research in terms of objective. This study is considered a quantitative one based on theoretical basis. The statistical population of the study consisted of the male students of state, Azad, and Payam Noor universities of Tabriz in the first semester of -2013-2014. Given the methods of determining sample size for non-experimental research, the required sample size was obtained using the following formula:

$$n=\frac{z^2 pq}{d^2}$$

In this formula, z, pq, and d represent the value corresponding to the significance level of .05, the variance of the variable under study, and the allowable value of measurement error, respectively. In this study, z=1.96, pq=.25, and d=.05 and the sample size was estimated 385 participants. Therefore, the number of 400 students was voluntarily selected from among the mentioned universities.

Instrument

1-Addiction Susceptibility Questionnaire: This questionnaire was designed by Anisi in Behavioral Sciences Research Center at University of Medical Sciences (2013). This scale contains 75 items and four factors, namely depression and helplessness, positive attitude to drugs, anxiety and fear of others, and sensation seeking. Reliability of the scale was calculated through Cronbach's Alpha which equaled .97. For the validity of the scale, it was correlated with Depression, Anxiety and Stress Scale and Zuckerman's Sensation Seeking Scale. This correlation was reported to be appropriate.

2- Family Assessment Device: This scale has been developed to describe structural features of families and measure family performance based on McMaster model (Epstein & Bishop, 1983). It consists of 53 items and measures family functioning by seven factors, entitled problem-solving, communication, roles, affective responsiveness, affective involvement, behavior control, and general functioning (Epstein et al., 1983). The reliability and validity measures of the scale have been examined in Iran and satisfactory results have been

reported. Cronbach's alpha coefficients for the subscales of this scale have been reported from .72 to .92 which are indicative of the desired internal consistency of the scale (Mirenayat, 1999).

3- Generation Gap Scale: The degree of intergenerational gap was measured by means of a researcher-made questionnaire constructed based on the indicators existing in the related literature. This scale measures seven subscales, namely value religious and social intergenerational gap, value economic gap, value political gap, normative political gap, normative social gap, normative economic gap, and normative religious intergenerational gap. The results of confirmatory factor analysis for the questionnaire were satisfactory and Cronbach's alpha coefficients for the seven subscales were averaged about .86.

4- Socio-economic status questionnaire: This questionnaire is a researcher-made instrument which evaluates the socio-economic status of participants based on three questions according to the existing literature. The economic status was coded in five classes (from very bad to very good) and education of parents was also coded in five categories (from illiterate to doctorate). In this questionnaire, one question is asked about the economic status of a family and two questions have been raised in relation to the education of parents.

Results

Table 1: Descriptive statistics of the variables under study

Variable	*N=400*		*Variable*	*N=400*	
	Mean	***SD***		***Mean***	***SD***
Depression	57.72	16.92	**Total function**	47.44	8.76
Positive attitudes to drugs	29.28	11.33	**Value- social religious**	14.25	4.75
Anxiety	36.79	10.24	**Value- economic**	6.71	2.65
Sensation seeking	25.83	5.88	**Value- political**	5.02	2.02
Total vulnerability to addiction	149.64	38.36	**Total value intergenerational gap**	25.97	7.19
Problem-solving	21.28	4.58	**Normative political**	7.02	2.76
Communication	24.55	4.09	**Normative social**	7.71	2.53
Roles	30.85	4.97	**Normative economic**	5.31	2.07
Affective responsiveness	24.20	4.31	**Normative religious**	6.72	3.37
Affective involvement	24.85	4.37	**Total normative intergenerational gap**	26.77	6.59
Behaviour control	35.45	5.44	**-**	-	-

The descriptive data pertaining to parental education were obtained as follows: illiterate (9.3% father and 19.3% mother), primary school (18.9% father and 17.2% mother), secondary school (11.9% father and 13.4% mother), diploma (27.2% father and 27.9% mother), associate's degree (5.0% father and 5.0% mother), bachelor's degree (14.3% father and 8.8% mother), master's degree (4.1% father and 5.0% mother), and doctoral (1.8% father and .7% mother). In addition, the economic status of the participants' families is classified into five

groups as follows: very bad (1%), bad (5.7%), average (55.1%), good (30%), and very good (2.4%). The age range of participants was from 18 to 26 years, with an average of 23.45 years old and the standard deviation of 8.1 years.

The correlation matrix pertaining to the components of family functioning and dimensions of vulnerability to addiction is presented in the table below.

Table 2: Correlation matrix pertaining to the components of family functioning and dimensions of vulnerability to addiction

Variable	*Depression*	*Positive attitude to drugs*	*Anxiety*	*Sensation seeking*	*Total addictability*
Problem-solving	.52**	.43**	.42**	.29**	.51**
Communication	.49**	.41**	.41**	.27**	.49**
Roles	.52**	.44**	.47**	.35**	.54**
Affective responsiveness	.41**	.32**	.35**	.27**	.41**
Affective involvement	.47**	.42**	.42**	.28**	.49**
Behavior control	.42**	.47**	.36**	.32**	.47**
Total function	.58**	.50**	.51**	.33**	.59**

** P< .01

The correlation matrix pertaining to the components of intergenerational gap and dimensions of vulnerability to addiction is presented in the table below.

Table 3: Correlation matrix pertaining to the components of intergenerational gap and dimensions of vulnerability to addiction

Variable	*Depression*	*Positive attitude to drugs*	*Anxiety*	*Sensation seeking*	*Total addictability*
Value- social religious	.34**	.33**	.23**	.33**	.36**
Value- economic	.17**	.12**	.08	.07	.14**
Value- political	.23**	.20**	.16**	.23**	.23**
Total value intergenerational gap	-.35**	-.32**	-.21**	-.30**	-.33**
Normative political	.22*	.22**	.19**	.26**	.26**
Normative social	-.008**	.003**	-.05	-.02	-.02
Normative economic	-.01	-.10*	-.01	-.11*	.06
Normative religious	.25**	.21**	.17**	.24**	.25**
Total normative intergenerational gap	-.27**	-.22**	-.17**	-.22**	-.17**

** *P*< .01 * *P*<.05

Maximum likelihood was used for model estimation and the following indexes were used to evaluate the model fitness: chi square (X2), ratio of chi square to degree of freedom (X^2/df), goodness of fit index (GFI), adjusted goodness of fit index (AGFI), comparative fit index (CFI), root mean square error of approximation (RMSEA), and root mean square residual (RMSR). If chi-square is not statistically significant, this suggests a very good fit index, but this is not considered a proper index to measure model fitness because this index is often significant in sample sizes larger than 100. If ratio of chi square to degree of

freedom is smaller than 3, it indicates a good fit. If the indices GFI, AGFI, and GFI are greater than .90 and the indices RMSEA and RMSR are smaller than .05, this represents a very proper fit index. If SEA and RMSR are smaller than .08, it shows a good fit.

Table 4: Fit indexes presented in the study

Fit Indexes	X^2	X^2/df	*GFI*	*AGFI*	*CFI*	*RMSEA*	*RMR*	*Standardized RMR*
Index values	352.03	2.09	.92	.89	.98	.051	2.84	.055

As it can be seen in the above table, the presented fitness model is very desirable.

The model is presented in the following graph.

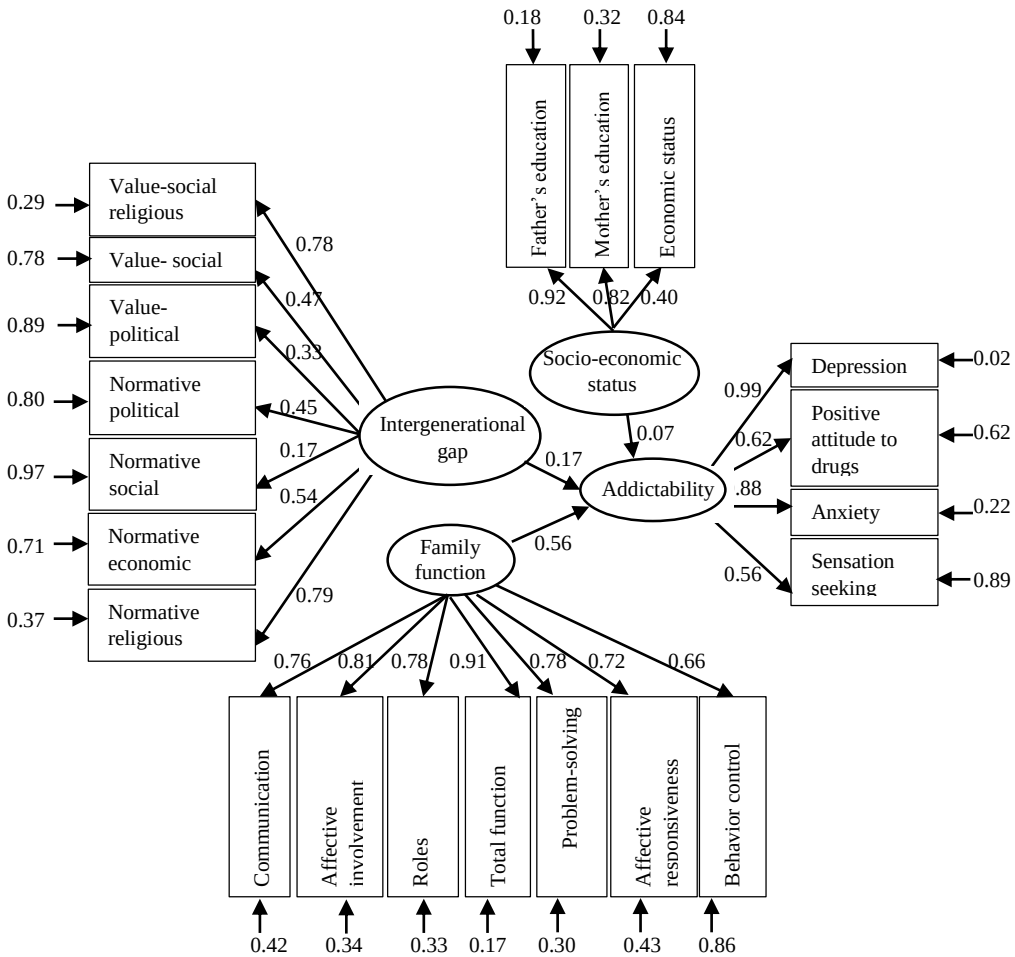

Figure 1: Standardized loads of the path model

Discussion and Conclusion

Drug addiction, as a social ill in the context of social pathology, has targeted the young generation in many countries and, thereby, it imposes heavy social, economic and individual harms. Addiction leads to depersonalization and undermines physical ability in young people and distances them from the active and lively group of the community (Huang, Grant, Dawson, Stinson & Chou, 2006). In this regard, the identification of the young individuals at risk of substance abuse and other risky behaviors should be one of the major concerns of the education authorities. The investigation of the background and effective factors in the emergence of a phenomenon is the building block and starting point of the next steps and measures. This study aimed at identifying the people at risk of addiction and modeling the role of three factors of family functioning, intergenerational gap, and socio-economic status towards determining vulnerability to drug addiction. In the present study, the hypothetical designed model fitted the experimental data and is in line with the findings of other studies. Family function is inversely correlated with vulnerability to addiction. Hosseinpoor, Bakhshani & Shakiba (2012) compared family functioning between addicts and non-addicts. The results showed that drug dependent people hold more negative thoughts about their family compared to other people and the families of drug-dependent individuals were inefficient in the areas of problem-solving, communication, affective responsiveness, affective involvement, behavior control, and finding the right solution to solve problems. Afkari, Ghasemi, Shojaeizadeh, Foroshani, & Taghdisi (2013) also indicated that there was a significant difference between amphetamine addicts and non-addicts in terms of family function dimensions and quality of life and the high degree of family malfunctions was related to the group of addicts. Families of addicted individuals were limited in expressing their thoughts and feelings and trusted others to a lesser extent. Research and clinical findings indicate that drug abuse is dominant among members of those families wherein no intimate parent-child relationships are found and children have not experienced secure family attachment. Warm, intimate and supportive family relationships, if not interventionist, will protect children from falling into the trap of drug abuse. Di Pietro, et al. (2007) argue that life with intimate parents acts as a protective factor against substance abuse. Cottrell, et al. (2007) found that parental supervision negatively predicts adolescents' engagement in risky behaviors such as drug use. Based on these results, warm relations between parents and children can act as a protective factor against involvement in risk behaviors such as addiction. Warm and supportive relations between parents and children improve children's mental health indicators and lead to the healthy growth of their personality. Finally, it would help prevent substance abuse in children. Salimi, et al. (2006) showed that lack of love and affection in the family and strict styles practiced by parents are among the main causes of smoking and drug use. Forootani & Rezaeian (2006)

indicated that 78.1 percent of students view parental neglect and lack of control as the causes of addiction among students. Matejevic, Jovanovic & Lazarevic (2014) found that family functioning and parenting styles are correlated with children's addiction. This result shows the importance of the family as an institution that can engender addiction potential in its members. In families with teenaged drug abusers, family members are not interested in being together and going through shared decision-making and, thereby, the family environment will not be a safe place for children's growth. As a result, teenagers in such families will be oriented towards peers and possibly substance abusers to gain a degree of independence in front of the parents who do not understand their needs. When the warm and friendly ties between family members fade away, children will undergo mental decline. The individuals who are treated with parental injustice and neglect will heavily lose their self-esteem and are faced with various phobias. In fact, tendency to drug use is an alternative to the restoration of self-confidence, which creates a false confidence (Ra'easi, Anisi, Yazdi, Zamani & Rashidi, 2008). Desirable relations between parents and children meet the physical and psychological needs of children in the family. Then, substance abusers are not appealing to children at all.

In the present study, total functioning was the only component of family functioning that was significantly associated with the components of vulnerability to addiction. The overall family functioning relates to the way family members are in connection with each other, interact with each other, maintain their relationships, make decisions, and solve problems. In fact, what happens within the family and how the family functions play a key role in building resilience and reducing the current and future risks associated with adverse conditions. Family malfunction can lead to academic failure and orientation to alcohol and drug use among children (Silburn, et al., 2006). Family as an influential source of childhood and adolescence plays a crucial role in individuals' decisions to turn to risky behaviors. Successful function in the future life is influenced by family functioning and requires flexibility in the structure, roles and responsibilities in new growth-based needs. Poor family functioning disturbs the members' affective relations, engenders insufficiency in overcoming difficulties and finding a reasonable and appropriate solution to problems, and leads to failure to meet the affective needs of children; therefore, children may tend to addiction more than ever (Springer, Parcel, Baumler & Ross, 2006).

The present study showed that the relationship between the generation gap and vulnerability to addiction holds a significant direction. Generation gap refers to the difference in knowledge, attitudes, and behavior between the two generations despite the large-scale integrations influenced by social, cultural, and historical structures. Compared with the elderly and middle-aged people, children possess different information, attitudes and behaviors even though they live in a cultural space. The survival of each society over time is contingent on the rule-based and

nonstop transfer of institutions and values from one generation to another. In fact, the continuity and survival of any society depends on cultural transmission. Some regard the presence of conflicts and discrepancies between parents and teenagers as the generation gap and believe that this conflict is an integral part of generational transition (Chitsaz, 2007). From among the components of inter-generational gap, value- religious and social component was strongly associated with vulnerability to addiction. In fact, values are means of social cohesion and transfer of values brings cultural association. Since values shape standards of behavior, the difference in the intergenerational values creates some distance between the previous generation and the new one (Chitsaz, 2007).

As per the results of the present study, a substantial action is recommended to be made for the start of addiction prevention from families. Training of suitable communication methods in families, problem-solving strategies, conflict resolution, accountability, understanding of emotions and affects, and proper parenting styles can be effective. Families should be invited to have partnership and cooperation in treatment processes so that the necessary transformative change can occur in the whole family system.

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