

Abstract

Objective: The present study aimed to compare lay theories regarding drug addiction causes between Iranian and British people. **Method:** This was a study of causal and comparative method. The statistical population of this study included 100 Iranian people from Isfahan and 100 British people from London. The participants were selected and matched based on convenient sampling method. The research instruments used in this study included Questionnaire of Demographic Features and Furnham & Thompson's Questionnaire of Lay Theories regarding addiction in both Persian and English versions. **Results:** The results indicated that there was a significant difference in lay beliefs about addiction causes between Iranian people and British people in three factors (out of 6 ones), namely familial, psychological, and biological reasons. **Conclusion:** It can be argued that a great difference exists between British and Iranian people regarding three factors of familial, psychological, and biological domains.

Keywords: lay theories, addiction causes, Iranian people, British people

On the Comparison of Lay Theories Regarding Drug Addiction Causes between Iranian and British People

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Introduction

Human beings acquire some beliefs about the phenomena around them during their lives. For example, most people hold some beliefs and opinions on how or why there is a set of specifications in their family or others', or even on how physical and psychological characteristics are transmitted from generation to generation. Research evidence indicates that humans have widespread lay beliefs about different types of phenomena. Such lay beliefs are sometimes highly distant from the scientific knowledge about the phenomena, and sometimes overlap with them (Henderson & Maguire, 2000). Lay beliefs along with epic and legendary folk beliefs are considered among the constituent elements of cultural, national, and ethnic identity formation of communities, and result from the collective mind of individuals. Although a general but superficial perspective considers lay beliefs to be outdated beliefs pertaining to superstitions of inferior people, such beliefs have always their special position in the individual and collective unconscious behaviors of nations and are always expressed with respect and honor. Some lay beliefs are of a moral essence and are related to ethics. In the same way, some have psychological aspects and are related to psychology while some other lay beliefs encompass philosophical aspects as their main feature and are interrelated with philosophy. In this regard, there are some beliefs that are the result of scholarly thinking of mankind and, thereby, are science-focused. On the other hand, there is a category of beliefs that has nothing to do with human life, conditions, science, and knowledge; indeed, such beliefs are of superstitious origins and have caused the disregard of other beliefs (Gholampour, 2009). In the realm of psychology, widespread attention has been assigned to lay beliefs about psychic phenomena over the past two to three decades. Such beliefs are known as lay theories in the related literature and have come into existence versus knowledge and scientific theories (Furnham, 1988).

Mukhopadhyay & Johar (2005) argued that lay theories affect people's judgment and behavior in different areas of life. Butler (2000) indicated that human judgment on social and human phenomena are seriously influenced by the implicit theories about these phenomena. Kirk et al. (2000) have emphasized that the beliefs held by non-patients or the individuals who have previously suffered a disease (such as depression) and have now recovered greatly influence the quality of support they receive. These realities hold true about addiction and substance abuse, as well.

Since drug abuse and addiction have created many problems for different societies in the world in recent years, they have received attention in the field of research on lay beliefs. Drug use is one of the most serious problems in the world and one of the most complex human phenomena that undermines the basis and foundation of human society. In this regard, addiction prevention requires the application of multiple theories of scientific disciplines and various techniques.

According to the world drug report issued by the United Nations Office on Drugs and Crime (UNODC) in 2015, the prevalence of drug use is still constant over the world. It is estimated that 246 million people -a little more than 5 percent of people aged 15 to 64 years around the world in 2013- have taken a drug in 2013. There are approximately 27 million problematic drug users, almost half of whom inject drugs (UNODC, 2015). Substance abuse in Iran is also considered one of the most important health, social, and cultural issues in such a way that more than 90 percent of people have expressed serious concerns about substance abuse in the community. Statistics show that the rate of prevalence of drug use among the 15-to-64-year-old population has been equivalent to 2.65% in Iran; thus, the approximate number of drug users has been estimated to be one million and 325 thousand people (Mardani, Sheikhi & Kavvoosian, 2012). In addition, the epidemiology studies that have been done in England indicate that 35.6% of the individuals who had been questioned have had a history of at least once drug use; and the prevalence of drug use in this country has been estimated to be 8.9% in 2013-14 (European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), 2015).

However, evidence suggests that the scientific and accurate study of the addiction phenomenon in all dimensions can prevent its deadly growth. This means the identification of the symptoms, causes, and multiple and diverse treatment methods paves the way for both professionals and the public to deal effectively with this phenomenon. Referring to the identification of the symptoms, causes, and treatment methods of addiction among the masses compared with specialists suggests the possibility of the presence of differences in the views of ordinary people without specialist knowledge. It seems natural that the lay people without much technical knowledge are not equipped with as updated and accurate scientific information about the symptoms, causes, and treatment methods of addiction as professionals. However, the increasing development of information technology has partly bridged the knowledge gap between experts and lay people. On the other hand, with the advances in information technology, the depth and breadth of specialist body of research-based knowledge will be transferred among experts and scholars from various parts of the world due to the rapid exchange of information (Furnham & Thomson, 1996).

It is evident that culture has an important role in shaping the way people behave towards others and it should be borne in mind that the part of social behavior that is known as truth may be not known as truth in the eyes of the people from other cultures. Although significant differences are observed in the social behavior of people belonging to different cultural backgrounds, there are considerable similarities available, as well (Mohammadi, 1999). Based on DSM-5, multi-cultural variables can facilitate the transition of the first drug use to permanent consumption. For example, there are several differences in alcohol consumption in different countries in that some societies are pro-drinking (e.g.,

France, Italy, and Spain) and drinking alcohol is a social and recreational activity. Excessive alcohol consumption in these countries is likely due to the permanent availability of alcohol in some situations, such as restaurants, and also due to its availability in a variety of social situations. Moreover, cultural differences in beliefs about the effects of drug use will also affect the degree of consumption. For example, American whites regard the variety of substances harmless and use them to a greater extent than blacks and Latinos (Ganji, 2013). The existing attitudes toward drugs have changed over the past two or three decades. Drug use that was previously limited to a deviant subculture has now become a major part of the most fervent culture of the youth. Cannabis consumption has been culturally accepted and has got normalized in many communities, unlike cocaine and heroin (Natarajan, 2014).

Since lay beliefs that the Iranian people hold toward addiction have changed compared to the past, it can be argued that lay beliefs provide some methods to increase the effectiveness of interventionist therapies and to make pertinent decisions regarding the policies used to tackle psycho-social problems.

In terms of the comparison of lay beliefs about the causes of addiction, Furnham & Thomson (1996) examined the lay beliefs about heroin addiction in a sample of 144 subjects (64 men and 80 women from 18 to 70 years of age with elementary to high school education). The evidence obtained from that study showed that the difference between scientific theories and lay beliefs about addiction is less than what experts and scientists had assumed. The difference between scientific theories and lay beliefs about addiction is more based on the degree than the nature and kind of the beliefs. In another study carried out by Brook et al. (2001) on the beliefs and opinions of high school students about drugs, it was proven that high school students do not have enough information and knowledge about illicit drugs and this lack of knowledge can lead them to get oriented towards drug use.

Moayedi et al. (2004) conducted a study on "the causes of addiction in adolescents and young adults" and reported that 12.2% of the addicts referred to wrong beliefs and misconceptions about the impact of drugs as one of the causes of the tendency to drug use. In addition, 25.6% of drug addicts mentioned relation with addicted friends and attitudes that "drugs bring relief" as one of the causes of drug use. Golparvar et al. (2008) also conducted a study on "the comparison of lay beliefs about the symptoms, causes, and treatment of addiction between self-referred addicts, NA members, and non-addicts" and found that there was a significant difference between the three groups in terms of beliefs about the symptoms, causes, and treatment of addiction.

Therefore, knowledge of the thinking methods of people in two different cultures can specify the directions required for extensive activities for the unification of individuals through collaborative efforts toward effective treatment of addiction and coping with it. The present study aims to compare lay beliefs about the causes of drug addiction between Iranian and British people.

Method

Population, sample, and sampling method

This was a study of causal and comparative method. The people of Isfahan and London in 2014 constituted the statistical population of this study. The research sample included 100 Iranian people from Isfahan and 100 British people from London. In both samples, the participants were selected based on convenient sampling method via the street distribution of questionnaires. The sample units in both groups were matched in terms of gender, age, and education. The criteria for inclusion of participants in the study were non-addiction, age over 18 years, and the absence of any specific psychological disease (such as schizophrenia).

Instrument

1- Demographic characteristics questionnaire in the Persian and English languages: This questionnaire included questions about age, gender, marital status, and educational status.

2- Questionnaire of Lay Theories: This questionnaire was constructed by Furnham & Thomson (1996) on opiates (especially heroin and probably opium) and has been translated and validated in Iran by Golparvar, Khayatan & Kamkar (2008). It consists of 86 questions and three components that are scored based on a seven-point Likert scale (strongly agree = 7 to strongly disagree = 1). The following are the components of this instrument: A) The lay beliefs about the symptoms of addiction (28 items) where the items numbered 1 to 10 belong to the beginning or the onset of addiction, the items numbered 11 to 19 pertain to the antisocial symptoms, the items numbered 20 to 24 pertain to family-based signs, and the items numbered 25 to 28 pertain to immoral signs. B) The lay beliefs about the causes of addiction (30 items) where the items numbered 29 to 36 focus on family reasons, the questions numbered 37 to 42 are related to sociocultural causes, the questions numbered 43 to 46 belong to psychological causes, the questions numbered 47 to 51 pertain to personal and social causes, the items numbered 52 to 54 are related to ethical reasons, and the items numbered 55 to 59 are related to biological causes. C) The lay beliefs about the treatment of addiction (28 items) where the items numbered 60 to 67 are related to treatment through coercion and force, the items numbered 68 to 72 are related to psychiatric therapies, the items numbered 73 to 76 belong to treatment via adaptation and coping, the items numbered 77 to 80 are focused upon maintenance treatment, the items numbered 81 to 83 are related to motivational factors in treatment, and the items numbered 84 to 86 belong to physiological treatment.

Golparvar, Khayatan & Kamkar (2008) reported the total reliability of this questionnaire to be 0.90; and the reliability values of 0.88, 0.87, and 0.88 for the three components of symptoms, causes, and treatments, respectively. The

construct validity of this test was confirmed by factor analysis. In this study, the reliability ratio of 0.91 was obtained for the total scale.

Results

The descriptive statistics of lay beliefs about the causes of addiction are presented for each group in the table below.

Table 1: Descriptive statistics of lay beliefs about the causes of addiction for each group

<i>Component</i>	<i>London</i>		<i>Tehran</i>	
	<i>Mean</i>	<i>SD</i>	<i>Mean</i>	<i>SD</i>
Family	23.86	3.42	35.36	3.42
Social and Cultural	23.80	3.27	23.90	3.27
Psychological	20.24	3.19	18.81	3.19
Personal	22.29	4.28	23.07	4.28
Moral and spiritual	11.44	4.00	12.26	4.00
Biological	19.82	5.07	17.46	5.07
Total lay beliefs on the causes of addiction	121.17	14.56	130.69	21.83

Multivariate analysis of variance should be used to investigate the score difference in linear combination of components between the two groups. One of the assumptions of using this analysis is the equality of error variances. The results of Levene's test indicated the satisfaction of this assumption ($P > 0.05$). Another assumption for running this test safely is the analysis of the equality of covariance matrices. The results of Box's test indicate that this assumption has been met ($P > 0.05$; $F = 0.824$; $M \text{ Box} = 10.021$). Considering the fulfillment of the assumptions, multivariate analysis of variance was performed and the results indicated the significance of the difference (Eta-squared = 0.309; $P < 0.01$; $F = 6.070$; Wilks's lambda = 0.201). Univariate analysis of variance was used to examine the patterns of difference as follows.

Table 2: Results of univariate analysis of variance for patterns of difference

<i>Components</i>	<i>Mean Square</i>	<i>F</i>	<i>Sig.</i>
Familial reasons	6117.63	168.22	0.001
Sociocultural reasons	0.01	0.001	0.97
Psychological reasons	111.63	10.09	0.002
Personal reasons	21.44	1.04	0.3
Moral and ethical reasons	26.51	1.87	0.17
Biological reasons	286.36	10.07	0.002

As it is observed in the above table, there is a significant difference between the two groups in familial reasons ($P < 0.001$) and psychological and biological reasons ($P < 0.01$). Considering the descriptive statistics, it can be argued that

the Iranian sample has obtained higher scores in the component of familial reasons while the English sample has gained higher scores in the other two components, namely psychological and biological reasons. There was no significant difference between the two groups in other components.

Discussion and Conclusion

The present study aimed at investigating the differences between British and Iranian people regarding their lay beliefs about the causes of addiction. The results showed that there is a significant difference between British and Iranian people in terms of their lay beliefs about the causes of addiction. In fact, there was a significant difference between the two groups in terms of three components, namely familial, psychological, and biological reasons of addiction. This finding is consistent with that of the study conducted by Golparvar et al. (2008) on the "comparison of lay beliefs about the symptoms, causes, and treatment of addiction between self-referred addicts". In connection with the causes of addiction in the familial dimension, the British people's mean score was higher than that of the Iranian people. In other words, the Iranian people found the role of family and its impact on drug use more powerful, and they believed in such issues as: the absence of praise from parents, authoritarian upbringing or indiscipline in the family, the absence of proper guidance from parents, the absence of role models in life, and parental divorce. This difference can be attributed to effectiveness of culture in folk and lay beliefs.

In the dimension of psychological reasons, the mean score of British people's beliefs was higher than that of the Iranian people. In other words, the British people believed that the role of psychological reasons and their impact on drug use are strong and powerful, and they believed in such issues as the existence of an alienation feeling towards the society, avoidance of frustrating situations, stress and disappointment in life, and lack of self-control in emotions. This difference may be attributable to the effect of culture on the folk beliefs held by people.

In the biological dimension, the mean score of British people's beliefs was higher than that of the Iranian people. In other words, the British people believed that the role of biological reasons and their impact on drug use are strong and powerful, and they believed in such issues as the existence of biochemical abnormalities in addicts, lack of self-control the same as a disease, addiction due to mother's addiction or addiction by birth, inherited addiction from parents due to the defective gene and the physical and a biological need of addiction. This difference may be attributable to the effect of culture on the folk beliefs held by people.

From a superficial glance, drug dependence appears as a result of the consumption of a particular substance or a consumption pattern. However, this view cannot respond to the question of why only certain people become

dependent on drug use, and others do not get involved in it (Sadock, 2008). Therefore, the causes of addiction are reviewed from the perspective of some psychological theories. Some behavioral models have emphasized drug-seeking behaviors as causes of substance abuse rather than the physical symptoms of dependence. In examining the biological causes of addiction, the strong evidence obtained from research on twins, adopted children, and the sisters grown separately indicate that there is a genetic component in the etiology of alcohol abuse. There are numerous data with less certainty suggesting that there are also genetic reasons in the appearance of other forms of substance abuse or dependence (Sadock, 2008).

Sociological theories examine social structures; therefore, they study drug use in a social context. A sociological perspective often views drug use as the byproduct of social relations and situations that create frustration, desperation, deprivation, and a general feeling of alienation among vulnerable segments of the population (Abadinski, 2005). Sociological theories pay attention to the role of human society in which one lives, its history, and conventions of the incidence of addiction. The socio-cultural environment determines the availability of drugs and the degree of access to drugs (Furnham & Thomson, 1996). Plant & Reeves (1974) referred to the role of peer pressure for the use of drugs in determining social factors and believe that adolescents turn to drug use under the influence of their peers and also due to the information they have from their peers. In the same way, Shasre (1966) and Pescor (1966) acknowledged that the availability of drugs in the community can increase the craving for its consumption, particularly in adolescents. People are not suddenly and unjustifiably victimized by addiction. They get actively involved in drug use; and their attitudes, beliefs, goals, and expectations play a major role in this involvement. For example, the individuals who expect the reduction of tension, anxiety, and other health problems from drug use show a higher preparation and willingness to be influenced by drugs (Lindsay & Paul, 1998).

Sirakoghloo & Eisen (2005) conducted a research on the students' beliefs about the causes of drug use. In that study, university students explained their opinions about different causes of drug abuse and the treatment of drug abuse. They expressed four reasons for substance abuse, including problems and the relevant coping methods, emotion seekers, social environment, and the nature and temperament. The first reason related to the problems and the ways to cope with and adapt to them. Problems and ways to cope with them are considered as distinct reasons. Some other groups of participants express different causal attributions and insist on the functioning of substances consistency. The main emphasis is on different aspects of this problem in order to integrate the reasons. Emotion seeking and sensation seeking is another reason to resume using drugs. Based on DSM-5, one of the reasons that drug users will eventually become permanent consumers is that they expect that the used substance has a positive effect. For example, the adolescents who believe that alcohol has positive effects

on behaviors (e.g., increased physical pleasure, enhancement of sexual ability, and strengthened self-confidence in social situations) are at higher risk of alcohol abuse than the ones not holding such beliefs. In most cases, it seems that these beliefs are created by culture because tests and experiments show that alcohol does not increase the level of sexual arousal or confidence; in fact, it reduces the level of physiological arousal. A number of cultural variables can facilitate the transition of the first drug use to permanent consumption. For example, there are several differences in alcohol consumption in different countries in that some societies are pro-drinking (e.g., France, Italy, and Spain) and drinking alcohol is a social and recreational activity. Excessive alcohol consumption in these countries is likely due to the permanent availability of alcohol in some situations, such as restaurants, and also due to its availability in a variety of social situations. Moreover, cultural differences in beliefs about the effects of drug use will also affect the degree of consumption. For example, American whites regard the variety of substances harmless and use them to a greater extent than blacks and Latinos (Ganji, 2013).

On the whole, in terms of lay beliefs about the causes of addiction, the British people gained higher scores than the Iranian ones; therefore, this difference may be due to the fact that culture influences people's lay and folk beliefs and make a difference in beliefs. However, it is noteworthy that the results do not represent the supremacy or predominance of one nation over another one, but are the effect of the environmental conditions prevailing in the two countries on the individual differences between people living in them.

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