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ISSN: 2090-4274
Journal of Applied Environmental
and Biological Sciences
www.textroad.com

The Relationship between Parenting Styles and Psychological Disorders in Patients with Drug and Psycho-stimulant Addiction

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Received: July 24, 2015 Accepted: September 31, 2015

ABSTRACT

The present study aims to analyze the relationship between parenting styles and psychological disorders in patients with drug and psychostimulant addiction who went to Boroujerd city's addiction treatment centers in 2013 in Iran. The statistical population is comprised of all patients with drug and psychostimulant addiction who went to addiction treatment centers under Boroujerd Welfare Organization in the first half of 2013. From among this population, 30 patients with drug addiction and 30 patients with psychostimulant addiction were selected as the sample population via convenience sampling. Data collection instruments include the Parenting Style Questionnaire and the Symptom Checklist-90-Revised (SCL-90-R). The results showed that there was a significant negative correlation between the authoritative parenting style and psychological disorders in patients with drug and psychostimulant addiction ($p \le 0.05$). There was also a significant correlation between the permissive parenting style and psychological disorders in patients with drug and psychostimulant addiction ($p \le 0.05$). Furthermore, a significant positive correlation was observed between the authoritarian parenting style and psychological disorders in patients with drug and psychostimulant addiction ($p \le 0.05$). Finally, there were differences between patients with drug addiction and patients with psychostimulant addiction in terms of parenting styles.

KEYWORDS: Addiction, Drug, Parenting Styles, Psychological Disorders, Psychostimulant

INTRODUCTION

Addiction, substance abuse or substance dependence is one of the gravest problems associated with the breakdown of familial and social structures. Statistics published by international organizations such as the World Health Organization and the United Nations Drug Control Programme indicate the increasing production and consumption of these substances in the world so that the last two decades have been called the "age of drugs" [1]. Various studies show that there is a relationship between the authoritarian parenting style on the one hand and anxiety and depression in children on the other [2]. Furthermore, there is a relationship between child discipline methods [3] and increased sense of exclusion, lack of intimacy and addiction in the family [4]. Studies also indicate a relationship between addiction on the one hand and poor family management [5], weak emotional family ties [6], weak performance of the father in the family [7], and authoritarian parenting style and exclusion [8] on the other hand. According to research, alcohol and cocaine abuse in parents is associated with addiction in children [5]. Besides, large families and a history of drug addiction in the family increase the likelihood of addiction [9]. Previous studies also show that a history of substance abuse in the family [10], poor selfconcept and low self-esteem [11], and attention deficit disorder and hyperactivity [12] are associated with drug, alcohol and cigarette use in the future. Besides, the reduction of punishment in the family, applying parenting skills, and improving family relationships are associated with a reduced risk of addiction [13]. The results also show that anti-social personality disorders (depression and anxiety) are the most common types of psychiatric disorders among addicts [14]. In addition, borderline, antisocial, paranoid, schizotypal, passive-aggressive, dependent, avoidant and schizoid personality characteristics are common among male addicts [15]. Bipolar disorder, schizophrenia [16], and anxiety disorder are common among street drug users [17]. Smoking and alcohol consumption can also aggravate schizophrenia and schizoaffective disorder [18]. Considering the results of previous studies and the transition from traditional to industrial drugs, the question is whether industrial drug abuse is significantly associated with psychological disorders and whether the impact of industrial drugs on the development of psychological disorders is similar to that of traditional drugs.

METHODOLOGY

The present study is a descriptive and correlational research project. The statistical population of the study includes all patients with drug addiction (opium, morphine, codeine, heroin, opium extract and meperidine, etc.) and patients with

psychostimulant addiction (cocaine, amphetamine, ecstasy, methylphenidate and nicotine) who went to addiction treatment centers under Boroujerd Welfare Organization in the first half of 2013. The sample population is comprised of 60 patients (30 patients with drug addiction and 30 patients with psychostimulant addiction) who were selected via convenience sampling. The two groups were matched in terms of age, gender, marital status, and economic status. Data collection instruments include the Symptom Checklist-90-Revised (SCL-90-R) [19] and the Parenting Style Questionnaire (1991). These tests have been frequently administered by psychiatrists and psychologists in Iran and are characterized by acceptable levels of validity and reliability [20, 21, 22, and 23].

FINDINGS

Table 1. Correlation coefficients between parenting styles and psychological disorders in patients with drug addiction

Authoritarian		Permissive		Authoritative			
Sig.	Correlation	Sig.	Correlation	Sig.	Correlation	Variable	
0.001	0.23**	0.87	0.07	0.67	-0.09	Physical complaints	
0.001	0.17**	0.001	0.24**	0.001	-0.28**	obsessive-compulsive disorder	
0.001	0.15**	0.54	0.10	0.54	-0.10	Interpersonal sensitivity	
0.001	0.21**	0.001	0.27**	0.001	-0.43**	Depression	
0.001	0.18**	0.02	0.16**	0.001	-0.25**	Anxiety	
0.001	0.21**	0.001	0.32**	0.001	-0.39**	Aggression	
0.001	0.15**	0.04	0.21**	0.04	-0.19*	Phobia	
0.001	0.26**	0.001	0.12**	0.001	-0.32**	Paranoia	
0.001	0.32**	0.02	0.26**	0.02	-0.26*	Psychosis	

^{*} p<0.05, ** p<0.01

As can be seen in Table 1, there is a significant negative correlation between the variables of obsessive-compulsive disorder, depression, anxiety, aggression, phobia, paranoia, and psychosis on the one hand and the authoritative parenting style on the other ($p \le 0.05$). The results also indicate a direct relationship between the variables of obsessive-compulsive disorder, depression, anxiety, aggression, phobia, paranoia, and psychosis on the one hand and the permissive parenting style on the other ($p \le 0.05$). Furthermore, there seems to be a direct relationship between the variables of physical complaints, obsessive-compulsive disorder, interpersonal sensitivity, depression, anxiety, aggression, phobia, paranoia, and psychosis on the one hand and the authoritarian parenting style on the other ($p \le 0.05$).

Table 2. Correlation coefficients between parenting styles and psychological disorders in patients with psychostimulant addiction

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Authoritarian		Permissive		Authoritative					
Sig.	Correlation	Sig.	Correlation	Sig.	Correlation	Variable			
0.001	0.46**	0.001	0.46** 0.001		-0.46**	Physical complaints			
0.001	0.34**	0.001 0.29**		0.001	-0.29**	obsessive-compulsive disorder			
0.001	0.46**	0.001	0.40**	0.001	-0.40**	Interpersonal sensitivity			
0.001	0.37**	0.001	0.24**	0.001	-0.24**	Depression			
0.001	0.28**	0.001	0.14**	0.001	-0.11**	Anxiety			
0.001	0.42**	0.001 0.16**		0.001	-0.46**	Aggression			
0.001	0.32**	0.001	0.20**	0.01	-0.29**	Phobia			
0.001	0.56**	** 0.001 0.46**		0.001	-0.40**	Paranoia			
0.001	0.47**	0.001	0.29**	0.02	-0.24**	Psychosis			

^{*} p<0.05, ** p<0.01

According to table 2, there is a significant negative correlation between the variables of physical complaints, obsessive-compulsive disorder, interpersonal sensitivity, depression, anxiety, aggression, phobia, paranoia, and psychosis on the one hand and the authoritative parenting style on the other ($p \le 0.05$). The results also indicate a direct relationship between the variables of physical complaints, obsessive-compulsive disorder, interpersonal sensitivity, depression, anxiety, aggression, phobia, paranoia, and psychosis on the one hand and the permissive parenting style on the other ($p \le 0.05$). Furthermore, there seems to be a direct relationship between the variables of

physical complaints, obsessive-compulsive disorder, interpersonal sensitivity, depression, anxiety, aggression, phobia, paranoia, and psychosis on the one hand and the authoritarian parenting style ($p \le 0.05$).

Table 7. Independent two-sample t-test for comparing parenting styles in patients with drug and psychostimulant addiction

Sig.	df	T	S.D	Mean	Group	Index	Variable
0.001	58	6.02	1.28	10.37	drugs	Authoritative	
			2.32	6.87	psychostimulants		Parenting style
0.001	58	7.87	1.18	23.90	drugs	Permissive	r arenting style
			2.49	28.13	psychostimulants		
0.001	58	7.80	2.49	27.34	drugs	Authoritarian	
			2.49	32.11	psychostimulants		

The results of Table 4-8 indicate a significant difference between the three modes of authoritative, permissive and authoritarian parenting styles between patients with drug addiction and patients with psychostimulant addiction. Patients with drug addiction have a greater tendency to use the authoritative parenting style whereas patients with psychostimulant addiction have a greater tendency to use the permissive and authoritarian parenting styles.

Table 8. Multivariate tests for analyzing the impact on dependent variables in the experimental group

Sig.	F	Error df	Hypothetical df	Value	Statistical Test	
0.001	27/929	56	2	0.594	Philai's Criterion	Groups
0.001	27/929	56	2	0.406	Wilks's lambda	
0.001	27/929	56	2	1.461	Two-Sample Hoteling's T-Trace	
0.001	27/929	56	2	1.461	Roy's largest Root	

^{*} p<0.05, ** p<0.01

The results of Table 8 indicate a significant difference between the various aspects of psychological disorders in patients with drug and psychostimulant addiction ($p \le 0.05$).

Table 9. Univariate tests for analyzing the various aspects of psychological disorders in patients with drug and psychostimulant addiction

Sig.	F	Mean square	Degrees of freedom	Sum of squares	Dependent Variable	Source of change
0.365	0.825	89.934	1	89.934	Physical complaints	Groups
0.000	13.315	1478.668	1	1478.668	Obsessive-compulsive disorder	
0.004	8.387	832.292	1	832.292	Interpersonal sensitivity	
0.000	140.865	8864.340	1	18864.340	Depression	
0.000	48.814	4090.437	1	4090.437	Anxiety	
0.000	155.460	5143.559	1	5143.559	Aggression	
0.088	2.946	58.591	1	58.591	Phobia	
0.498	0.461	31.373	1	14.449	Paranoia	
0.139	2.203	29.622	1	65.259	Psychosis	
-	-	109.019	180	18632.478	Physical complaints	Error
-	-	111.054	180	19989.705	Obsessive-compulsive disorder	
-	-	99/238	180	17862.763	Interpersonal sensitivity	
-	-	133/918	180	24105.177	Depression	
-	-	83/796	180	15083.327	Anxiety	
-	-	33/086	180	5955.496	Aggression	

-	-	19/890	180	3580.244	Phobia	
-	-	31/373	180	5647.117	Paranoia	
-	-	29/622	180	5331.933	Psychosis	
-	-	-	181	19713.412	Physical complaints	Total
-	-	-	181	21468.374	Obsessive-compulsive disorder	
-	-	-	181	18695.055	Interpersonal sensitivity	
-	-	-	181	42969.513	Depression	
-	-	-	181	19173.764	Anxiety	
-	-	-	181	11099.055	Aggression	
-	-	-	181	3638.865	Phobia	
-	-	-	181	5661.566	Paranoia	
-	-	-	181	5397.192	Psychosis	

Univariate test results presented in Table 9 show that there is a significant difference between patients with drug addiction and patients with psychostimulant addiction in terms of depression, anxiety, obsession, compulsion, aggression and interpersonal sensitivity (p<0.05). In addition, the results indicate a significant difference between patients with drug addiction and patients with psychostimulant addiction in terms of interpersonal sensitivity, depression, anxiety, obsession, compulsion and aggression. In other words, patients with psychostimulant addiction exhibit lower levels of performance and psychological health than patients with drug addiction. However, there were no significant differences between patients with drug addiction and patients with psychostimulant addiction in terms of physical complaints, phobia, paranoia, and psychosis.

DISCUSSION AND CONCLUSION

This study aimed to analyze the relationship between parenting styles and psychological disorders in patients with drug and psychostimulant addiction who went to Boroujerd city's addiction treatment centers in 2013 in Iran. The results indicate a significant negative correlation between the variables of obsessive-compulsive disorder, depression, anxiety, aggression, phobia, paranoia, and psychosis on the one hand and the authoritative parenting style on the other, a significant positive relationship between the variables of obsessive-compulsive disorder, depression, anxiety, aggression, phobia, paranoia, psychosis, and physical complaints on the one hand and the permissive parenting style on the other, and a significant positive relationship between the variables of physical complaints, obsession - compulsion, interpersonal sensitivity, depression, anxiety, aggression, phobias, paranoia, and psychosis on the one hand and the authoritarian parenting style on the other. There were also significant differences between patients with drug addiction and patients with psychostimulant addiction in the authoritative, permissive, and authoritarian parenting styles. Patients with drug addiction have a greater tendency to use the authoritative parenting style whereas patients with psychostimulant addiction generally tend to use the permissive and authoritarian parenting styles. In addition, there were significant differences between patients with drug addiction and patients with psychostimulant addiction in various aspects of psychological disorders. According to the results, there were significant differences between patients with drug addiction and patients with psychostimulant addiction in terms of depression, anxiety, obsessive-compulsive disorder, aggression, and interpersonal sensitivity. In other words, patients with psychostimulant addiction exhibit lower levels of performance and psychological health than patients with drug addiction. However, there were no significant differences between patients with drug addiction and patients with psychostimulant addiction in terms of physical complaints, phobia, paranoja, and psychosis. The results of the present study are consistent with the results of studies by Nazzer [14], Parvizifard [17], Verdoux [16], Liraud [24], Dwairy [25], Jerdzejckak [6] and Choi [26].

To explain the findings, it can be said that patients with drug and psychostimulant addiction are in unfavorable conditions in terms of psychological health. Under substance deprivation, that is, when substance does not reach the patient's body, the substance-dependent individual exhibits symptoms of psychological imbalance. Aggression, impulsivity, and impaired interpersonal relationships are the most prominent features of this condition. Anxiety and depression are also known as the main consequences of drug abuse or drug dependence subsequently leading to a series of other disorders [27]. Authoritarian parents tend to have tight control over their children. In such circumstances, the psychological needs of children will not be met. Children who grow up under the authoritarian parenting style – where parents are not much responsive but are highly demanding – are more likely to suffer high levels of anxiety, low levels of

self-esteem, low levels of perceived social adequacy, and low levels of social balance [28]. Children who grow up under the permissive parenting style – where parents are not much demanding but are highly responsive – are more likely to become spoiled and disobedient, show low levels of performance at school, and develop a tendency toward antisocial behavior. It seems that the authoritarian and permissive parenting styles predispose children to psychological disorders [28]. By extension, this applies to substance-dependent individuals as both drug addiction and psychostimulant addiction are effective in the development of psychological disorders. By fostering competency, fair control, logical reasoning, and patterns of assertiveness and confidence instead of exerting irregular and arbitrary control over children, the authoritative parenting style increases the likelihood of internal control in children. In addition, by advocating kindness, compassion, and reasonable expectations commensurate with the capacity of children, the authoritative parenting style encourages a sense of accomplishment, success, maturity, independence, and self-esteem. Considering the impact of the personality traits of patients with drug or psychostimulant addiction on parenting style and children's health, it is suggested that future researchers analyze the relationship between parenting styles and psychological health longitudinally also in other areas and on greater and wider sample population including both genders in order to increase the possibility of comparison and generalization and the validity of the findings.

REFERENCES

- [1]. Atkinson, Rita L., Atkinson, Richard C., Smith Darryl, Edward E., & Nolen-Hoeksema,, Susan (1998) Introduction to Psychology.
- [2]. Shamloo, S. (1997). Psychopathology, Fourth Edition. Tehran: Roshd Publications.
- [3]. Goudarzi, M., Zarnaghash, Maryam., & Zarnaghash. Mina. (2004). Perceptions of drug abusers of patterns of parental discipline, Iranian Journal of Psychiatry and Clinical Psychology (Thought and Behavior), 10(39), Special Issue on Addiction, 241-249.
- [4]. Emmelkamp PM, Heeres H. (1988). "Drug addiction and parental rearing style: a Controlled Study", Int J Addict. Feb, 23(2):207-16.
- [5]. Pinnheiro RT, Pinheiro KA/ Magalhase PV, Horta, BL, Dasilva RA, Sousa PL, Fleming M, "Cocaine addiction and family dysfunction: a case control study in southern Brazil: Substance misuse" 2006; 41 (3): 307-16.
- [6]. Jerdzejckak M, Blaszczyk J. (2005). "Attitudes of soldiers taking drugstore Military service. Training and discipline." Mil Med. Aug, 170 (8):691-5.
- [7]. Jazayeri, A.; Hajir, F.; Porshahbaz, A.; Rezaee, M. (2002). Relationship between antisocial and borderline personality disorders, drug addiction of males (18 to 35 years old) kermanshah, Journal of Hakim, 7, 49-54.
- [8]. Havassi, N. (2001). An analysis and comparison of parenting styles in families with addicted adolescents and families with normal adolescents, MA Thesis, University of Al-Zahra, Tehran.
- [9]. Sattari, B., Azam, A., and Mohammadi, M. (2003) An analysis of the tendency towards addiction in individuals above ten years of age in 2002 in Ardebil province, Iran. Iranian Journal of Social Welfare 3(9), 263-282.
- [10]. Navidian, A., Davachi, A., & Bashardoust, N. (2002). An analysis of personality characteristics in drug addicts in rehabilitation centers of Zahedan. 5(1), 17-22.
- [11]. Forueddin, A., & Sadressadat, S.J. (2002). An analysis of the relationship between self-image and the likelihood of addiction in young people, Iranian Journal of Medicine and Healthcare, 46, 66-74.
- [12]. Sarrami, P., & Ghomashchi, F. (2003). An analysis of the relationship between attention deficit disorder and hyperactivity and relevant legal and social issues, Iranian Journal of Medicine and Healthcare, summer, 45, 49-55.
- [13]. Tehrani, A. (2003) Primary prevention of drug abuse in the family, Iranian Journal of Social Welfare, summer 2 (8), 265-290.
- [14]. Nazzer, M., Khaleghi, E., & Sayyadi Anari, A. (2001). The prevalence of psychiatric disorders in opium-dependents, Iranian Journal of Psychiatry and Clinical Psychology (Thought and Behavior), 7(3), 38-45.
- [15]. Jazayeri, A., Hazhir, F., Shahbaz, A., & Rezaee, M. (2004). The relationship between antisocial and borderline personality disorders and drug addiction in men of 18 to 35 years in Kermanshah, Iran, Hakim Journal, 7(1). 49-54.

- [16]. Verdoux H, Mury M, Besancon G, Bourgeois M-(1996). Comparative Study of substance Comobidity in bipolar, schizophrenic and schizoaffective disorders, Encephalin). Mar Apr; 22 (2): 95 101.
- [17]. Parvizifard, A., Birashk, B., Atef Vahid, M., & Shakeri, J. (2001). A study of the comorbidity of anxiety disorders in addicts seeking treatment and normal individuals, Iranian Journal of Psychiatry and Clinical Psychology (Thought and Behavior), 7(2), 54-45.
- [18]. Gershon Grand RB, Hwang s, Han J, George T, Brody Al. "short term naturalistic treatment outcomes in cigarette smokes with substance abuse and / or mental illness". J clinical psychiatry, 2007 Jun; 68 (6): 892-8, quiz 980-1.
- [19] Derogatis, L.R. (1983). SCL-90-R: Administration, scoring, and procedures manualII. Baltimore: Clinical Psychometric Research.
- [20]. Esfandiari, G. (1995) A study on the parenting styles of mothers of children with behavioral disorders and mothers of normal children and the effects of parental education on children's behavioral disorders, MA Thesis in Psychology, Tehran Psychiatric Institute.
- [21]. Rezaee, M. (2000). The relationship between moral development in adolescent girls and parenting attitudes, MA Thesis in Psychology, Tehran Psychiatric Institute.
- [22]. Bagherpour, S. (2005) the relationship between patterns of parenting and psychological health and academic achievement in military and civilian personnel, MA Thesis in Psychology, Tehran University.
- [23]. Hashemi Razini, H. (2006). Comparison of marital satisfaction and psychological health in parents of children with cerebral palsy and parents of normal children, MA Thesis in Psychology and Education of the Exceptional Child, Faculty of Psychology and Educational Sciences, Tehran University.
- [24]. Liraud F, Ver doux H. ((effective of comorbid substance use on neure psychological performance in subjects with psychotic or mood disorders)) Encephale. 2002 Mar Apr., 28 92): 160-8.
- [25]. Dwairy, M. (2004). Parenting style and mental health of Arab Gifted adolescents [Electronic version]. Gifted Child Qual, Vol. 48, No. 4,275.
- [26]. Choi, S., & Ryan., J. (2007). Co- occurring problems for substance abusing mothers in child welfare: Matching services to improve family reunification. Children and Youth Services Review, 29, 1393-1410.
- [27]. Yarmohammadi, M., Jazayeri A., Rafiee, A., Jobkar, Bahrampor, Shabaz, A., (2005). An analysis of familial and individual variables in patients at risk of substance abuse, Iranian Journal of Bahar Rehabilitation, 6(1), 31-36.
- [28]. Berk, L. (2000). Child Development. (Edition) Boston, Allyn and Bacon.-6