



Prediction of tendency to addiction in adolescents based on emotional orientation

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Abstract: The purpose of this study was to predict addiction tendency in adolescents based on their parents' emotional orientation. The present study was descriptive and correlational. For this purpose, 150 students from high school students of first grade high schools in Tehran province were selected as multistage cluster sampling. In order to measure the variables of the research, two questionnaires, Panass's emotional orientation and the diagnosis of addicted subjects were used. Data were analyzed using SPSS-21 software. The results of regression analysis showed that the negative emotional orientation subscales had a predicted contribution of 0.310. Regarding the contribution of each of the variables, one increase in the negative emotional-score score of 0.22 points increases the tendency toward addiction. Based on the findings of this study, it can be concluded that the improvement of relationships between family members, especially parents, can turn the home environment into a safe and lovely environment for children, and no doubt such a family is less likely to be addicted. Therefore, investing in education and raising the awareness of the various strata of the community about addiction and its risks is much more profitable than investment for the treatment of addicts.

Keywords: Addiction tendency, Addiction, Affective orientation of parents

INTRODUCTION

Adolescence is considered to be more difficult than a childhood in the old days. Adolescents and young people, over the course of their lives, encounter phenomena, needs, issues and problems that are needed to meet those needs, or to control and mitigate issues and problems, appropriate measures are taken. Among these problems and problems, social harm can be noted that increasing the tendency to these injuries can be signs of a threat to reduce social health and quality of life in the teenage cortex (including these injuries is drug addiction (Doroti, 2012)).

Addiction is a physical, psychological, social and spiritual illness (Galanter, 2006), which plays an essential role in the formation of these pre-addictive contexts. The addiction talent theory states that some people are susceptible to addiction, and if they are exposed to it, they will become addicted, but if they do not have the ability to be addicted (Zainali, Vahdat Roqiyeh and Ghare Ding, 2010). Risk factors in addicting tendencies are not the guarantors of addiction in the future, but are more likely to be potential predictors and indicators of addiction. Researchers have tried to identify the risk factors in their addiction tendency to develop appropriate tools for identifying those who are at increased risk of substance abuse (Dehkordian, Delavar, & Jeli, 2011).

In January 1952, a World Health Organization (WHO) team of experts identified the first time in an addiction report: the state of intermittent or chronic toxicity to humans and the community that arises from frequent use

of natural or chemical drugs (Nastizayi, 2011). The term "substance abuse" is used because of the inadequacy of the term "addiction" and "drug dependence". In today's world, substance abuse is the saddest tragedy that has the biological, psychological and social dimensions affecting the lives of many people, especially teenagers. The likelihood of addiction in adolescents is so high that families play an important role in developing abuse problems. Particularly when conflicts, conflicts and incompatibilities increase among family members, and family members' behaviors and interactions are stressful and painful (Khaleqi, 2014).

Rasberg and Kider (2010) showed that the formation of general and mental health of adolescents interact with the emotional orientation of the family. In another study, it was found that the presence of impaired puberty is more probable in people with family emotional problems and emotions in the family. As a result, psychological health of adolescents is widespread, with a range in the affective orientation of the parent. Parents' affective orientation refers to the ability, willingness, and behavior of a completely responsible and committed person toward attitudes and feelings of one another in the family, including empathy, emotional stability, and social adjustment (Mosaddeq, 2010).

In fact, healthy growth and success in many areas of life are influenced by emotional communication patterns governing the family environment. A teenage child born in a warm, intimate and supportive family is experienced with a different life with a child born in a brutal, hard and punishing family (Saroukhani, & Shekarbeigi, 2008).

The Family Therapy Theory (Bowen 1978; Haley, 1967; Minuchin 1995) also states that family and individual functions are interdependent, meaning that the person's problems reflect family problems and vice versa. Addiction is no exception. The harm caused by substance abuse in addition to the consumer, also affects the family and others. Even if they do not have a problem with substance abuse (Rafiee et al, 2010).

Regarding the increase in substance abuse among adolescents, it is necessary to identify a group of factors causing addiction in them and to identify adolescents susceptible to substance abuse. What makes this issue even more important is the discussion of a psychological perspective that addresses the tendency toward addiction and, accordingly, addresses the underlying factors' anthropology and, ultimately, the development of an innovative psychotherapy approach. Since lack of knowledge of addicted people and its predisposing factors such as familial interactions and emotional orientations can lead to inefficiencies in prevention and treatment; this study was conducted to determine the prediction of addiction tendency in adolescents based on emotional orientation.

Method

The present study was applied in terms of purpose and in terms of collecting data, it was descriptive and correlated.

Population, sample and sampling method

The statistical population of this study was all the first grade high school students in Tehran (13-16 years old) who were studying in 2016-2017. A sample of 150 students of first grade high school was selected by multistage cluster sampling. In this way, ten regions were selected randomly from among the 26 regions of Tehran. Then, from each district, a school was selected and from each school, two classes were randomly selected. Finally, according to the ethics of the students who were willing to cooperate, they filled out the questionnaires with their parents.

Data analysis method

In this study, for the purpose of studying and analyzing the obtained data in descriptive statistics, frequency, mean and standard deviation and inferential analysis were used to test the hypothesis using Pearson correlation and multiple regression.

Tools

Detection questionnaire for people exposed to addiction: In this study, the diagnostic test for addicted persons was made and validated by Ms. Parisa Dehkordian. The test consists of 60 questions, 6 of which lie in the MMPI-2 (Minnesota Multidisciplinary Personality Index) test. The scoring cutting method is used to evaluate and grade the test. The test is scored as zero and one, and from the sum of scores one, a score is obtained that is compared with the standard score. If the result is equal to or greater than the benchmark, then the scoring cutter will be (Yes), in which case the person will be exposed to addiction and, while the result is lower than the standard score, the scoring cutter will be (no). The questionnaire is set up with 60 questions and 10 factors. 10 factors include the following: environmental risk factors, individual factors (depression, anxiety), individual factors (low self-confidence), interpersonal factors (family relationships), interpersonal factors (turbulent family), values and religion, Individual factor (sensitivity), individual factors for measuring personality traits, excitement, and social factors.

To test the reliability of the test, a two-step method was used. For the present test, the reliability coefficient was calculated by calculating the Cronbach's alpha coefficient equal to 0.88, indicating that the test has sufficient accuracy and consistency to measure the desired attribute. The reliability value (0.885) obtained from the analysis of test questions indicates stability and high reliability of the scores. To validate the credit test, evidence of credit including formal validity and construct validity has been collected. Evidence of content validity and structure has been approved. Cronbach's alpha coefficient was calculated to be 0.89.

Panass's Emotional Orientation Questionnaire: This scale, created by (Watson, et al. 1988), is a 20-item self-measurement tool designed to measure two mood dimensions, "negative emotions" and "positive emotions" (Watson et al., 1988). In fact, this questionnaire is a self-assessment scale, 10 of which are the positive aspects of emotion and its 10 statements measure the negative aspects of affection. The extent to which the respondent agrees or disagrees with each proposition asks for the state of emotional communication of each individual, in the range of the Likert spectrum. The range of scores for each subscale is 10 to 50. The answer is 5 options and each option will be from 1 to 5 points. The subjects read each question and mark the level of each emotion at the same time in the 5th spectrum. High score in this questionnaire is a sign of high level of emotion and low score of low level of emotion. The scores for the positive and the negative emotions are combined separately and then we calculate their differences to obtain the overall score of the person. The maximum score that a person can achieve in a test is 50 and at least -50.

Cronbach's alpha coefficients for positive affective dimension from 0.86 to 0.99 and negative for negative dimension from 0.84 to 0.87 has been reported (Gomez & Cooper, 2000). Also, in Iran, the reliability of this tool has been reported, the mean value of Cronbach's Alpha 89 has been reported. In the Persian form of this Cronbach Alpha questionnaire, the questions of each of the sub-scales in a sample of 212 students were 0.90 and 0.87 for all subjects, 0.91 and 0.88 for female students and 0.89 and 0.86 for male students, which is a sign of inner consistency of the scale. The correlation coefficients between the scores of 90 subjects in two rounds with a four-week interval for all subjects were $r=0.86$ for girls and $r = 0.84$ for male subjects, respectively $r=0.87$ is calculated which is a sign of satisfactory reliability of the scale. Also, the correlation coefficients in a sample of 184 patients in two occasions with a six-week interval for positive emotions ranged from 0.69 to 0.73 for negative affect and from 0.67 to 0.70, which is indicative of test retest reliability. The validity of the positive and negative affective scale was calculated by calculating the correlation coefficients between the sub-scales of this test and the subscales of emotional maturity questionnaire (EMS) and the main component analysis method. The coefficients and results confirm the validity of the positive and negative affective scale. Also, in the present study, the reliability of the questionnaire in a sample of 30 was obtained by Cronbach's alpha in positive subscales of 0.71 and negative affection of 0.70.

Findings

The results of the central indices in Table (1) show that the mean of addiction tendency in the sample is 25.22 and its standard deviation is 8.70, and the anxiety and depression subscale and sensitivity are more dispersed. Also, the mean of positive emotional orientation is 32.98 with a standard deviation of 7.19. For negative emotional orientation, the average scores in the sample are 27.66 with a standard deviation of 6.6.

Table 1. Descriptive indexes of research variables

Variable	Mean	SD	Variable	Mean	SD
Tendency to addiction	25.22	8.70	Turbulent family	2.08	1.51
Thrill-seeking	2.57	1.18	Religion	1.72	0.85
Environmental hazards	1.11	1.42	Sensitivity	1.71	1.87
Supportive facilities	2.53	1.15	Personality traits	3.16	1.58
Anxiety and depression	5.25	2.29	Positive emotional orientation	32.98	7.19
Low self-confidence	3.31	1.14	Positive emotional orientation	27.76	6.06
Family Connections	4.98	1.85			

Pearson correlation test was used to determine the relationship between the variables in the research. The table above shows that the correlation coefficient between the tendency to addiction and the negative orientation is 361/0 which indicates a direct and strong relationship between the two variables and a positive orientation of -0.342, which indicates a reciprocal and strong correlation between the two variables. Correlation coefficient is significant at 1% level.

Table 2. Correlation coefficients of parent's emotional orientation and addiction tendency

Predictive variable	Criterion variable	Tendency to addiction
	Positive emotional orientation	-0.342
	Negative emotional orientation	0.361

Table 3: The contribution of predictive variable levels to explain the tendency toward addiction

Subscales	Nonstandard Beta coefficient	Standard error	Standard Beta coefficient	T value	Significance level
Positive orientation	-0.032	0.085	-0.027	-0.382	0.703
Negative orientation	0.310	0.089	0.216	3.50	0.001

As shown in Table (3), the standard effect coefficients show that the positive sub-scales do not have a significant role in predicting addiction tendencies, and the negative-subscale scales have a predicted contribution of 0.310. The significance of the effect of these variables on the determination of addiction tendency has been confirmed by T-test at an error level of less than 5%. The effect of positive emotional orientation on reverse addiction tendency and negative emotional orientation in this direct prediction.

Discussion and conclusion

The purpose of this study was to determine the relationship and predictability of the emotional orientation variable on the rate of addiction tendency. Concerning the research hypotheses that "the relationship between addiction tendency and emotional orientation and the prediction of tendency to addiction based on emotional orientation", the results of the research showed that increasing the negative emotional orientation increases the probability of addiction tendency in adolescents and increases with increasing emotional orientation, addiction tends to drop. Parental emotional orientation is also effective in predicting addiction trends. The results of this study were consistent with research results of (Franklin et al. 2010), (Comminger et al. 2011), (Siarochi, 2007), (Heinen et al. 2009), (Ma'soumi, 2008), (Mousavi, 2010), (Bikumpet al. 2010), (Moore, 2007), (Nairmaela, 2005) and (Latty, 2009).

(Franklin, 2010) argue that family members have complex interactions with each other, and that maladaptive behavior and child problems, such as the tendency to addiction, are formed through the child's inaccurate emotional relationships with one or both parents. (Comminger et al. 2011) point to common psychological and behavioral disorders, relationship between person and family pathology. Also, the results of (Westlins et al. 2008) showed that the family's unfavorable performance in expressing affection disturbs emotional relationships among family members. As a result, in a vicious circle of complex interactions, the background for psychological, behavioral and social problems of family members, especially adolescents will be provided. Investigations of (Siaruchi, 2007), Salvey, Mir and (Carroso, 2007) pointed out that the emotional relationships of members in the family play an important role in influencing different mood states on the performance of individuals in an unsolved situation, which leads to moral and social deviations tends to add to addiction (Clarke et al. 2009).

(Heinen et al. 2009) also concluded that teenagers who had a high incidence of social offenses reported a high level of parental rejection, a low level of family support, and a low level of warmth and coordination at the family center. They argue that adolescents who grow in families with communication problems and negative emotional orientation will in the next few years affect family issues and affect functional problems and not only do not create a positive effect on the family functioning process, but also on diversity and scope of family problems are added. (Creighton, 2010) believes that better family functioning requires people to trust and secure their relationships with each other. Parents with positive emotional orientation can be more successful in both the role of parenthood and in communication, and in reducing family conflicts as well as in other aspects of family functioning (Akbari et al. 2015).

(Latty, 2009) investigated the relationship between emotional orientation in Bowen's theory and alcohol in general, as well as the relation between substance abuse among students. His research is based on the assumption that students with a negative emotional orientation are more likely to take alcohol, and concluded that positive emotional orientation is a factor in maintaining the risk of alcohol and drug use and a negative emotional orientation in individuals who are at risk of entering this diagnostic category (addiction) (Ghodrat, Afrasiabi, Mohammadpour, Yarahmadi, 2013).

Many fathers and mothers seem to be in the family environment, but are emotionally absent. The children of these families often have emotional emptiness and try to fill in this emotional vacuum in various ways. The climate of these families is fraught with anxiety and distrust, and family members are always disagreed with each other and do not understand each other. Adolescents and young people living in these families are distressed, distressed, depressed and isolated, constantly suffering frustrations and failures, lose their self-esteem, and cigarettes, alcohol, and drugs as refugees to get rid of these problems. In fact, such families provide a suitable platform for the emergence of various forms of delinquency, including addiction (Schneider, 2000).

In explaining the results, it can be said that the role of the family as the main unit and the influential element on the intrinsic and acquired characteristics of the members, is clear and unmistakable. The influence and influence of the individuals of this small social institution on one another has led the family to always be the

main element of social studies and research and its impact on individual and social successes or injuries in different subjects. Healthy families provide a good platform for the growth and development of their members and they have an enormous and irrefutable effect on maintaining and improving their physical and mental health. In contrast, the unhealthy family provides the context for creating physical, psychological and social differences, and leads people to delinquency (Zeidner, et al. 2013).

Considering the above, the importance and role of the family was determined by adolescent tendency toward narcotics and addiction. Correct family support is not only effective in preventing addiction in children and family members, but can be a factor in restoring the addicted person to a healthy life and leaving her addiction. In fact, by knowing and understanding the extent to which families are affected by the process of abandoning addiction, it is possible to draw up a realistic plan for educating families and providing the necessary support from this social institution in order to achieve preventive measures, as well as successful succession, and delaying the relapse period of addiction is hoped.

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