

Level of Anxiety and Effect of Family Environment on Drug Addicts

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ABSTRACT As this research says, disorganized family environment is considered as one of the key parameter that makes a normal individual to get inclined to the world of drug addiction. In such situations and with no concern on responsibilities towards family these individuals are prone to external pressures. To measure family environment the Family Environment Scale adapted and standardized in Indian conditions and test of anxiety developed D were used. Incidental purposive sampling was used to obtain a sample of 300 respondents in the age group of 30-45 years. This study throws light to the fact that those individuals who are succumbed to drugs showed higher levels of anxiety in them. Anxiety has been observed to manifest itself in different spheres. The study concluded that the non-addicts family environment is far better supportive and organized than addicts at 0.01 level of significance.

INTRODUCTION

At times when man could not comprehend the meaning of his surroundings, he felt lost, scared and insecure. The vagaries of his fortune brought swings in his moods. Sometimes he felt euphoric, while at others he was depressed and dejected. In his constant struggle for survival, he often resorted to means of escape by the use of natural substances having mood-altering effects of which one of the ways is found to be drug. The drug addiction problem is just one facet of the enormous difficulties facing future generations of humankind. The sense of helplessness and despair for many unemployed and half-educated, jobless youths, tempt them to turn to alternative means of emotional escapism by taking any forms of drugs available.

“Drug Addiction” can be defined as a state of periodic or chronic intoxication, detrimental to the individual and to the society, produced by repeated consumption of a drug, either natural or synthetic. Many taste, some reject, others come back occasionally for more and a number get caught up in a big way. These latter are the most visible consumers who are addicted.

Understanding of behavioral aspects of the drug addicts without the assessment of their family environment leaves behind only an incomplete picture. Family is a place in which the person is rooted in the initial stage of developing his own

personality. Prior to the addiction the person would have had a productive role in his family, taking responsibility being a part of the decision making process. Once the person becomes dependent on drugs, he is looked upon as somebody who needs to be protected from the outside world.

The addicted person therefore is not given any kind of responsibility or involved in activities that could engage him constructively. This results in a lot of boredom, guilt and loss of self-esteem as the person ends up feeling worthless. This in turn could worsen the addiction or lead to a relapse. Thus, comprehending the family environment of the addicted individuals throws light into the foundation of their personality, which ultimately helps in finding genesis of the dysfunctions of their behaviour.

Anxiety is a personality trait considered predisposing factor to drug consumption. Anxiety, as a fear without object, is translated into the subject’s life through unequal, out of scale reactions to events, inadequacy and elements of stress.

Therefore, it’s worthwhile to investigate in depth on the anxiety and other factors within the family of an addicted individual. In the light of the above factors, this article takes a comprehensive approach to see the level of anxiety and the impact of family environment among addicts in comparison with non-addicts (normal).

Purpose of the Study

The incidence of addiction is higher than ever, and drugs and drug use are an increasingly prevalent part of our culture. Yet we seem to have the lack of knowledge that would help us to understand how drug affect people in general and what role will the family play. This particularly is surprising in the light of the vast amount of knowledge accumulated in the sciences. In light of these the researcher in this study tried to connect the drug addiction behaviour with the addicts' family environment and their anxiety. The objectives of this study can be pinned down as (i) to study the level of anxiety among opium addicts as compared to non addicts and (ii) to study the pattern of family environment among opium addicts as compared to non addicts.

Hypothesis

- 1) It was hypothesised that there will be significant difference in the level of anxiety among opium addicts and non addicts.
- 2) It was hypothesised that there will be significant difference in the pattern of family environment

METHODOLOGY

Tools: In this study, the main variables are anxiety and family environment. Among the commonly employed test and scales, this study has used those that have been found to be very useful, convenient and appropriate. Therefore, in the present research study, family environment scale and anxiety scale are the two main tools selected and used for collecting the data.

Family Environment Scale: To measure family environment the Family Environment Scale (FES) by Moos (1974) has been adapted and standardized in Indian conditions by Joshi and Vyas (1987) in Hindi language. The main objective of this scale is to obtain the social i.e. inter personal environmental characteristics of families and to assess perception of family environment.

The original (F.E.S.) questionnaire consists of 90 statements, but in the Hindi adaptation of scale that is used in the present study, there are only 79 statements that try to identify characteristics of an environment, which would exert or press towards all the important constituents of this main domain, i.e. relationship dimension,

personal growth dimension and system maintenance dimension. The subscales that come under relationship dimension are cohesion, expressiveness and conflict. The subscales under personal growth dimension are independence, achievement orientation, intellectual cultural orientation, active recreational orientation, moral religious emphasis. And system maintenance dimension consist of subscales like organisation and control.

Anxiety Scale: In India test of anxiety was developed systematically for the first time by Sinha (1961). Anxiety has been observed to manifest itself in different spheres. Therefore, questions were designed to elicit self-ratings on items descriptive of anxiety reactions to the following areas : (1) health, appearance, and injury, (2) area of ambition (success or failure in work, money and occupation), (3) family anxieties, (4) anxieties regarding friendship and love, (5) social relations and social approval, (6) worries regarding the future, (7) worries about civilization, war, virtue, (8) guilt and shame, (9) physical and physiological manifestations, and (10) purely psychological manifestation. The scale used in the present study called the Self-Analysis Form, had a total of 100 items of the "Yes-No" type. It is assumed that anxiety would be revealed by the reported behavior not in any one situation but by his average behavior in a great number of these situations, a more anxious person would tend to be anxious in a greater number of different situations than would a less anxious person.

Procedure of Data Collection: Incidental purposive sampling technique was used to obtain a sample of 300 respondents in the age range of 30-45 years. Out of which 150 are normal i.e., non addicts and 150 are opium addicts/drug users. For addicts, the respondents were those who visited the Drug Rehabilitation centre in Manaklao for the first time and who belonged to opiate group. Whereas normal or non addicts were those within the municipal limits of Jodhpur city, Rajasthan.

Analysis Techniques: Two different statistical analyses of data were done in this study. To find out significant difference between the two groups, 't' test was used. Correlation among the variables of each group was calculated by product moment technique.

RESULTS AND DISCUSSION

The level of anxiety among both groups, i.e. addicts and non-addicts when analyzed on the

basis of 't' value, revealed that addicts have higher anxiety level than non-addicts. Therefore, the characteristic of high anxiety among addicts could be plotted as Hyper-Anxiety Person. A hyper-anxiety person is symptomatic of such high state of anxiety, which has a disruptive and interfering influence on his performance, especially on complex activities and on academic performance and the individual concerned may be in need of counseling or psychotherapy.

It was hypothesised that there would be significant difference in the level of anxiety among opium addicts and non-addicts. Thus, hypothesis was accepted at 0.01 level of significance.

On Family Environment scale, the drug users have secured low scores on all the subscales like cohesion, expressiveness, conflict, independence, achievement orientation, intellectual cultural orientation, active recreational orientation, moral religious emphasis, organisation and control. The study results revealed the following conclusions when the different subscales of family environment scale for addicts and non addicts were analysed

- Less cohesion or very little mutual understanding among family members, which shows that addicts are not well concerned and committed to takeover family responsibilities. While family members of non-addicts is more concerned and committed to help each other
- Addicts' family environment is not supportive and encouraging for individual's self-expression. Eventually, this suppresses their certain

Table 1: Comparison of mean, standard deviation and 't' values of drug addicts and non-addicts on anxiety scale

Group	Mean/SD	Anxiety
Addicts (n= 150)	Mean SD	62.08 13.16
Non-addicts (n=150)	Mean SD	21.45 7.12
't' value		33.24

't' value is significant at 0.01 level

emotions and could make them submissive in behaviour. At the same time family members of non addicts are allowed and encouraged to act openly and to express their feelings directly

- Addicts do not find them responsible and capable enough to solve conflict interactions by being a part of it and concerned about it. Oppositely in the case of non addicts, they have good mutual concern among members and allow individuals to openly express their anger and aggression as a part to solve general conflict situations happening within family.
- Discouraging efforts from family members of addicts hinder the path of becoming self-sufficient to make their own decisions and independent. Family members of non addicts are encouraged to a great extent to be made assertive and self sufficient to make their own decisions.
- Fractured family environment discourages them to face competitive environment making them perform weak everywhere. At the same time, non addicts are encouraged and flourished largely to get into a better competitive framework and make strong achievements in different type of activities they perform in school or work areas.
- Addicts' family members are less concerned about political, social intellectual and cultural activities and issues. Non-addicts' family members are more concerned about political, social intellectual and cultural activities and issues
- Addicts' participation is dormant in various recreational activities, which is not the case with non-addicts.
- Addicts in moral religious emphasis, unveils that they are far away from moral and religious issues. Moral and ethical issues are actively discussed and emphasized within non-addicts' family.
- Family activities of addicts will be unstructured and there will be no clarity concerning

Table 2: Comparison of mean, standard deviation and 't' values of drug addicts and non-addicts on family environment scale (fes)

Group	Mean	SD	COH	EXP	CON	IND	AO	ICO	ARO	MRE	ORG	Conrol
Addicts (n=150)	Mean SD	23.34 3.00	18.51 4.36	15.31 3.97	19.32 4.06	14.41 4.50	12.19 3.96	13.37 4.32	18.69 5.09	17.78 4.65	15.09 5.16	
Non-addicts (n=150)	Mean SD	30.34 1.50	28.85 2.16	26.68 2.82	29.86 3.84	28.91 2.11	24.69 3.31	23.38 3.37	26.18 3.19	25.83 2.00	28.97 2.05	
Value of 't'	25.47	26.01	28.56	23.09	35.68	29.62	22.36	15.27	19.47	30.56		

All 't' values are significant at 0.01 level

family rules and responsibilities. Non-addicts were well involved in their family activities and has a definite role and aware of their responsibilities.

- Among the family members of addicts, there is very less chances of family rules and procedures being rigid and they are far away from ordering each other around. While, non-addicts exhibit their inclination towards well-organised family.

It was hypothesised that significant difference would be found in the pattern of family environment among opium addicts and non-addicts. The study conclusions proved the difference that non-addicts family environment is far better supportive and organized than addicts. Thus, hypothesis was accepted at 0.01 level of significance.

Correlation analysis for addicts and non-addicts were done separately between the subscales of the family environment scale and anxiety. This led to the light of those family environment subscales which are positively correlated with anxiety among addicts and non-addicts. Among addicts, the output of correlation of anxiety with the subscales of family environment scale depicts that subscales such as cohesion, expressiveness, conflict, independence, achievement orientation, intellectual cultural orientation, active recreational orientation, moral religious emphasis, organisation and control are negatively correlated with anxiety scale. While in the case of non-addicts, the turnout of correlation of anxiety with the subscales of family environment scale illustrates that cohesion, expressiveness, conflict, independence, achievement orientation; moral religious emphasis and control are negatively correlated with the anxiety scale.

CONCLUSION

The analysis in this research depicts that addicts may be surviving in a disordered or fractured family where family activities are unorganized. This will lead them to blurred picture on family rules and responsibilities. Invariably, the individual living in such environment will remain

rootless, unprotected and exposed to every storm of external pressures. Thus, concluded that, if the controlled structure of the family become weak, the initial stages of development of one's morale and fundamental values go down, thus emphasizing the importance of '*the basic element in a society*', the family.

In addition to the current preview of this research, it can be advised to extent the scope by administering the study elements to the family members also. Also, only a concerted mobilisation can help the addict population to rehabilitate to their normal life. Investing into the research work and other studies into the areas of addicts' behaviour and its effect on their immediate surroundings will always be desirable and meaningful to those forces including the family members and various organisations striving to provide helping hands to the addict population.

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