

Psychotic Profile of Children of Substance Addict Fathers[#]

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The present research was designed to study the psychological effects of father's substance addiction on their adult children. It was hypothesized that adult children of substance addicts will suffer more from psychological problems (paranoia, hypomania, and schizophrenia) than the adult children of non-addicts. A sample comprised 100 adult children (50 of substance addict fathers and 50 of non-addict fathers), matched on the variables of age, sex, residential area, family structure, and marital status. Each group included 27 adult sons and 23 adult daughters. The sample of first group was approached through different detoxification centers of Karachi. The second sample was from the neighborhood of the first group. In order to study the psychological problems, a structured interview form (Intake Card and Case History Sheet used in Institute of Clinical Psychology, University of Karachi) and Minnesota Multiphasic Personality Inventory (MMPI) Urdu version (Mirza, 1977) was administered on children of both the groups individually. t-test was applied for statistical analysis of the data. It was found that adult children of substance addicts suffer significantly more from symptoms like paranoia and hypomania, as compared to adult children of non addicts, but they do not differ on the variable of schizophrenia.

Keywords: substance abuse, addicts, children, psychotic profile

There are great many types of drugs that are used by different people. Such as alcohol, opiates, amphetamine, barbiturates, nicotine, cocaine, hallucinogens, cannabis, phencyclidine, and prescribed psychoactive drugs. These drugs create dependency, while the pattern of dependence may vary with the drug. Personality structure, social, and environmental factors play a large part in determining the occurrence and the pattern of drug abuse and drug dependence. Mubbasher (1984) discussed that some life styles facilitate human growth and personal

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development while others inhibit personality and frustrate attempts to meet common human needs. When examined from this perspective, the consequences of increasing incidence of drug abuse poses an environmental threat because it prevents the development and maintenance of stable relationships between people. Excessive use of drugs corrodes and eventually destroys the human bonds, which link people together in the most intimate of human groups such as family and extends for generation.

A family organization type and functions are strongly related with drug dependence. Conversely, a dysfunctional family may set the stage for such disorder especially in adolescents; drug dependence creates disasters for most families. The important social consequence of addiction is the effect it has on the family which is the basic unit of society. Often, because of the addict's inability to hold a regular job he may have to be supported by his family. The joint family system is a blessing in times like this, because a brother or father of the addict supports the family when the addict receives treatment and rehabilitation. Nuclear families suffer much because in Pakistan, it is common for only male members of the family to work. When the only earning member becomes addict, his wife and children often leave him and go back to parents'/grand parents' house. Their family life is disrupted, children are deprived of good food and education (Dean, 1984). Children in these drug dependent families have higher incidence of child maltreatment child abuse that might result in, incest, truancy, school phobias' and social delinquency (Mubbasher, 1984).

Children need a caring environment where the responses they receive are predictable. The formation of a person's identity and self-esteem is affected very strongly by experiences that occur in the earliest years of life. Clinical evidence shows that children of parents whom have problems with illicit drug use may suffer from an inability to trust legitimate authority because of fear of discovery of a parent's illegal habits (Children of Alcoholics Foundation, 1992). Research findings suggest that these children are at risk for a range of cognitive, emotional, psychological problems, and adaptive difficulties (Chiauzzi, 1996). The children often lack guidance, positive role modeling, and live in isolation. Frequently they suffer from depression, anxiety, and low self-esteem. Some times children of drug abuse feel guilty and responsible for their parent's problem. Clinical evidence shows that children of parents whom have problems with illicit drug use may suffer from an inability to trust legitimate authority because of fear of discovery of a parent's illegal habits (Children of Alcoholics Foundation, 1992).

Hill and Dianne (1996) found the prevalence of psychopathology among 76 children aged 8-18 years old, with maternal family history of alcoholism. High risk individuals manifested more psychiatric diagnoses overall, and more internalizing disorders than controls. Subjects completed the Schedule for Affective Disorders and Schizophrenia for School Age Children. Likelihood of having a diagnosed disorder increased for high-risk individuals when he/she lived with a biological mother and a custodial father who were both alcoholic. These relationships were exacerbated if the individual was older than 13 years, but if just the mothers were alcoholics, risk was not as high. Results suggest vertical transmission of maternal alcoholism yields increased psychopathology in children. This psychopathology occurred in offspring of alcoholics screened for major co morbidity, suggesting that it is unlikely that the increased psychopathology is due to co transmission of affective or other psychopathology. Briere (1996) showed the presence of dissociation symptoms in children of substance abusers who have been severely physically abused.

Hibbard (1993) suggested that the salient features of adult children of alcoholics psychopathology revolve around moderate level narcissistic disturbances and their concomitants (grandiose) and conscious concern over narcissistic vulnerability and injury and anxiety over object relation.

In two samples of sons of alcoholics (family history positive for alcoholism; FHP; $N=74$ & $N=72$), cluster analyses identified 3 subtypes of familial vulnerability: First with low levels of familial psychopathology (FHP-LP) and moderate levels of familial alcoholism; a second with high levels of familial antisocial personality (FHP-ASP), violence, and alcoholism; and a third with high levels of familial depression (FHP-DEP), hypomania anxiety disorder, and alcoholism. Compared with family history negative (FHN) participants ($N=196$), FHP offspring had higher levels of alcohol problems; FHP-ASP offspring had elevated levels of antisocial traits and negative affect. Compared with FHN participants, FHP-DEP offspring had elevated levels of antisocial traits, hypomania, and experience seeking. FHP-LP offspring had moderate levels of antisocial traits (Finn, Sharkansky, Viken, & West, 1997).

Less emphasis has been made on the effects of drug addict's behavior on their children's life. Relatively little is known about children of heroin addicts, cocaine abuser, or poly drug abusers; many researches have been conducted with children of alcoholics (see, for example, Johnson & Leff, 1999), but in Pakistan no research has touched this sensitive issue. In Pakistan, the area of children of drug abusers has totally been ignored, children of drug addicts who are the most targeted

population, effected by drug addicted are being ignored totally (Farhat, 2003).

As a result of maltreatment, there is a great risk of developing psychological problems in their children. Due to financial problems and lack of support, their children feel deprived and rejected. Children may feel depressed and neglected and the vicious circle may be set in motion. Bowlby (as cited in Glatt, 1982) stated that today's deprived neglected children may grow up into tomorrow's psychopathic, neglectful, unstable parents who are again unstable to provide a normal home life for their children. In recent years, drug taking has become a serious problem of nations. It does not only affect the behavior of an individual but it severely influences their family especially children. The whole family of a persistent drug taker becomes sick. Children are torn in their loyalties between father and mother and continually called upon to make fresh readjustments in an atmosphere characterized by continual quarrels, emotional upheaval, mutual recrimination, threats of separation with temporary reconciliation', only to be followed by sad disappointments. Various investigations showed that parent's maltreatment and substance abuse has detrimental effects on their children's well being. Because a parent's overriding involvement with alcohol and other drug may leave the parent emotionally and physically unavailable to the child. A parent's mental functioning and judgment may be seriously impaired by the use of drugs that is placing the child at increased risk of all forms of abuse and neglect. A substance-abusing parent may 'disappear' for hours or days leaving the child alone or with someone unable to meet the child's basic needs. A parent may also spend the household budget on drugs, depriving the child of adequate food, clothing, housing, and health care.

It is a well-known fact that prevention is better than cure. In order to prevent drug abuse it is important to identify the ill effects of its use. In recent years, a large number of researches have been conducted on etiology of drug abuse, how to prevent from drug and what will be the treatment methods that would reduce relapse rate. The relationship between drug abuse and problems of children encouraged the author to find out scientifically the negative effects of father's substance addiction upon the mental health of their children. Parental drug addiction is also contributing and increasing the ratio of mental illness in Pakistan. There is a need to prevent people from drug addiction in order to prevent mental illnesses. When families exhibit such behaviors, the problems must be treated simultaneously in order to insure a child's safety. This can only be done if a great emphasis is placed on the children's psychological problems and preventive measures are taken for it.

There is only a small number of detoxification centers located in big cities, which cannot possibly offer services to over 3.1 million regular drug abusers in Pakistan. One should struggle for a solution and special attention should be given to drug addicts and their families. Keeping in view the increasing numbers of substance abusers, our present research aims to develop awareness among the people about the ill effects of its use, for these following hypotheses were framed.

Hypotheses

1. The hypomania score of the adult children of substance addict fathers will be more as compared to the adult children of the non-addict fathers.
2. The paranoia score of the adult children of substance addict fathers will be more as compared to the adult children of the non addict fathers.
3. The schizophrenia score of the adult children of substance addict fathers will be more as compared to the adult children of the non-addict fathers.

METHOD

Sample

Sample consisted of 50 adult children (27 boys, 23 girls) of substance addict fathers, and 50 adult children (27 boys, 23 girls) of non-addict fathers belonging to middle socio-economic class. Their age ranged from 18-25 years and their educational level was from intermediate to graduation, they were unmarried and belonged to nuclear family structure.

Substance Addict Fathers were diagnosed as abusing drugs (heroin, alcohol, and cocaine) at severe level. The diagnosis was made on the basis of interview information, personal, and drug taking history, physical examination (urine test), drug abuse screening test, and addiction severity index which were administered on them by the staff of drug treatment centers where they were admitted for the same since one month. They were dependent on drugs (heroin, cocaine, and alcohol) for minimum period of 15 years. Hence adult children of substance addict fathers were approached through their fathers. Children of the non-addicts (whose fathers has never taken any intoxicant substance) were matched with the former group on the bases of age, sex, residential area, family structure, marital status, and education.

Operational definitions

Substance Addict Fathers

Substance addicts fathers are those who were admitted in the Drug treatment centers since one month for the purpose of detoxification because of taking heroin, cocaine, or alcohol for minimum period of 15 years and presently diagnosed as, at severe level on the basis of responses on interview, personal, and drug taking history, physical examination (Urine Test), Drug Abuse Screening Test (DAST) and Addiction severity Index (ASI) by the hospital staff.

Adult Children of Substance Addict Fathers

Adult children of substance addict fathers are those children whose age ranged between 18-25 years and whose fathers are under treatment at drug treatment centers for severe level of addiction.

Adult Children of Non-Addict Fathers

The adult children of non-addict father are those children whose age ranges between 18 to 25 years and whose fathers are not taking any non-prescribed drug.

Hathway and Mckinley (1951) described various clinical scales of MMPI are as follows.

Hypomania

Hypomania is characterized by marked over productivity in thought and action. The word hypomania refers to a lesser state of mania. The hypomanic person seems just slightly off normal.

Paranoia

Paranoia is characterized by suspiciousness, over sensitivity, and delusions of persecution, with or without expansive-egotism.

Schizophrenia

Schizophrenia is characterized by bizarre and unusual thoughts or behavior. There is a splitting of the subjective life of the schizophrenic person from reality so that the observer cannot follow rationally the shifts in mood or behavior.

Instruments

Intake Card and Case history Sheets

Intake card and case history sheet of Institute of Clinical Psychology, University of Karachi. It is comprised demographic

information and detail information concerning interviewee's life history, history of problems, family, work, school, social, marital history and his or her present and past mental status.

Minnesota Multiphasic Personality Inventory

Urdu version of Minnesota Multiple Personality Inventory (MMPI; Mirza, 1977) was used. This adapted inventory consists of 399 items. It is an Urdu translation of MMPI by Hathaway and McKinley (1951). It has test retest reliability of .56 for Paranoia, .76 for Hypomania and .86 for schizophrenia subscales (Cottle, 1950). It has 4 validity scales and 9 clinical scales and one scale for social introversion.

Standardization of this test in Pakistan was done on sample drawn from various areas of the urban population of Karachi. Test-retest reliability was measured through readministration of MMPI on 40 patients. The most prominent features were the general lowering of the mean scores on the second administration on all scales including the validity scales. But there was close correspondence between the two mean score (Mirza, 1983).

Procedure

The entire experimental sample was collected from the different Drug Treatment Centers of Karachi (Pakistan). First of all the Directors of drug treatment centers were approached for the purpose of data collection. With the consent of the patients, their families were called at the center or the researcher went to their homes accompanying social workers. The researcher established the rapport with patients, wife, and their children. They were interviewed and the detailed history was taken. On the basis of their interview, their socio-economic class was established; only those children were included in the study who were falling in the middle socio-economic class.

The control group that consisted of adult children of non-addicts were residing in neighbourhood of the experimental group. They were approached at their residence accompanying social worker.

Then MMPI (Mirza, 1977) Urdu version was administered on the adult children of substance addicts and adult children of non-addicts.

RESULTS

After data collection the test sheets were scored according to the standard procedure. As required, the scores of validity scale of K of MMPI was added to the three clinical scales i.e., Pa, Sc and Ma. The four numbers of responses on validity scales of MMPI (cannot say, L scale, K

scale, and F scale) were also calculated. Invalidated scores were not included in the research findings. After calculating raw scores for each clinical scale i.e., Paranoia (Pa), Schizophrenia (Sc), and Hypomania (Ma), for both the groups, *t*-test was calculated to find out difference on various variables in order to find level of significance of the results.

Table 1

The Mean Hypomania Score of Adult Children of Substance Addicts and Non-Addicts (N = 100)

Groups	<i>n</i>	<i>M</i>	<i>SD</i>	<i>t</i>
Children of Substance Addicts	50	23.6	5.1	2.5*
Children of Non-Addicts	50	21.2	5.0	

df = 98; **p* < .05

The results in Table 1 indicate that mean hypomania score of adult children of substance addicts (*M* = 23.6) is higher than adult children of non-addicts (*M* = 21.2).

Table 2

The Mean Paranoia Score of Adult Children of Substance Addicts and Non-Addicts (N = 100)

Groups	<i>n</i>	<i>M</i>	<i>SD</i>	<i>t</i>
Children of Substance Addicts	50	14.7	4.3	5.44**
Children of Non-Addicts	50	10.1	4.1	

df = 98; ***p* < .001

Table 2 that the mean score of paranoia of children of substance addicts is significantly higher (*M* = 14.7) than adult children of non-addicts (*M* = 10.1).

Table 3

The Mean Schizophrenia Score of Adult Children of Substance Addicts and Non-Addicts (N = 100)

Groups	<i>n</i>	<i>M</i>	<i>SD</i>	<i>t</i>
Children of Substance Addicts	50	30.6	10.7	.64
Children of Non-Addicts	50	26.5	43.3	

df = 98

From Table 3 it is clear that there is non significant difference between mean Schizophrenia score of adult children of substance addicts ($M = 30.6$) and adult children of non-addicts ($M = 26.5$). However mean score of schizophrenia of children of substance addicts are higher as compared to other group.

DISCUSSION

The purpose of the present research was to investigate the psychological impact of fathers' substance addiction on their adult children.

Overall, it is obvious from the mean hypomania score of children of substance addict fathers that they are over productive in thoughts and under taking too many things. They are enthusiastic and active but some times because of interference of others, they lose interest and get depress as well. It has been evident that these children develop feeling of hopelessness and rejection. When they start something actively due to fear of failure or trouble with the law they stop their projects. They also have psychopathic personality, which makes them socially disregards of others (Hathway & Mckinley, 1951). The family of addict becomes economically poor, their children have some desires, needs, and wishes but they lack resources to fulfill them, they may involve in psychopathic behavior, remain restless, active, and emotionally disbalanced, whereas children of non addicts experience a good and relaxing environment at their home and their surroundings.

The hypothesis no. 2 is also supported by the data and there are significant difference between both groups on paranoia scale ($t = 5.44$, $p < .001$). From Table 2, it is clear that mean score of paranoia of children of substance addicts is higher ($M = 14.7$) than adult children of non-addicts ($M = 10.1$). It appears that they are more suspicious, over sensitive, and have delusions of persecution. Although apparently these children seem to be normal, but test results indicated that they have symptoms of paranoia.

Living in a threatening environment, facing stress, and maltreatment by an addicted father, make these children fearful and suspicious. These children feel anger and hostility towards their father, due to father's addiction. They have been suffering emotionally, physically, financially, and socially. Environment is also non-cooperative, no negotiation, no problem solving, and assertiveness is not allowed. In order to relax they use defense mechanisms healthy or unhealthy. Unconsciously they project their feelings to other people. Hence, they appear to be suspicious and oversensitive.

Due to uncertain attitude of family members, children of addicted fathers often loose their trust not only on them but also on others. The sense of safety and trust is difficult to reestablish.

Somewhat similar finding were also noted in studies of the western countries. Hibbard (1993) found that adult children of alcoholics suffer from narcissistic disturbance and grandiosity. Brabart and Martof (1993) showed different results that children of alcoholics did not differ significantly from children of non alcoholics regarding the use of alcohol, ability to express feeling, ability to trust, and on the dimension of depression. Present findings indicate that adult children of substance abusers are more likely to be depressed, anxious, and paranoid, however, they do not differ on the variable of schizophrenia with that of children of non addicts. From Table 3, it is clear that there is non significant difference between adult children of substance addicts ($M = 30.6$) and adult children of non-addicts ($M = 26.5$). Although children of substance addicts suffer more from neurotic disorders than children of non addicts.

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