Parents of patients with heroin addiction: personal and family functioning

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Abstract

Purpose: Despite recognition of the significant role of the family in the etiology and pathogenesis of drug addiction, there is a paucity of investigation of the psychological characteristics of relatives of such patients. Research was conducted about the characteristics of personal and family functioning of 152 parents (104 mothers and 48 fathers) of patients with heroin addiction.

Methods: Several clinical and empirical psychological methods were applied within the framework of the research. Among testing techniques used were: the Ammon Ego Structure Test, the Mental Health Evaluation Method, and the Family Environment Scale.

Results: The data obtained demonstrates a significantly lower level of both constructive behavior and capacity to adapt among parents of heroin addicts. Interestingly, mothers of such patients, in comparison with patients' fathers are characterized by a much more severe level of personality dysfunction manifested in disturbance of ego-boundaries, increased anxiety and a desire to avoid trust-based relationships. Contradistinctively, heroin addicts paternal dysfunctionality manifested in low self-esteem and heightened forms of "destructive" aggression. Varying degrees of severity of "destructive and deficient" among parents is related to their role in family system. The degree of stress experienced by patients' relatives is distributed according to family structure and dynamics. The study revealed that the greatest stress is experienced by the relative who is most involved with the patient. This position is usually occupied by mothers of heroin addicts. The level of disturbance found in personal and family functioning of parents of heroin addicted patients is correlated with characteristics of social, demographic and clinical variables.

Discussion: The study's results are in line with findings on personal deficiency of relatives of addicts and provides guidance for directed psychotherapeutic and psychosocial interventions.

Keywords: heroin addiction, parents of addicts, personal dysfunction, family.

Bibliographic reference


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1. Introduction

Drug abuse is a chronic disease, widespread all over the world. One of the most severe forms of this disease is heroin addiction, which seriously impairs psychosocial functioning of the abuser, and closely associates with HIV/AIDS and other blood transmitted infections because of its use by means of injection. Injectable drug users (IDUs) often engage in criminal or at least disruptive behaviors, which lead to significant family dysfunctions and not infrequently provide a wide range of chronic stress factors (constant fear for life of the addict, stigmatization and social isolation, financial difficulties, etc.) and even crisis experiences (helplessness, feeling of hopelessness of a situation, depression, anxiety, suicidal thoughts) for the relatives of the drug abuser.
Such experience of family members can be conceptualized as “family burden,” which emphasizes the negative aspects of caregiving [14]. At the present time numerous researches on "burden on the family" have documented the problems of caregivers of patients with major mental illness and neurological and physical disorders [5, 19, 23, 26, 27]. Research on the “burden” on an addict’s caregivers is much rarer and tends to describe their difficulties and concerns in relationships, on health, financial and other areas [22].

At the same time involvement in abusive and potentially harmful relationships can lead the addict’s significant others into “codependency”, a finding previously and primarily described in families of alcoholics [13]. Subsequent findings suggested that other types of family stressors, not solely alcoholism, may be predictors of codependency [17]. Despite widespread use of the term codependency there is no clear definition of this phenomenon and empirical evidence regarding its construct validity is generally lacking [20]. A Review of the Literature showed explicit polymorphism of the characteristics of codependents.

Characteristics of codependency have been described as external locus of control, self-sacrifice, reactivity, depression, anxiety, difficulties in expression of one’s own feelings, fear of open or close relations with other people, subtle forms of narcissistic entitlement, medical problems etc. [9, 11, 12, 15, 16, 21, 24]. Consequently a unified description of types of codependency manifestations is not currently available.

Regardless, these findings emphasize the importance of comprehensive screening and assessment of psychosocial functioning of relatives of individuals with substance abuse. Such screening can facilitate the identification of those relatives who urgently needs professional help in order to aid in the prevention of psychological, mental, psychosomatic, somatic and addictive disorders. Psychological assessment has traditionally only been used for evaluation of substance abusers mental condition in treatment and rehabilitation programs while their significant others frequently only receive support at self-help groups such as Co-Dependants Anonymous (CoDA), Adult Children of Alcoholics and Co-Anon. Relatives of addicts frequently fail to gain access to adequate health care for the reason of the existing gap in psychological assessment, though it is recognized that relatives can often play a significant role in both motivational and treatment processes as well as in relapse prevention of the addicts [1, 8, 18, 28].

The aims of this study were: a) to investigate personal and family functioning of the parents of heroin-dependent patient; and b) to identify the interrelations of social, demographic and clinical factors which define the main living conditions of an IDUs parents, in particular characteristics of the IDU’s personal and family functioning.

2. Method

2.1. Participants and procedure

Participants were parents of opioid-dependent patients who were currently being involved in rehabilitation programs at St. Petersburg City Addiction Hospital and three community-based outpatient city substance abuse treatment centers between 1/05/2011 and 1/11/2013. The diagnosis of drug dependence in patients was confirmed by staff psychiatrists using ICD-10 criteria. To be eligible to participate, parents needed to show their relation to an IDU, as well as be able to provide informed consent and be willing to comply with study procedures. Parents were excluded from the study if they had a) severe mental disorders (e.g., schizophrenia, epilepsy, bipolar disorder) in an actual state or in the anamnesis; or b) physical disorders in acute decompensations.

It is necessary to emphasize that relatives’ involvement in the research was possible only in cases where the patient consented. On several occasions, IDUs did not want their relatives to participate in research due to the conflicts in their relationships with them. The preliminary sample frame contained 200 parents and the final population size was 152 respondents, each of whom completed the assessment procedure up to the end. All participants were divided into two groups. The first group was derived from 48 fathers of patients with heroin drug addiction. Participation in research was initially offered to 72 fathers, however 16 refused to participate, and 8 did not complete the assessment
procedure up to the end. Exclusion from participation in the research was based on such phrases as: “you ask the wrong man” and “I am all right.” In one case, dropping out from the diagnostic procedure was connected with a state of health of the father. In others, it was caused by the patient’s withdrawal from the rehabilitation program. The second group consisted of 104 mothers of patients with heroin drug addiction. Participation in research was offered to 129 mothers. Nineteen (19) mothers refused to participate, and 6 mothers didn't finish the procedure completely.

All the participants received the same diagnostic procedure which included: a) a preliminary conversation which established empathic contact and collected social, demographic and clinical data which described the main living conditions of the IDUs parents; b) a psychological assessment of characteristics of parents personal and family functioning; and c) specification and supplementation of the obtained data during the procedure of the “feedback”.

2.2. Measures

Within the framework of the research clinical and empirical psychological methods were applied. Testing techniques included: the Ammon Ego Structure Test, the Method of Mental Health Evaluation (MMHE), and the Family Environment Scale (FES). Team members also applied a specially designed standardized semi-structured interview.

2.2.1. The Ammon Ego Structure Test — originally «Ich Struktur Test Ammon» (ISTA) was adapted in St. Petersburg by the Bekhterev Research Psychoneurological Institute [4] — was used to measure personal functioning of addict’s parents. The ISTA is a 220-item inventory, in which each statement in it is rated by the examinees as true or not true in relation to them. The items concern the health state, mood, and characteristics of emotional feelings and actions in various life situations. The construction of the test is based on the theoretical concept of Ammon’s “personality structure” — a holistic system with different “ego functions”. ISTA contains 18 subscales united in 6 separate blocks, each of which describes activity of one of 6 central “ego-functions”: aggression, anxiety-fear, outer ”ego-demarcation”, inner ”ego-demarcation”, narcissism, and sexuality. Each of the six psychological variables is evaluated by three separate scales, which permits determination of the level of constructive, destructive, and deficit components. All the blocks include constructive, destructive, and deficit scales. Thus, the test’s statements allow recording of behavioral manifestations in which both adaptive, i.e., constructive, and maladaptive, i.e., destructive and deficit, components of individual reactions are reflected.

2.2.2. The MMHE, developed by Yu.Ya. Tupitsyn, V.V. Bocharov, B.V. Iovlev, S.P. Zhuk [4] was used for determination of “level” of mental health of opiate IDUs parents. The MMHE structural foundation consists of three integrative scales — constructivism, destructivism, deficiency. Two specially constructed indices allow comparison of the level of possible adaptation, severity of psychopathological stigmatization, and degree of the person's mental realization. The first index is a mental compensation index (which compares the level of available adaptation resources and the severity of psychopathological manifestations). The second index is a mental activity index (reflecting the correlation of values of the person's adaptation potential and the level of his or her mental activity). The Ammon Ego Structure Test has been used with the MMHE as a psychodiagnostic method for collecting the initial information.

2.2.3. The FES was developed by R.H. Moos [25]. We used the FES version translated into Russian and adapted by S. Kupriyanov [6] to assess the interpersonal atmosphere and social environment of IDUs families with respect to their relationships (Interpersonal Relationship Dimension), their patterns of growth (Personal Growth), and their organizational features (System Maintenance).
2.2.4. The Standardized Semi-structured Interview was specially designed for this research. It was used to collect relevant social, demographic and clinical information about parents and IDUs concerning early development of the patient and characteristics of the family relationships, including the relationships in the grandparents’ family (e.g. intergenerational patterns of family trauma and violence). In addition to clinical characteristics concerning history of abuse, coexisting psychiatric and somatic disorders were registered. During our research the list of characteristics was dilated in connection with identification of significant factors for the description of a life situation of addict’s relatives.

2.3. Statistical analysis

A comparative analysis of results in groups of fathers and mothers of patients with heroin addiction was conducted. A mean comparison was applied using the Student t-test and Mann-Whitney U test (given the non-normality of several item). In addition, standard mistakes were calculated. For qualitative characteristics percentages were counted. Spearman correlation coefficients were calculated between the social, demographic and clinical factors and subscales of screening tools used in the study. Also, the polar groups method was used. The significance level was defined as p < 0.05. SPSS 19 was used for the statistical analyses.

3. Results

3.1. Sample demographics

The surveyed sample of the opiate IDUs parents consisted of 48 fathers and 104 mothers. The social and demographic characteristics of parents are described in Table 1.

<table>
<thead>
<tr>
<th>Characteristics/Respondents</th>
<th>Fathers n=48</th>
<th>Mothers n=104</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age, mean (M±m)</td>
<td>57.96±0.99</td>
<td>55.56±0.46</td>
</tr>
<tr>
<td>Education, %</td>
<td></td>
<td></td>
</tr>
<tr>
<td>None or lowest formal qualification</td>
<td>2.08</td>
<td>0</td>
</tr>
<tr>
<td>Secondary education</td>
<td>8.33</td>
<td>1.92</td>
</tr>
<tr>
<td>secondary vocational education</td>
<td>31.25</td>
<td>36.54</td>
</tr>
<tr>
<td>University entry</td>
<td>12.5</td>
<td>0.96</td>
</tr>
<tr>
<td>Above university entry</td>
<td>45.83</td>
<td>60.58</td>
</tr>
<tr>
<td>Marital status, %</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>91.57</td>
<td>67.31</td>
</tr>
<tr>
<td>Single</td>
<td>8.33</td>
<td>42.31</td>
</tr>
<tr>
<td>Living with IDUs, %</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Together</td>
<td>66.57</td>
<td>94.06</td>
</tr>
<tr>
<td>Separate</td>
<td>33.33</td>
<td>5.94</td>
</tr>
<tr>
<td>Family size (children), %</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>22.92</td>
<td>41.35</td>
</tr>
<tr>
<td>2</td>
<td>64.58</td>
<td>54.80</td>
</tr>
<tr>
<td>3 and more</td>
<td>12.50</td>
<td>3.85</td>
</tr>
<tr>
<td>Parental employment, %</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not working</td>
<td>20.83</td>
<td>17.31</td>
</tr>
<tr>
<td>Working</td>
<td>79.17</td>
<td>82.69</td>
</tr>
</tbody>
</table>
Table 1 demonstrates that mothers of IDUs live together more often with them than their fathers do, that mothers have received higher education than fathers, that mothers more frequently have only one child, and mothers aren’t married in comparison with IDUs fathers, who are married.

3.2. Personal functioning of opiate IDUs parents

In order to investigate characteristics of personal functioning of parents of patients with heroin addiction, an analysis of clinical data and a comparison of ISTA results were carried out.

Figure 1 presents the average profile of ISTA scales results of fathers and mothers of patients with heroin addiction.

![Average profile of ISTA scales results of fathers and mothers of patients with heroin addiction.](image)

* Types of scales: con. — constructive, des. — destructive, def. — the deficient

Fig. 1. Average profile of ISTA scales results of fathers and mothers of patients with heroin addiction.

The data obtained showed that both parents have a prevalence of “destructive” and “deficient” scales over “constructive” on all considered basic “ego-functions”. The average values of some scales overstep the border of the normative interval that ranges from 40—60.

In a comparison of groups of fathers and mothers the opiate IDUs showed statistically significant differences on the following scales: aggression “destructive” (p<0.001) and
“deficient” (p<0.01), “Destructive anxiety” (p<0.001), “Deficient outer ego demarcation” (p<0.001), “Deficient inner ego demarcation” (p<0.05), “constructive” (p<0.01) and “destructive” (p<0.05) narcissism, and also “constructive”, “destructive” and “deficient” sexuality (p<0.001). The mothers of drug addicts demonstrated higher rates on all listed scales, with the exception of the scales of “Destructive aggression”, “constructive” and “destructive” sexuality.

The distinctions found on scales of “aggression” confirm the data from clinical interviews and reflect characteristics of IDUs mothers including sacrifices of their own plans and requirements and narrowing of the range of their interests combined with a fixation on their child’s illness. A tendency to avoid any contradictions is frequently observed in such mothers. In situations of rivalries with the requirements and interests of others, IDU mothers compromise their own values to avoid rejection or anger. In particular, mothers of IDUs complained of impossibility to refuse, to say “no”, especially to their own drug-addicted children.

Compared with IDU mothers, IDU fathers are more likely to report “Destructive aggression”, which is frequently manifested in diminished or disturbed capacity for establishing and maintaining contacts, a breaking-off with surroundings, and verbal and physical expression of anger. For example, during the interview, some fathers reported that they often could not constrain own emotions towards the addict.

This finding demonstrates distinctions in manifestations of the Ego function of aggression at parents of IDUs: IDU mothers show a prevalence of “deficient” forms while IDU fathers show a prevalence of “destructive” forms. It is important to note that when “destructive” aggression is blocked and doesn’t find discharge on an external object, it can be masochistically directed against the individual him or herself. The consequences include self-destructive behavior. Alcohol addiction was widespread among the surveyed contingent of fathers. It is also important to emphasize that “Constructive aggression” scale has low mean values in group of IDUs fathers.

As shown in Figure 1, the mean values of “Destructive anxiety” scale exceed the border of the normative interval in the IDU mothers’ sample. The data obtained, shows a more severe degree of anxiety among mothers in comparison to the fathers of addicts. Mothers subjectively connected the anxiety with the drug use of their children. They described arising anxiety as “intolerable” and said that it prevented them from concentrating on any activity. Moreover, such a life situation was perceived by mothers as “unsolvable” and was accompanied by thoughts of their own powerlessness, and frequently blaming of themselves and others.

The tendency to “symbiotic merge” with addicted child is typical for IDU mothers. And it is often combined with hypernormativity (excessive focus on social group norms, interests and rules) and neglecting the IDU mother’s own requirements to preserve goodwill from others. Described characteristics are reflected in high values on the “Deficient outer ego demarcation” scale. Thus, fathers of drug addicts, in comparison with mothers, were better able to maintain ego-boundaries.

The mean value of the “Constructive narcissism” scale does not reach the border of the normative interval in the group of IDUs fathers. In comparison with IDU mothers, IDU fathers have a lower score on scale, which reflects a “destructive” component of this ego-function. This data confirms the IDU fathers’ sense of guilt and feelings of their own failure — in a father’s role, and in self-accusations in connection with emergence of an illness of the
child — feelings revealed by fathers during the clinical interviewing. Fathers often reported regret that they “were too busy” and “didn’t find enough time for parenting”.

Mothers of addicts reported, in turn, feelings of being misunderstood and underestimated by others and a desire to avoid trust-based relationships. Hypervigilance in interpersonal communication was more characteristic.

Significant differences were found on scales of “constructive”, “destructive” and “deficient” sexuality which reflected safer ego function during sexual activity among fathers in comparison with mothers of drug addicts.

3.3. Mental health of opiate IDUs parents

In order to identify the “level” of mental health of opiate IDUs parents, the comparison of MMHE results in groups of mother and fathers was conducted. Results of the carried out comparison are presented in table 2.

Table 2

<table>
<thead>
<tr>
<th>Scales</th>
<th>M±m Fathers of IDUs n=48</th>
<th>M±m Mothers of IDUs n=104</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>«Constructivism»</td>
<td>40,69 ± 2,13</td>
<td>41,81 ± 1,02</td>
<td>No significant differences</td>
</tr>
<tr>
<td>«Destructivism»</td>
<td>25,02 ± 1,91</td>
<td>24,77 ± 0,92</td>
<td>No significant differences</td>
</tr>
<tr>
<td>«Deficiency»</td>
<td>21,96 ± 1,83</td>
<td>28,05 ± 1,03</td>
<td>&lt;0.01</td>
</tr>
<tr>
<td>«Mental compensation index»</td>
<td>-12,89 ± 1,82</td>
<td>-11,88 ± 0,96</td>
<td>No significant differences</td>
</tr>
<tr>
<td>«Mental activity index»</td>
<td>-9,88 ± 1,8</td>
<td>-13,18 ± 0,99</td>
<td>No significant differences</td>
</tr>
</tbody>
</table>

Comparison of both groups demonstrated similar “levels” of mental health in IDU fathers and IDU mothers, which, contradistinctively, differed substantially from normative sample data. Interestingly, indices of mental compensation and mental activity had normative values equal to zero and the border of the normative interval was in the range from −10 to +10.

As shown in Table 2, an expressed decrease of mean value of «Mental compensation index» in both groups of parents was revealed. According to this finding, it comes as little surprise that mothers and fathers of patients with heroin addiction have difficulties in regulating of own emotional states, which could sometimes reach the level of psychopathological manifestations. The mean value of the «Mental activity index» in the fathers sample was close to the lower border of the normative interval, while the IDU mothers demonstrated a considerable decrease of index value reflecting insufficiency of adaptation possibilities.

Significant pronounced differences between parents groups were found on «Deficiency» scale. The higher mean values of the mothers group demonstrated a lack of self-realization and minimum level of using of their own possibilities.
Analysis of the MMHE results shows considerable decrease of adaptation possibilities and degree of the mental realization, and, consequently, of the “level” of mental health of opiate IDUs parents. Accordingly, mental health is understood not merely as the absence of any mental disease or disorder, but as a state of emotional and social well-being in which the individual has enough adaptation to his environment to be able to realize available mental potential in the maximum degree. Mothers of such patients, in comparison with their fathers, are characterized by a more severe level of personality dysfunction, dysfunction manifested in significant reduction of self-realization.

3.4. Family functioning of opiate IDUs parents

Investigation of relationships in families of opiate IDUs parents was carried out using the FES.

Figure 2 demonstrates the average values of FES subscales of fathers and mothers of patients with heroin addiction.

![Fig. 2. Comparisons of FES mean values of mothers and fathers of patients with heroin addiction.](image)

Significant differences in researched groups were found on the following FES subscales: “Organization” $p<0.001$, and “Achievement orientation”, “Moral-religious emphasis” and “Control” $p<0.05$. It is important to emphasize that all above-mentioned subscales have higher scores in mothers group vs. fathers group. On subscales “Cohesion”, “Expressiveness”, “Conflict”, “Intellectual-cultural orientation”, “Active-recreational orientation” significant differences wasn’t found.

The data obtained confirms typical patterns of heroin addicts’ family functioning, revealed in clinical observation. Thus, mothers of drug addicts usually had a tendency to take a dominating position in family system. As a rule, they play the role of the head of the family, resolving financial, household and other issues of the family organization. Mothers
often make the majority of the decisions without regarding the personal preferences of the family members. This tendency arises from their symbiotic position toward family members and unawareness assumption that everybody needs the same things they do. The impossibility to control the life of their own relatives generates, for IDU mothers, a feeling of powerlessness, feelings of despair and hostility toward the world.

The result of the “Moral-religious emphasis” subscale reflects that mothers also have a tendency to show a socially acceptable “facade”. They try to embellish a real-life family situation, hiding their own emotional experiences and taking a position of hyper morality. At the same time, inconsistency in establishment of moral norms of interpersonal interaction in families of opiate IDUs is noted. Mothers’ “double standards” are reflected in justification and “covering” of crimes and immoral acts of the drug addict and creates serious challenges for the resocialization process of the addicted patient.

Fathers of opiate IDUs, contrary to IDUs mothers, typically demonstrate a “detached position” in relation to family events. This is likely caused by an unconscious and/or conscious tendency to avoid the excessive stress arising in the family in connection with the presence of the abusers.

3.5. Interrelations of social, demographic and clinical factors with characteristics of personal and family functioning of IDUs parents

In order to identify interrelations of social, demographic and clinical factors, which define the main living conditions of IDUs parents with characteristics of their personal and family functioning we tested variables which can potentially have impact on severity of dysfunctions.

We initially selected 72 variables for use in qualitative analysis as the most significant for characterization of the life situation of parents of patients with heroin addiction. Among these variables were: age of parents and IDUs, sex of the addicted child, educational level of parents and IDUs, marital status and criminal records of parents and IDUs, age of starting of use of opiates by the addicts, term of systematic opiates use, and duration of remission.

Psychological characteristics of parents (personal and family functioning) were represented by 33 scale values of questionnaires (Ammon Ego Structure Test/ Ich Structur Test Ammon, Method of Mental Health Evaluation, Family environment scale).

Interrelations between the variables and psychological characteristics were established either by analysis of correlations, or by comparison of “polar” groups. The limited length of this article does not allow presentation a fully substantive interpretation of all of the data obtained.

In this article we describe outcomes of investigation of such variables as: parental employment, sex of the addicted child, IDUs’ HIV infection, living separate/together with IDUs, as revealed by method of “polar” groups.

Investigation of influence of parental employment on their personal and family functioning revealed significant differences of ISTA and MMHE scales among working and non-working mothers of IDUs. No significant differences emerged in groups of working (n=38) and non-working (n=10) addict’s fathers.

In Figure 3, comparison of mean values of ISTA and MMHE between working and not working mothers of opiate IDUs is presented.
As shown in Figure 3, there were higher scores on the following ISTA scales: “Destructive narcissism” (p<0.01), “Deficient narcissism”, “Destructive outer ego demarcation” and “Destructive sexuality” at p<0.05. There was also an increase of the mean value on “Destructivism” and a decrease of mean value on “Mental compensation index” of MMHE (p<0.05) revealed in a group of working mothers in comparison with not working mothers. It is important to note that mothers of both groups don’t differ on mean age. Working mothers mean age was 55.29±0.46 (M±m), while mean age of not working mothers was 56.83±1.47 (M±m).

The additional stress, in connection with the need to earn money, considerably increased the severity of mothers’ personal dysfunction. It is necessary to mention that mothers, as a rule, expended everything for financial support and treatment of their addicted children. Hence, working mothers in comparison with not working mothers were more likely to feel powerlessness, grievance, despair and hostility in relation to the world around. They also reported a more significant decrease in mental health “level”, caused by the lack of adaptation resources for compensation of psychopathological manifestations. At the same time they showed safer ego-function of sexuality.
In a next step, we tested interrelations of sex of the addicted child with personal and family functioning of their parents. Significant differences between parents of boys and girls were found both in groups of mothers, and in groups of fathers.

In group of IDU mothers, differences were revealed on both ISTA and FES scales. In Figure 4 the comparison of questionnaires mean values between groups of mothers of addicted daughters and mothers of the addicted sons is presented.

![Bar chart showing mean values of ISTA and FES scales for mothers of sons and mothers of daughters.](image)

* Types of scales: con. — constructive, des. — destructive, def. — the deficient

Mean age of daughters in group of mothers was 27.68±0.61 (M±m) and mean age of sons 26.38±0.94 (М±m).

Fig. 4. Average profile of ISTA and FES values in groups of mothers of addicted sons and mothers of the addicted daughters.

Comparing both mothers groups indicated statistically reliable increase of mean values on such ISTA scale as: "Deficient anxiety", "Deficient outer ego demarcation", "Deficient narcissism" (p<0.05), and also a decreased rate of the "Independence" scale of FES (p<0.05) among mothers of addicted sons.

The data obtained reflects that mothers of addicted sons in comparison with mothers of addicted daughters, have more severe disturbance of ego-boundaries, obvious "symbiotic merge" with their addicted children, low self-esteem and a tendency to feel excitement or boredom in dangerous situations.

When comparing a group of the fathers of addicted daughters with fathers of addicted sons, a visible increase of value of "Deficient narcissism" scale (p<0.05) is noted (see fig. 5). This data shows a more severe decrease of self-esteem in fathers of addicted daughters.
Mean age of daughters in group of fathers was 30,09±1,82 (M±m) and mean age of sons 30,30±0,92 (M±m).

Fig. 5. Mean value of "Deficient narcissism" ISTA scale in groups of fathers of addicted sons and fathers of addicted daughters.

It is important to emphasize that a decrease of self-esteem is connected with the opposite sex of the addicted child in both parents groups.

The analysis of interrelations of IDUs HIV infection with social and psychological functioning of their parents was carried out on the sample of 43 fathers (19 fathers of addicts with HIV infection and 24 fathers of addicts without HIV infection) and 36 mothers (17 mothers of addicts with HIV infection and 19 mothers of addicts without HIV infection).

In the mothers sample no significant differences emerged. The differences of groups of fathers are presented in figure 6.

* Types of scales: con. — constructive, des. — destructive, def. — the deficient.

Fig. 6. Mean values of "Destructive inner demarcation" scale (ISTA) and "Expressiveness" scale (FES) in groups of fathers of IDUs with HIV — and without HIV infection.
Significant decrease of mean values on “Destructive inner ego demarcation” scale (ISTA) \( p<0.01 \), and increase on “Expressivity” scale (FES) \( p<0.05 \) was revealed in group of fathers of HIV infected IDUs in comparison with group of fathers of IDUs without HIV infection.

This findings reflects how an awareness of the possible death of the child could influence a father’s ability to realize and express his own feelings and experiences. This transformation is probably connected with experiences of more severe psychological trauma. Reconsideration of their own course of life, in connection with understanding of possible loss of a child, appears to alleviate a “detached” father’s position, as mentioned above.

The following analyses, which tested the extent to which living together with IDUs could influence on personal and family functioning of parents was carried out only in group of fathers because only 6 of the 104 mothers lived separately with their addicted children at the time of investigation.

In figure 7 results of comparison of groups of fathers living together with IDUs and separately from them are presented.

![Graph](image)

* Types of scales: con. — constructive, des. — destructive, def. — the deficient.

Fig. 7. Average profile of ISTA and FES mean values in groups of fathers living together and separately from addicts.

As it is shown in Figure 7, comparison revealed significant increase of mean values of “Destructive aggression” and “Constructive sexuality” scales (ISTA) and lower scores of “Intellectual and cultural orientation” scale (FES) \( p<0.05 \) in group of fathers living together with IDUs.

More expressed manifestations of aggression were found in group of fathers living together with addicts. This finding can be considered in a context of fathers reactions to the continuous compelled interaction with the drug user. Moreover, living together with addicts can have negative impact on social functioning of IDUs fathers and usually considerably impoverishes family leisure. Personal sexuality probably acts as a stabilizing factor for family relationships.
4. Discussion

At the present time, the significant role of microsocial factors, especially families, in the etiology and pathogenesis of drug addiction is generally recognized [3].

Investigations dedicated to family of the addict traditionally describe various types of the dysfunctional family relationships which can precede the emergence of illness, as well as being a consequence of a drug use by one family member [7].

Relatives of the drug addicts are usually explored in their interaction with the drug addict patient. Relatives often play an important supportive role in the therapeutic process, but their psychological characteristics, according to available literature, remains little investigated.

The data obtained demonstrates severe personality dysfunction in heroin addicts’ parents. Heroin addicts’ paternal dysfunctionality manifested in low self-esteem and heightened forms of “destructive” aggression, also reflected in their inability to make adequate use of personal activity. Mothers in turn were characterized by disturbance of ego-boundaries, increased anxiety and a desire to avoid trust-based relationships. The resultant data highlights the existence of personal deficiency of relatives, in particular in mothers of drug addicts [10].

The study revealed that severity of “destructive and deficient” reactions by parents is connected with their role in family system, and the degree of stress they experience is distributed according to family structure and dynamics. Thus, correlatively, mothers of addicts, in line with their maternal role, are often more involved with the patient, and thus transfer a more severe degree of stress to their children than the patients’ fathers. Similarly, mothers correlatively manifest more severe personality dysfunction and reduced level of “mental health” in comparison to IDUs fathers. Typical parents’ positions revealed within the addict’s family constellation are in line with findings on emotional distancing of addicts’ fathers [2].

Statistical analysis revealed social, demographic and clinical factors interrelated with characteristics of personal and family functioning of both parents as well as variables connected only with mental functioning of fathers or mothers.

So, the sex of the child has significant impact on functioning for both fathers, and mothers. The factor of employment is significant only for functioning of mothers, and IDUs HIV infection significantly influences only the personal and family functioning of fathers.

In conclusion it should be noted that investigation of characteristics of personal and family functioning of addicts’ relatives allows us to estimate the volume of psychological assistance required by them. Psychological assessment provides guidance for directed psychotherapeutic and psychosocial interventions.

In researching the psychological characteristics of addicts’ relatives, it is first of all necessary to pay attention to basic personality configurations such as: characterological features; self-esteem; aggression and fear metabolism; emotional state; mode of interpersonal interaction; personal sexual activity; and style of interrelations with people in the surround, especially with parents’ own addicted children.

References


