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Parental communication patterns and self-esteem in adolescents with addicted parents and control group

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ABSTRACT

Background & Aim: As a social destructive phenomenon, substance abuse causes malfunction of the family structure and, most importantly, behavioral problems and stress for children. This study was conducted to compare the parental communication patterns and self-esteem between adolescents with addicted parents and the control group.
Methods & Materials: In this descriptive-analytical study, 200 adolescents with addicted parents and healthy parents, from the same residential region, were selected by random sampling. Data collection tool was the Parental Communication Patterns Scale, and Coopersmith Self-Esteem Inventory. Data were analyzed by SPSS 20 using chi-square test and independent t-test.
Results: The mean age of the adolescents was 14.5±2.5 years in the case group, and 15.04±2.4 in the control group. Independent t-test indicated that the control group's mean score of self-esteem was significantly higher than the case group's ($P < 0.001$). The control group's mean score of conversation orientation dimension was significantly higher than the case group's, and the case group's mean score of conformity orientation dimension was significantly higher than the control group's ($P < 0.001$).
Conclusion: In light of the current study's results, it is recommended to run communication patterns and their effects on family members' mental health courses for families with parental substance abuse.

Introduction

Adolescence is transition from childhood to adulthood. In addition, adolescents are disintegrating their attachment to their childhood and trying to achieve independence by which later periods of their lives are characterized (1). During adolescence, in-depth changes occur in physical, cognitive, and psychosocial aspects that lead to a wide spectrum of needs with which adolescents are faced. Out of these needs, the need for self-esteem is particularly important such that satisfying this need can positively affect other needs (1, 2). Self-esteem is defined as having trust in one's own ability to reflect on and cope with challenges and their own right to prosper and live a happy life, feel valuable and deserved, express their own needs and desires, and enjoy the outcome of their own efforts (3).

High levels of self-esteem are associated with sensible behavior, realism, creativity, independence, and flexibility (4). Meanwhile, parents are important agents that can help their adolescent children manage the requirements of becoming independent and turn into capable adults with high levels of self-value (5). Appropriate interactions in family and the

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correct patterns of communication between parents and adolescents determine not only the adolescents' personality structure but also their behavioural patterns (6).

McLeod and Cheffy divided interfamilial interactions into conversation and orientation (7). Orientation represents the rate of adjustment and agreement over attitudes, values, and beliefs among family members, and conversation represents free and supportive conversation among family members such that each family member is encouraged to express his/her thoughts and emotions freely (8-10). However, many individual and social problems, including substance abuse, have caused disruption in the structure and function of families (11).

Parental substance abuse decreases the parents' presence in the family and eventually, leads to emotional detachment from children (12). Addicted people are not reproductive and constructive and do not hold themselves responsible for their family such that they have extremely superficial and artificial social relationships with others, and can seldom establish strong emotional relationships, loyalty, and commitments(13).

In such families, children are deprived of a stable and supporting environment in which they can foster trust and identity (3). A study demonstrated that communication network in families with parental substance abuse is impaired and the children's mental health is adversely affected (14).

Regarding the significance of identifying communication patterns in families with parental substance abuse and adolescents' mental health especially self-esteem, this study was conducted to compare the aspects of parental communication patterns and self-esteem between adolescents with substance-abusing parents referring to withdrawal clinics and a control group.

Methods

This descriptive-analytical study was conducted from November 2014 to April 2016 on two groups of 100 adolescents each; the case group with parental substance abuse and the control group with healthy parents. The sample size for each group was determined to be 100 based on similar studies (power: 90%, α: 0.05, and loss rate=20%) (15).

The Research and Technology Deputy of the Shahrekord University of Medical Sciences approved the protocol of this study (approval No. 1500) and the officials provided formal permissions to conduct it. Two centers were selected randomly.

The researcher referred to these two centers and after explaining the research purposes to their officials, the list of current substance-abusing clients of the centers was drawn and 100 of these people were selected by random sampling (drawing). Then, the researcher called the parents and if they were eligible, the adolescents filled out the questionnaires at the center.

In some cases if the parents did not give their consent for their children's presence at the centers, the questionnaires were given to the parents to have their children complete them and then return them to the centers' officials. To increase the coordination and the participants' cooperation in completion of the questionnaires, we requested for the assistance of centers' officials. 100 adolescents with healthy parents living at the same residential region were enrolled in the study and assigned to the control group. To achieve this purpose more conveniently, the researcher drew the addresses of the samples from their names' list, visited their neighborhoods, and selected a number of homes in each neighborhood by chance for referring to and having them fill out the questionnaires.

The adolescents of above 18 years old were asked to provide consent for participation in the study. The consent was taken from the parents for younger participants. Then, necessary explanations were provided for filling out the questionnaires conveniently and correctly.

The inclusion criteria were having parental (father or mother) substance abuse, being 11-21 years old, not suffering from any diagnosed diseases and mental retardation, having mental health and full consciousness (having no critical and emergency conditions during the study, no incidence of a stressful event, such as death of a beloved person within the past month, living with the parents, and not having divorced parents).

Data gathering was conducted using a demographic questionnaire, Parental Communication Patterns Scale, and Coopersmith Self-Esteem Inventory. Revised Parental Communication Pattern developed by Fitzpatrick et al. has 26 items rated by 5-point scale [from absolutely agreed (score 5) to absolutely disagreed (score 1)] to investigate two aspects of conversation orientation (15 items) and conformity orientation (11 items). Farahati et al. reported the Cronbach's alpha coefficient of this scale as 82% for conversation orientation and 80% for conformity orientation. The validity of this scale was reported as 6.48 for conversation orientation and 3.26 for conformity orientation using factorial analysis and internal consistency (10, 16).

The Coopersmith Self-Esteem Inventory is one of the most well-known instruments to measure self-esteem. This scale consists of 58 questions; 26 of which are concerned with general, social, familial, and professional issues. In addition, appropriate questions were specified for fake answers to investigate defensive reaction toward the questionnaire. The lowest and highest possible scores are 0 and 50, respectively. The closer the score is to 50, the higher level of self-esteem the respondent has. Test-retest reliability coefficients of this scale have been reported as 0.73-0.91.The validity and consistency of this instrument was found to be 92 %(17). The validity of Coopersmith Self-Esteem Inventory by test-retest method was reported as 90-93% in Delaram et al. study (18). Data were analyzed by SPSS 20 using chi-square test and independent *t*-test. The level of significance was considered at less than 0.05.

The study was approved by the ethics committee of Shahrekord University of Medical Sciences under No. 92-7-25. For ethical considerations, the aims of the study were explained to the participants, and then they completed the questionnaires if they were willing to participate.

Results

The mean age of the adolescents was 14.5±2.5 years in the case group, and 15.04±2.4 in the control group. According to t-test, there was no significant difference between the mean age of the two groups (p=0.16). The majority of the adolescents were male. In addition, most fathers were self-employed, and most mothers were housewives. According to chi-square test, there was no significant difference between the educational level of the adolescents (p=0.25), fathers (0.13), and mothers (0.11) of the two groups (Table 1).

Independent t-test indicated that the control group's mean score of self-esteem was significantly higher than the case group's ($p<0.001$), and the mean score of the parental communication patterns was significantly different between the case group and the control group ($p<0.001$) such that the control group's mean score of conversation orientation was significantly higher than the case group's, and the case

group's mean score of conformity orientation was significantly higher than the control group's (Table 2).

Table 1. Demographic characteristics

Demographic variables	Case N (%)	Control N (%)	P value
Sex			
Male	51(51)	63(63)	0.09
Female	49(49)	37(37)	
Educational level of the child			
Elementary school	19(19)	11(11)	
Secondary school	31(31)	31(31)	0.25
High school	50(50)	58(58)	
Father's Educational level			
Elementary school	16(16)	22(22)	
Secondary school	8(8)	16(16)	0.13
Diploma	37(37)	38(38)	
University degree	39(39)	24(24)	
Mother's Educational level			
Illiterate	13(13)	16(16)	
Elementary school	15(15)	23(23)	
Secondary school	13 (13)	13(13)	0.11
Diploma	38(38)	41(41)	
University degree	21(21)	7(7)	
Father's Employment status			
Self-employed	67(67)	70(70)	
Employee	32(32)	25(25)	0.15
Others	1(1)	5(5)	
Mother's Employment status			
Housewife	80(80)	85(85)	0.11
Employee	20(20)	15(15)	

Table 2. Comparison of the mean (SD) scores of self-esteem and parental communication patterns between the two groups

Variable	Group (Mean±SD)		
	Case	Control	P value
Self-esteem	25.6 ± 9.6	35.7 ± 7.3	< 0.001
Conversation orientation	39.9 ± 13.1	53.4 ± 10.1	< 0.001
Conformity orientation	36.5 ± 10.4	28.4 ± 9.3	< 0.001

Discussion

The present studfcy was conducted to compare the aspects of parental communication patterns and self-esteem between adolescents with substance-abusing parents referring to withdrawal clinics and a control group. According to the results, the mean score of self-esteem was significantly different between the two groups. Solis et al. study demonstrated that children with parental substance abuse have experienced higher levels of anxiety and depression and displayed contradictory and aggressive behaviors more frequently than their peers (19).

Overall, substance dependency disturbs psychological balance and causes psychosocial consequences among the relatives of affected people more markedly than it damages the affected people (2). Calhoun et al. study showed that children with parental substance abuse were more likely to develop certain conditions such as social isolation and low self-confidence (20). These findings can be explained by the fact that substance-abusing parents pay less attention to family relationships, appropriate and propitious interaction and decision making, and development of efficient environment in their families because of preoccupation with substance. In addition, the family members of substance-abusing parents, especially children, would feel embarrassed and ashamed, rather than proud and comfortable, in family communications in the presence of such parents (21).

Moreover, the current study demonstrated that the case group's mean score of conformity orientation was higher than the control groups. Consistently, Abbasi reported that conformity orientation communication pattern was higher in families of substance-abusing people compared to families with normal members and conversely, conversation orientation in families of substance-abusing people was low (22). Families that emphasize the conformity of beliefs and attitudes, obeying the parents, hierarchy, no open relationship, and closed interaction are more likely to have children with lower levels of resistance to risks and difficulties in adulthood. This condition is caused by the development of

certain behaviors and thoughts such as hostility and evading difficulties (23).

Basically, in families that are not committed to making conversation and pay low values to communications or maintaining and supporting the unity of the family, the interactions among family members are low and the parents are not sufficiently interested in their children's decisions and establishing a relationship and conversing with them (3).

In addition, this study showed that the parents of the case group had significantly lower conversation skills than those of the control group. Consistent with this study, another study demonstrated that family conversation orientation predicted the severity of conflicts in adolescents negatively and significantly; more clearly, in families with higher levels of conversation orientation, adolescents perceived less negative emotions and hostile interactions with their parents throughout conflicts with them (24).

Moreover, in families with higher scores of conversation orientation, the members were reported to relate to each other more freely and express their emotions to each other more comfortably so that they could display higher levels of resistance, coping, and flexibility in facing difficulties and traumas (25).

Open and positive relationships between parents and adolescent children would lead to increased intimacy between them and help them resolve problems, issues, and conflicts in a flexible and intimate environment. Coherent and flexible family environment facilitates parent-adolescent negotiation and prevents the escalation of conflicts. In addition, healthy families encourage adolescents to make decisions in challenging conditions bravely by providing supportive material and spiritual environment for their children. Children in such families would feel accepted by their family and value themselves (26).

The most important limitation of the present study was that some parents did not consent to have their children fill out the questionnaire. However, the researcher mitigated this limitation by requesting the experts of the clinics to negotiate with these parents so that they would provide consent for their children's participation in the study.

In the light of the present findings, conversation-based communication pattern enables families to provide an open environment for family relationships, reduce tensions in parent-adolescent relationships, and help improving adolescents' mental health, especially self-esteem. Therefore, it is recommended to hold training sessions on communication patterns and their effects on family members' mental health for families with parental substance abuse.

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Conflict of Interest

The authors declare that they have no conflict of interests.

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