

A Study of Family Environment and Depression among Drug User and Non-User Adolescents

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Abstract- The main purpose of this research was to find out a family environment and depression among drug users and non-users. The 30 drug users and 30 non-users were taken as a sample. The research tool for family environment was measured by Joshi and Vyas (1987). While the tool for depression Beck depression inventory (1961) was used. Here 't' test was applied to check the significance of family environment and depression in drug users and non-users.

Results revealed that significant difference in factors of family environment and depression with respect to both drug user and non-user.

Index Terms- Family Environment, Depression

I. INTRODUCTION

The problem of drug addiction has become a threat all over the world including India. The non-medical use of drug is a menace for all the societies and has attracted the attention of the people from the different sections of the society. It is the focus of almost every individual whether he belongs to academics, administration, social worker, and researcher. Adolescent drug use has been the focus of numerous studies in recent years and it has been reported that the use of drug during adolescence may "interfere with normal cognitive, emotional and social development" (Guo, Hill, Hawkins, Catalono and Abbott, 2002).

Home is principal context in which human development occurs; it is one of several environments or ecological systems that influence human's lives Rich (1998). Home plays an important role in the personality development of human is undergoing structural, emotional and interactional transformation. Home occupies the first and the most significant place for the development of the human. Home is the first environment with which human interact from birth take place, family members like mother, father and other members influence each other, directly and indirectly (Minuchin, 2002).

Home is critically important in providing human with stimulation, support and nurturance (Pelto et al., 1999). These qualities, in turn, are influenced by the resources that families have to devote to human raising and care environment in the opinion of Epstein and Frankin (1970) is a social, cultural and physical condition. It is one of the most important sources to develop one's personality.

The family is traditionally seen as the basic foundation of society, generally, family can be seen as a group of people who have biological, emotional or legal ties to each other (Bauserman, 2002). In different cultures the term "family" may

mean different things and a wide variation of families, usually people of two generations and two genders are involved (Clechettl et al. 1995). From it stem the attitudes and behavior, habits that set the pattern for social development and adjustment. The child in the family is the recipient of whatever constructive influences may result from the interrelations of his family with the social order.

In the present world of worry and tension majority of people are suffering from depression. The prevalence of depression is increasing day by day. Depression in adolescence has become a subject of considerable research over the past few decades. The spectrum of the disease can range from simple sadness to major depressive disorder. The clinical features of adolescent depression are similar to those of adult depression apart from the fact that melancholic and psychomotor disturbances being rare in depressed adolescents. Various risk factors have been linked to depression in adolescents, comprising of social factors, family environment. Personality type and genetic factors along with stressful like events.

The term depression is used in everybody language to describe a range of experiences from a slightly noticeable and temporary mood decrease to a profoundly impairing and even life threatening disorder "depression is a state of mind, or more specifically, a mental disorder characterized by lowering of individual's vitality, his mood, desires, hopes, aspirations and of his self-esteem. It may range from no more than a mild of tiredness and sadness to the most profound state of apathy with complete psychotic disregarded for reality." (Mendeissohn, 1963)

Rosenfield (1985) defines depression as a feeling of sadness, hopelessness worthlessness and guilt reproach. According to Pestonjee (1999) depression is an emotional state of dejection, feeling of worthlessness and guilt accompanied by apprehension.

Depression literally meaning 'lowering and dejection' (Webster, 2010) it is defined "as psychoneurotic disorder or or psychotic disorder marked especially by sadness, inactivity, difficulty in thinking and concentration, a significance increase or decrease in appetite and time spent sleeping, feeling of dejection and hopelessness and sometimes suicidal tendencies, a reduction in actively amount, quality or force, a lowering of vitality or functional activity."

Among psychological factors in the life of a adolescent family environment is the most crucial, as family is the smallest unit, representing the cultural / cultural differences. Therefore, for determining adolescent depression, role of family environment can not be ignored. Poor family relationship are psychological hazards at any age, but especially so during adolescence because at this time boys and girls are typically

ensure of themselves and depends on their families for feeling of security.

Even more important, they need guidance and help in mastering the developmental task of adolescence. When family relationships are marked by friction, feeling of insecurity are likely to be prolonged and adolescents will be deprived of the opportunity to develop poise and more mature pattern of behavior (**Hurlock, 1981**). Several studies have shown that insecure attachment and parenting characterized by coldness, rejection, harsh discipline and unsupportive behavior is positively related to adolescent depressive symptoms.

Depression and drug addiction are responsible for significant loss in terms of health and economy through out the world (**WHO, 1998**). Drug addiction dependence is a major health problem having prevalence of approximately 120 millions and causes wide variety of personal, financial and social disabilities in patient (**Akishal, 2000; Vonkroff, 1992**). Similarly depressive disorder is a common disabling condition, afflicting 20% of women and 12% of men at sometime during their life (**Schonfed et al., 1997; WHO, 1998**). Addiction more during interpersonal stress to cope up with the situations. Drug addiction and depression are considered to be disorder of same spectrum and various researchers have considered drug addiction and depression expression of same disorder, having psychological vulnerability as a common denominator (**Hensel and Dunner, 1979; Davidson et al., 1989**). Further common genetic link has been found between drug addiction dependence and depression and these have been established as diseases of same spectrum (**Cadoret et al., 1996**).

Drug abuse is a complex contemporary social problem. Its complexity derives in part from the impact it has on the individual user psychologically, socially, and biologically in part from its effects on society, law, economics and politics (**Schilit and Comberg, 1991**).

Addicts give opinion that their parents hardly have any time for them. This may not be directly linked with addiction but certainly could be a factor of family alienation and hence indirectly could be responsible for addiction. Drug habit of elders and particularly of parents is an important factor for the status-imitation for the child and fathers habit in particular, influenced the male children (**Grichting and Barber, 1989; Ministry of welfare, Government of India, 1992**). Broken families, tension in family relationships, lack of parental control over children, addiction among parents have been cited as some of the family conditions conducive to drug abuse. It is inferred that stressful life combined with inadequate social support is also one of the major predisposing causes of drug addiction. Young people seek to become established and achieve independence. In this period they face many problems. Such Social, family and economic problems. Lack of job, home sick-ness, transfer of job, loose parental control, disturbed and broken exposure to drugs, out of schools etc. are the factors related with high risk for drug abuse (**Forney, et. al. 1990**). Thus, in the modern world of today, youth are facing difficulty, even adult decisions at a much earlier age (**Menon, 1989**).

The drug users are more susceptible to feelings of alienations low self worth and resentment. All these problems leads to a variety of social and psychological problems such as delinquency, depression and drug use (**Miller, 1990**). They do

not perceive the situations realistically nor do they execute the response effectively, drug addicts lose their capacity to discharge normal functions to words their family and society. They develop the tendency of carelessness due to which discrimination between good and bad, and capacity to initiate is lost by an individual.

II. OBJECTIVES

The main objectives of study were as under :

1. To measure the family environment among drug users and non-users adolescents.
2. To measure the depression among drug user and non-users adolescents.

III. NULL-HYPOTHESIS

To related objectives of this study null-hypothesis were as under:

1. There is no significant difference in family environment among drug users and non-users adolescents.
2. There is no significant difference in depression among drug users and non-users.

IV. METHOD

TOOLS

For this purpose the following test tools were considered with their reliability, validity and objectivity mentioned in their respective manuals. In present study two inventory used in research.

(A) Family Environment Scale : The family environment scale was made by **Moss and Moss, 1974**. Hindi adaptation and standardization by **Joshi and Vyas (1987)**. Reliability and validity of this scale was very high. This scale 10 factors was measured.

(B) Beck Depression Inventory (BDI) : (**Beck, Ward, Mendesin, Mock and Drbaug, 1961**) It is comprised of twenty one items. Although the inventory was designed as a clinical instrument but in practice it is frequently used to dichotomies subjects in to drug user and non-user group. This inventory has test-retest reliability coefficient ranging from 0.74 to 0.83 on different time intervals and positively correlated with hamilton depression rating scale with a pearso of 0.71. Gujarati addaption by Sardar Patel University in Gujarat (1990). This is 4 point scale reliability and validity of Gujarati adaption was 0.80 and 0.65.

V. SAMPLES

According to purpose of present study 30 drug users and 30 non-drug users were taken from different universities and colleges of Gujarat State. Age range of sample was 17-26 years, they were from under graduate and post-graduate classes and were matched on income and caste.

VI. PROCEDURE

According to purpose of present study, for data collection. The investigator explained the purpose of the study to the subjects. For these total 30 drug users and 30 non-drug users adolescence were taken as a sample from different universities and colleges of Gujarat State. Family environment scale and depression inventory was administered to drug users and non-users adolescents the investigator assured them that their responses would be kept strictly confidential and would be utilized for the research purpose only. After these the date were collected individually.

VII. RESEARCH DESIGN

The aim of present research was to a study of family environment and depression among drug users and non-users adolescent. For this 30 drug user and 30 non-user adolescent were taken as a sample. To check difference in home environment and depression among drug users and non-users t-test method was used. The result discussion is as under.

VIII. RESULT AND DISCUSSION

The main objective of present study was to a study of family environment and depression among drug users and non-users adolescents. In it statistical 't' method was used. Result discussion of present study is as under:

Table - 1
Comparison of scores on Family Environment Scale of the Two Groups (N = 60)

Sample Group		Coh.	Exp.	Con.	Ind.	A.O.	I.C.O.	A.R.O.	M.R.E.	Org.	Cont.
A = Drug users (N=30)	M	14.11	16.60	28.40	16.56	16.10	16.20	17.20	17.80	14.40	18.50
	SD	4.64	3.47	4.30	4.80	4.25	5.59	3.40	4.80	3.62	3.87
B = Non-users (N=30)	M	27.11	17.80	17.86	23.85	18.99	18.30	23.40	25.80	24.80	19.85
	SD	6.50	6.60	3.89	6.46	4.90	8.28	4.85	6.00	4.03	4.79
't' value		9.11**	8.20**	8.26**	4.40**	5.80**	3.80**	9.80**	8.56**	9.53**	10.63**

** P < 0.01
* P < 0.05

- Cho - Cohesion,
- Con. - Conflict
- A.O. - Achievement orientation
- I.C.O. - Intellectual Cultural Orientation
- A.R.O. - Active Recreational orientation
- M.R.E. - Moral Religious Emphasis
- Org. - Organisation,
- Exp. - Expressiveness
- Ind. - Independence
- Cont. - Control

The result obtained on the basic area of family environment reveals significant difference of drug users and non-users.

In cohesion non-drug users received higher mean score **27.11** as compared to the drug users **14.11**. The standard deviation score of drug users received **4.64** and the non-drug users received **6.50**. So we can say that non-drug users are better cohesion to compared drug users. The 't' value of cohesion is **9.11**, significant difference (P < 0.01).

In expressiveness non-drug users received higher mean score **17.80** as compared to the drug users **16.60**. The standard deviation score of drug users received **3.47** and the non-drug users received **6.60**. So we can say that non-drug user are better expressiveness to compared drug users. The 't' value of expressiveness is **8.20**, significant difference (P < 0.01)

In conflict drug users received higher mean score **28.40** as compared to the non drug users **17.86**. The standard deviation score of drug users received **4.30** and non-drug users received **3.89**. So we can say that drug users feel high conflict to compared non-drug users. 't' value of conflict is **8.26**, significant difference (P < 0.01).

In independence non-drug users received higher mean score **23.85** as compared to the drug users **16.56**. The standard deviation score of drug users received **6.80** and non-drug user received **4.46**. So we can say that non-drug are independence to compared drug users. 't' value of independence is **4.46**, significant difference (p < 0.01).

In achievement orientation non-drug users received higher mean score **18.99** as compared to the drug users **16.10**. The standard deviation score of drug users received **4.80** and non-drug user received **6.46**. So we can say that non-drug users are more achievement orientation to compared drug users. 't' value of achievement orientation is **5.80**, significant difference (P < 0.01). In intellectual cultural orientation non-drug users received higher mean score **18.30** as compared to the drug users **16.20**. The standard deviation score of drug users received **5.59** and non-drug users received **8.28**. So we can say that non drug users are more intellectual cultural orientation to compared drug users. 't' value of I.C.O. is **3.80**, significant difference (P < 0.01).

In active recreational orientation non-drug users received higher mean score **23.40** as compared to the drug users **17.20**.

The standard deviation score of drug users received **3.40** and non-drug users received **4.85**. So we can say that non-drug users are more active recreational orientation to compared drug users. 't' value of A.R.O. is **9.80**, significant difference ($P < 0.01$).

In moral religious emphasis non-drug users received higher mean score **25.80** as compared to drug users **17.80**. The standard deviation score of drug users received **4.80** and non-drug users received **6.00**. So we can say that non-drug users are more moral religious emphasis as compared to drug users. The 't' value of M.R.E. is **8.56**, Significant difference ($P < 0.01$).

In organization non-drug users received higher mean score **24.80** as compared to drug users **14.40**. The standard deviation score of drug users received **3.62** and non-drug users received **4.03**. So we can say that non-drug users are good organizational as compared to drug users. The 't' value of organization is **9.53**, significant difference ($P < 0.01$).

In control non-drug users received higher mean score **19.85** as compared to drug users **18.50**. The standard deviation score of drug users received **3.87** and non drug users received **4.79**. So we can say non drug user have more control power as compared to drug users. The 't' value of control is **10.63**, significant difference ($P < 0.01$).

It is clearly revealed from Table-1 that there is a significant difference in family environment on drug users and drug non users. Evidence of research finding given by **Ravi Gunthey and Manish Jain (1998)**, Conduct study of 20 drug users and 20 non-drug users. Result was same as present study. It is also supported by **Doshi (2009)** conducted study on 25 drug users and 25 non-drug users. Result also same as present study.

Some findings indicate that the drug users are more aggressive, not make their own decisions and are neither helpful nor competitive. They ignore religious issues and have no set of clear organisation. The non-drug users are calm, provide help for one another, have feelings of responsibility, actively participate in social and cultural activities. They possess clear set of organisation and structure in planning family activities. **Hoffmann (1993)** report that peers have the strongest effect on adolescent drug use, yet parent-child involvement and family structure also have a direct effect.

can say that drug users are more depressive to compare to non-drug users.

It is clearly revealed from Table-2 that there is a significant difference in depression on drug users and non-users. In simple terms it can be concluded that drug users are more depressive as compare to drug users. Evidences of research findings given by **Joshi (2010)** conducted study on 20 drug user and 20 non-drug users in titled 'A Study of Depression on Drug users and Non-users.' The result was same as at present study. Therefore, we can say that a present finding is supported by **Joshi (2010)**.

IX. CONCLUSION

We can conclude by data analysis as follows :

There were significant difference in family environment factors among drug users and non-users. There were significant difference in depression among drug users and non-users. The drug users are more depressive to compare the non-users.

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Table - 2

Depression of Drug Users and Drug Non-users (N=60)

	Sample Groups	N	Mean	SD	t
A	Drug Users	30	24.80	8.71	3.46**
B	Non-drug Users	30	18.95	5.24	

* $P < 0.05$

** $P < 0.01$

The result obtained on the basic area of depression reveals significant difference of drug users and non-drug users.

The drug users received higher mean score **24.80** as compared to thenon-drug users **18.95**. The standard deviation score of drug users received **8.71** and non-drug users received **5.27**. The t-value is **3.46**, significant difference ($P < 0.01$). So we

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