Research Article

Examining Perceived Social Support, Positive Affection, and Spirituality, as Resilience Factors, Among Boys of Drug-Dependent Fathers

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Abstract

Background: Addiction is an anomaly with different clinical, behavioral and cognitive symptoms, in the development of which, social and psychological factors, on one hand, and biological and pharmacological factors, on the other hand, are involved.

Objectives: The present study aimed to examine perceived social support, positive affection, and spirituality, as resilience factors, between two groups of drug dependent and nondependent males, who had drug dependent fathers.

Methods: This descriptive study had a correlational design. The statistical population included all boys aged 16 to 24 years old, who had drug dependent fathers in Saravan, Iran. The sample constituted of 91 subjects selected through applying the snowball sampling method (31 drug-dependent males (the low resilience group) and 60 nondependent males (the high resilience group)). The measurement tools were the medical outcomes study (MOS) social support scale, the positive and negative affect schedule (PANAS), and the spirituality questionnaire (SQ). Analysis of Variance (ANOVA) was used for data analysis.

Results: The results indicated that the mean score of perceived social support of the group with high resilience (M = 76.6) was higher than that of the group with low resilience (M = 45.6). Moreover, the mean score of positive affection of the nondependent group (M = 76.8) was higher than that of the drug dependent group (M = 43.8). Additionally, the mean score of spirituality of the nondependent group (M = 98.8) was higher than that of the drug dependent group (M = 77.8). These differences were all statistically significant (P $\leq$ 0.01).

Conclusions: Accordingly, enhancing teenagers' positive affection, perceived social support, and spirituality by their families or through instructions, could help solve their problems and can increase their resilience.

Keywords: Resilience, Perceived Social Support, Positive Affection, Spirituality, Drug Dependence

1. Background

Drug abuse is one of the main issues in medical and psychiatry fields; a worldwide tragedy with extensive resources used to fight against it and compensate its damages, which have crossed all cultural, familial and social boundaries and threatened human health (1). Although the role of family disorganization and addicted parents in teenagers' tendency towards drug abuse is wildly known, it seems that various protective mechanisms, including perceived social support, positive affection, and spirituality, can neutralize the effect of readiness for drug abuse and can lead to create resilience in adolescents against drug abuse.

Resilience is a positive adaptation to a stressful situation. Masten defined resilience as a process, a capability or an outcome of a successful adaptation to a threatening situation (2). Resilience is a positive adaptation to an unfortunate condition (3). It is an active and constructive partic-ipation in the environment, i.e. an ability to maintain the bio-psychological balance in hazardous conditions (4). By increasing psychological health, perceived social support acts like a shield against relapse after a treatment (5, 6). Social support is interpersonal exchanges among members of a social network in the form of bilateral and informal relations. It usually occurs spontaneously and is beneficial. It also has functional and structural domains. Perceived social support reflects people's opinions on the provided support and the size of the social network (7). Davos and Jason showed that abstinence from drug abuse was positively associated with perceived social support (8). Another study indicated that social support provided by peers and adults in religious communities could prevent adolescents from engaging in high-risk behaviors (9).

Several studies have shown the relationship between social support and resilience. Carbunel indicated that resilience and social support were correlated among youth prone to emotional problems and the growth of resilience

processes can be effective in decreasing emotional problems and psychological stress among youth (10). In a content analysis, conducted to investigate resilience, Masten and Coatsworth demonstrated that support factors affected resilience and mental health (11). In another study aimed to identify preventive family factors among Hispanic youth at risk of alcohol use, the results revealed that family factors (including family connectedness, family supervision, and parental attitudes towards their child's alcohol use) were highly linked to alcohol use especially among Hispanic females. Moreover, the results of this study indicated that improving the parent-youth connections can have positive long-term impacts on decreasing their alcohol use and promoting their resilience (12). Other studies showed that enhancing the level of perceived social support led to an increase in the level of resilience and aided people in coping with their problems and emotions (13, 14). The results of another study demonstrated a positive and significant relationship between social support and resilience among people with substance abuse (15).

On the other hand, positive affection is defined as a pleasant state or favorable mood (16). A number of studies have examined other factors including positive affection and lack of drug dependence. In this line, Myers, in the USA, proved a moderate correlation between happiness and religious activity engagements. This can be due to various reasons including the rational that religious and spiritual beliefs create meaning through providing a coherent belief system, i.e. when a person encounters life adversities, pressures, and significant losses, he/she can create a meaning through applying spiritual and religious beliefs. By employing these spiritual and religious beliefs, an individual develops more effective coping skills and avoids inefficient behaviors such as drug abuse (16).

The results of a previously conducted study revealed that positive affection was able to positively predict resilience (17). Research showed that positive affection and optimism were significantly correlated with resilience (18). Moreover, it was demonstrated that resilience was effective in facilitating positive emotions and reducing negative emotions (19). Through increasing positive affection, resilience indirectly promotes the level of psychological well-being. Therefore, positive affection plays a mediating role in the relationship between resilience and psychological well-being (20). Furthermore, a previous study proved that positive affection and resilience were positively related and negative affection and resilience were significantly and diversely correlated (21).

Spirituality is an important and effective dimension of individual and family health (4). Two psychiatrists and psychotherapists, Zohar and Marshall, presented the concept of spiritual intelligence by combining psychological,

philosophical and religious concepts. They argued that spiritual intelligence is an intelligence that can expand and improve our position and activities (22). A negative significant correlation between religiosity and drug abuse was reported in various studies. For instance, Gartnet et al. (23) and Marsiglia et al. (24) indicated that having religious tendencies and beliefs was associated with prevention and reduction of smoking and alcohol and drug abuse.

Studies have shown that spirituality can predict resilience in families (25). In the same line, the results of several studies indicated a positive and significant relationship between spirituality and resilience and positive and significant relationships among spiritual intelligence, spiritual well-being, and resilience (26, 27). Additionally, spiritual group therapy was effective in promoting resilience among females, and enhancing the level of spirituality led to an increase in people's resilience (28, 29).

Moreover, it seems that resilience may be affected by factors including social support, positive affection, and spirituality. Findings indicated that resilience might be a protective factor against stressful events, family disturbances, and parental drug dependence. For example, resilient people were less likely to be attracted to risk-taking behaviors such as drug abuse (30, 31). It seems that a number of children of drug dependent parents, due to their stressful family conditions, have high levels of resilience and do not involve themselves in risk-taking behaviors such as drug abuse. Because of the prevalence of drug abuse in a number of families and children, it is essential to determine factors affecting the prevention of drug abuse in children that have drug-dependent families in order to provide useful and practical solutions for improving the health of these children.

2. Objectives

The present study aimed to examine perceived social support, positive affection, and spirituality, as resilience factors, between two groups of dependent and nondependent young males, who had drug dependent fathers. The current study sought to determine whether there are any significant differences between two groups of drug dependent and nondependent young males, who had drug dependent parents in resilience factors including perceived social support, positive affection, and spirituality.

3. Methods

This descriptive study followed a correlational design. The statistical population constituted of all males aged 16 to 24 years old, who had drug dependent fathers in Saravan, Iran. The sample included 91 boys selected through

applying the snowball sampling method. Therefore, initially, by referring to the only rehabilitation camp in Saravan, the researcher obtained access to a number of addicts and their families. Then, these families introduced the researcher to other families with drug dependent parents. In this manner, a number of young males with drug dependent fathers were identified. Next, all the families with at least one drug dependent parent whose sons were aged from 16 to 24 years old were included in this study. One boy was interviewed from each family. Considering the boys' and their families' reports, some of these boys were drug dependent and others were nondependent. In this regard, 31 drug dependent boys (as the low resilience group) and 60 nondependent boys (as the high resilience group), who had drug dependent fathers, were selected. Then, the researcher, who was from Saravan and was fluent in the local language, visited the participants and explained the objectives and methods of gathering the data. Those cases, which were eager to take part in this study, completed the questionnaires individually in the presence of the researcher. The participants were assured that the data would only be used for academic purposes and would remain confidential. To examine the differences between the groups under study, analysis of variance (ANOVA) was used.

3.1. Measurement Tools

3.1.1. The Medical Outcomes Study Social Support Scale

The perceived social support scale was developed in 1991 by Sherbourne and Stewart to assess medical consequences. This scale examines the level of perceived social support. It includes nineteen items and five subscales. These subscales consist of tangible support (evaluating material and behavioral aid), emotional support (examining positive affection, sympathy, and encouraging someone to express his/her feelings), informational support (examining feedback, guidance and information), affectionate support (examining love and affection), and positive social interaction (investigating an individual's engagement in entertaining activities with others) (32). This is a Likert-type scale in which the lowest score is 19 and the highest score is 95. Using Cronbach's alpha, the reliability of the scale and the subscales were reported from 0.74 to 0.94 (26). In Brazil, the Portuguese version of the scale had shown good internal consistency, stability, and construct validity and it has been deemed appropriate for applying in studies conducted on the association between social support and outcomes related to health (33). The internal consistency of the social support subscales varied from 0.75 to 0.91 and the results of the test-retest reliability ranged from 0.86 to 0.93 (34).

In a study conducted on an Iranian population, the Cronbach's alpha coefficient of this scale was obtained as 0.93 (35). In another study, using the Cronbach's alpha coefficient, the reliability of the scale was reported as 0.83 (36). In this study, the alpha coefficient of the scale was 0.81.

3.1.2. The Positives and Negative Affect Schedule (PANAS)

The Positives and Negative Affect Schedule (PANAS) is a self-reported tool with 20 items that was designed by Watson et al. Each item is rated on a five-point Likert-type scale, ranging from 1 (very slightly) to 5 (extremely). For each part of positive and negative affection, ten items are considered. These subscales were applied to assess positive and negative affection in a non-clinical sample. The obtained results confirmed the validity and reliability of the scale. A study, which examined the validity of negative affection, reported that its correlation with Hawkins Signs was 0.72; however, its correlation with the overt anxiety scale was -0.35 (37). Using the Cronbach's alpha, Crawford and Henry reported that the reliability of subscales of positive and negative affection was 0.89 and 0.85, respectively (38). In their study, Lelotain et al. reported that the Cronbach's alpha coefficient of this scale was 0.89 (39). Using the Cronbach's alpha coefficient and the test-retest method, Mozafari reported that the reliability of the positive and negative affection was respectively, 0.83 and 0.82 (40). In the current study, the Cronbach's alpha of this scale was 0.80. Moreover, for positive affection, the Cronbach's alpha coefficient was 0.68.

3.1.3. The Spirituality Questionnaire (SQ)

This questionnaire was developed by Parsian and Dunning Nasrin in 2009 to evaluate the importance of spirituality and its various dimensions. It is a self-report tool and in each item, subjects should determine their level of agreement or disagreement on a four-point Likert-type scale (1 = totally disagree to 4 = totally agree). The spirituality questionnaire has 29 items and 4 subscales including self-awareness (10 items), the importance of spiritual beliefs in life (4 items), spiritual activities (5 items), and spiritual needs (9 items). The overall Cronbach's alpha of the questionnaire was 0.94 and the Cronbach's alpha coefficients of self-awareness, the importance of spiritual beliefs in life, spiritual activities, and spiritual needs were 0.91, 0.91, 0.80, and 0.89, respectively. By using the test-retest method, during a 10-week period, no significant differences were found between the scores of the first and the second assessments. This suggests that the questionnaire is reliable. In addition, the validity of this questionnaire was examined through applying the content validity and formal and structural methods, the results of which indicated that this questionnaire had good validity (41).

76.88) and spirituality (M = 98.80) were all higher than that of the drug dependent boys.

The main prerequisite for conducting multivariate analysis of variance is carrying out the Levene's homogeneity test, the results of which are presented Table 3. The results reveal that there is no significant difference between the variances of the two groups in social support, positive affection, and spirituality.

Table 3. The Levene's Test of Equality of Error Variances[a]

Variables	F	df1	df2
Social support	2.393	1	88
Positive affection	2.40	1	88
Spirituality	0.65	1	88

[a]$P \geq 0.05$.

The results presented in Table 4 indicate that there is a significant difference ($P \leq 0.000$) between the two groups of nondependent boys (with high resilience) and dependent boys (with low resilience). The means of the nondependent boys on social support (M = 76.60), positive affection (M = 76.88) and spirituality (M = 98.80) are all greater than that of the drug dependent boys.

5. Discussion

The results indicated that there was a significant relationship between the means of these two groups of drug dependent and nondependent boys on perceived social support, positive affection, and spirituality. This finding is in line with the results obtained from several previously conducted studies (10-15, 17-21, 25-28).

Resilience is one of the factors that protect teenagers from psychological problems. Recently, researchers became aware of the role of positive and protective factors in teenagers' lives and their impacts on drug abuse (44). This change of direction towards protective factors is associated with conducting many researches on resilience (13, 45).

Numerous studies have shown that perceived social support can reduce the effects of stress and improve a situation. The relationship of social support with resilience can be effective in decreasing emotional problems and psychological stress among young people (10-15).

Affection plays a complex role in creating dependency. Tendency towards drug abuse can be due to high levels of negative affection and/or low levels of positive affection. Abusing drugs usually creates a level of positive affection and mood. Hence, drug abuse will repeat and dependency

4. Results

The descriptive results indicate that 34.1% of the subjects were drug dependent and 65.9% were nondependent. With regards to their level of education, 51.6% of the subjects had finished junior high school and 1.1% had a master's degree. With respect to age, the highest frequency was 17.6%, related to people aged 16 years old and the least frequency was 3.3%, related to people aged 23 years old. In this regard, the age group of 16 to 19 years old had the highest frequency (63.8%) (Table 1).

Table 1. The Frequency and Percentage of the Subjects Based on Their Age and Level of Education

Variables	Categories	No. (%)
Age, y	16 - 19	58 (63.8)
	20 - 24	33 (36.2)
Level of education	Junior high school	47 (51.6)
	Senior high school	36 (39.6)
	B.A. and M.A.	8 (8.8)

To examine the mean differences between the two groups of drug dependent and nondependent boys considering the variables under study, the analysis of variance (ANOVA) was used (Table 2).

Table 2. The Means and Standard Deviations of Social Support, Positive Affection, and Spirituality[a]

Variables	Drug Dependent Boys	Nondependent Boys
Social support	45.6129 ± 17.87116	76.6000 ± 14.06305
Positive affection	48.9667 ± 13.94196	76.8833 ± 9.29022
Spirituality	77.8065 ± 10.82719	98.8000 ± 11.70513

[a]Values are expressed as mean ± SD.

Table 2 shows that the means of the nondependent boys on social support (M = 76.60), positive affection (M = 76.88) and spirituality (M = 98.80) were all higher than that of the drug dependent boys.

Table 4. The Results of Analysis of Variance Conducted to Examine Social Support, Positive Affection, and Spirituality Among Dependent and Nondependent Boys

Variables	Type III Sum of Squares	Df	Mean Square	F	Partial Eta Squared	Error
Social support	18605	1	18605	77.85[a]	0.46	21029.10
Positive affection	15586.80	1	15586.806	127.84[a]	0.59	10729.29
Spirituality	624929.08	1	624929.08	65.98[a]	0.43	11576.56

[a]$P \leq 0.001$.

will occur. Therefore, when a person has stable positive affection, he/she usually does not use drugs to create positive affection. In fact, the correlation between positive affection and drug dependency arises when the level of positive affection is too high or too low (46). As Cheetham et al. stated, drug dependence and positive affection are only related when the level of affection is too high or too low. Some who experience high levels of positive affection may abuse drugs for seeking variety. Since they experience high levels of positive affection, they generally do not consider the risk of drug dependency. On the other hand, when the level of positive affection is too low, abusing drugs increases the level of positive affection. Once the level of positive affection increases due to drug abuse, abusing drugs is needed again to enhance the level of positive affection and therefore dependency occurs (46). In addition to these findings, the results of a number of studies (17-21) indicated a positive and significant correlation between positive affection and resilience and revealed that positive affection was able to predict resilience among people.

Studies indicated that religion can act as a shield against drug abuse by providing specific behaviors and life style. Religion, as an internal force, is a key factor for avoiding drug abuse. Ultimately, religion can create a value system that is superior to all other values including drug abuse. Therefore, conviction to religious beliefs can reduce the tendency towards drug abuse. The significant negative correlation between religion and drug abuse has been mentioned in various studies. In the same line, the results of the current study confirmed this correlation as well. This means that religious beliefs were associated with prevention and reduction of smoking and alcohol and drug abuse (23-27).

Accordingly, it can be concluded that increasing social support, positive affection, and spirituality plays a significant role in enhancing teenagers' resilience to drug abuse. Thus, it is recommended that organizations and institutes, which are related to prevention of drug abuse, pay more attention to increase the levels of social support, positive affection and spirituality in order to enhance teenagers' resilience to drug abuse. In this regard, they have to provide training opportunities and workshops for families,

institutions, and organizations, which are involved with teenagers and young adults.

The current study was limited to Saravan, the people of which have the local culture of Baluchistan. Saravan has long and impassable borders with Pakistan, which may be away from the supervision of the armed forces of the two countries. As a result, it is considered as a safe path for drug smugglers. Therefore, cheap drugs are available to drug users. Although this may influence the incidence of drug dependence and people's attitudes towards drug use, this variable was not controlled in the present study.

Determining the participants' drug dependence was conducted based on self-report and there was no way to verify the accuracy of the reports. In addition, the impact of the time these people were aware of their parents' drug dependence, the separate influence of drug dependence of a mother or a father, and the effect of parental drug dependence on girls and boys and/or on various children in a family were not examined. On the other hand, the independent variables were investigated at a certain point in time; therefore, caution should be exercised in generalizing the obtained data.

Acknowledgments

Footnotes

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