Determine the Prevalence Rate of Personality Disorders in Drug Dependent Individuals and Their Children


Background: the present research aims to determine the prevalence rate of personality disorders in drug dependent individuals and their children; hence, the method used is descriptive and inferential. Population: the research population includes all the individuals who are dependent on drugs and their children who refer to drug rehabilitation centers. Sample and sampling: the sample that comprise 115 individuals referring to drug rehabilitation centers is selected based on Morgan table and through random cluster sampling. The selected sample was then assessed for 3 months. The research tool: Personality disorder questionnaire (PDQ4) was designed and developed by Steven. E. Hillier in 1984. This 99-item questionnaire that encompasses 14 scales is a self-report questionnaire that is designed based on true and false answers, Result: there is no significant between fathers and children in terms of the level of Paranoid, Schizotypal, Histrionic, Narcissistic, Avoidant, Dependent, Negative, and significant is Schizoid, Borderline, Antisocial, Obsessive, Depressive o between them. Conclusion: In sum, environmental vulnerabilities and genetic put children of parents with personality disorder at risk for PD and related psychopathology.

INTRODUCTION

Review some of the evidence that parental personality disorder represents a risk to adults development, in terms of both transmission of genetic vulnerability and the family situation of living with a parent who has a personality disorder that negatively affects their parenting situation. there are two compelling reasons to impose a duty on mental healthcare providers to offer services for adults with personality disorders that specifically focus on their parenting identity, in this article we research on personality disorder in fathers have drug abuse and their adults.

Personality disorder (PD), according to the Diagnostic and Statistical Manual of the Mental Disorders [1] is “an enduring pattern of inner experience and behavior that deviates markedly from the expectations of one’s culture.” A personality disorder is “inflexible and pervasive across a broad range of personal and social situations” and leads to “significant distress or impairment in social, occupational, or other important areas.” The PDs typically can be traced back to adolescence and are indicated by unusual patterns of cognition, affect, interpersonal functioning, and impulse control. The DSM-IV lists 11 PDs including one “catch all” category that transcends the criteria for only one PD. The question of relevance for custody assessors is whether a PD in either parent might affect their parenting ability and or the behavioral and mental health outcomes for their child.

Crack, amphetamine and Opium is use is highly prevalent among young people in iran as compared with most another countries. A number of important risk and protective factors for drug use have been shown at the
community, school, individual and family-levels [2], high risk and protective factors related to the family, different studies have shown the role of parents in their children’s substance use [3].

Children of substance abusing parents are considered at high risk for a range of biological, developmental, and behavioral problems, including for developing substance abuse problems of their own. However, while much has been written about possible risks that parental substance abuse poses to children, there is almost no systematic documentation of the life circumstances of these children. Further documentation of the life experiences of such children is critically needed for both policy makers and those involved in planning health and human services. Although studies examining the effects of prenatal exposure to drugs and alcohol on the health and early developmental course of children are making clearer the biologic vulnerability of children born to addicted mothers, comparatively little attention has been given to the postnatal environmental factors that may negatively impact children’s development. The broader literature on risk exposure suggests that the accumulation of postnatal environmental risk conditions may combine with prenatal exposure to alcohol or other drugs (AOD) in both an additive and an interactive fashion, dramatically increasing total vulnerability to developmental problems. Among offspring, parental alcoholism was associated with increased risks for attention-deficit hyperactivity disorder, conduct disorder (CD), and overanxious disorder. Parental alcoholism plus ASPD was associated with increased risk for oppositional defiant disorder. Dysfunctional parenting style was associated with increased risks for CD, alcohol abuse, and marijuana abuse. Low family socioeconomic status was associated with increased risk for CD [4].

Dutton [5] indicate that certain personality disorders, notably Antisocial Personality Disorder and Borderline and Narcissistic personality disorders in parents show relationships to both parental behavior and childhood problems. However, parental personality disorders can also affect children’s behavior through genetic transmission, hence while parental personality disorders are risk flags in custody assessments, parental behavior toward the child remains an essential target of assessment focused on maternal PD conditions in a study of 85 children aged 8 to 12 including subgroups with diagnoses of Generalized Anxiety Disorder (GAD) and Oppositional Defiant Disorder (ODD), and a non-patient control group. The authors hypothesized that the relationship between maternal psychopathology and child GAD and ODD prevalence would be strongly influenced by the functional nature of the mother–child interactions [6].

Method:
The present research aims to determine the prevalence rate of personality disorders in drug dependent individuals and their children; hence, the method used is descriptive and inferential.

Population:
The research population includes all the individuals who are dependent on drugs and their children who refer to drug rehabilitation centers.

Sample and sampling:
The sample that comprise 175 individuals referring to drug rehabilitation centers is selected based on Morgan table and through random cluster sampling. The selected sample was then assessed for 3 months.

The research tool:
Personality disorder questionnaire (PDQ4) was designed and developed by Steven. E. Hiller in 1984. This 99-item questionnaire that encompasses 14 scales is a self-report questionnaire that is designed based on true and false answers. The items have been phrased based on personality clinical symptoms in DSMII. Many studies have been carried out with regard to its reliability and validity. Moreover, it has been used in different research for the assessment of personality disorder. This tool and some other tools such as (SCIDD-IIMCMI) have been mentioned as the best measurement tools in the comprehensive book of psychiatry written by Sadock and Kaplan. As stated earlier, this questionnaire has been designed based on DSM and was first entitled as PDQ-III in 1984. Its name was later changed to DSM-III-R, PDQ-R, PDQ-4 and finally PDQ-4+. The researcher has used the final version in this research. This questionnaire exists both in computer and paper-and-pencil formats.

Data gathering method:
Subsequent to explaining the aim of the research, responding to the questions of drug dependent individuals, addressing the ambiguous points and the confidentiality of the results of the test and personal information, and clarifying the administration of the test, the questionnaires were distributed among the participants to be responded to. Field and library methods were used to gather the data.
Data analysis:
The research aimed to investigate the epidemiology of personality disorder. Therefore, the obtained data were analyzed using descriptive statistics (signification, mean, and standard derivation). Dependent t-test was also used to investigate the hypotheses.

<table>
<thead>
<tr>
<th>Personality Disorder</th>
<th>Father Mean</th>
<th>Father S.D</th>
<th>Adult Mean</th>
<th>Adult S.D</th>
<th>t</th>
<th>df</th>
<th>Sig</th>
<th>Correlation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paranoid</td>
<td>3.36</td>
<td>3.18</td>
<td>1.61</td>
<td>1.88</td>
<td>1.04</td>
<td>175</td>
<td>0.0102</td>
<td>0.138</td>
</tr>
<tr>
<td>Schizoid</td>
<td>2.25</td>
<td>1.81</td>
<td>1.56</td>
<td>1.57</td>
<td>2.63</td>
<td>175</td>
<td>0.0043</td>
<td>0.183*</td>
</tr>
<tr>
<td>Schizotypal</td>
<td>3.56</td>
<td>3.28</td>
<td>1.72</td>
<td>1.97</td>
<td>1.34</td>
<td>175</td>
<td>0.067</td>
<td>0.021</td>
</tr>
<tr>
<td>Histrionic</td>
<td>2.75</td>
<td>2.54</td>
<td>2.00</td>
<td>1.92</td>
<td>0.99</td>
<td>175</td>
<td>0.366</td>
<td>0.14</td>
</tr>
<tr>
<td>Narcissistic</td>
<td>2.37</td>
<td>2.26</td>
<td>1.70</td>
<td>1.85</td>
<td>0.54</td>
<td>175</td>
<td>0.0384</td>
<td>0.118</td>
</tr>
<tr>
<td>Borderline</td>
<td>3.03</td>
<td>2.92</td>
<td>2.17</td>
<td>1.84</td>
<td>3.26</td>
<td>175</td>
<td>0.0016</td>
<td>0.197**</td>
</tr>
<tr>
<td>Antisocial</td>
<td>1.72</td>
<td>1.45</td>
<td>1.48</td>
<td>1.62</td>
<td>2.79</td>
<td>175</td>
<td>0.00</td>
<td>0.364**</td>
</tr>
<tr>
<td>Avoidant</td>
<td>1.90</td>
<td>1.77</td>
<td>1.89</td>
<td>1.69</td>
<td>0.587</td>
<td>175</td>
<td>0.095</td>
<td>0.019</td>
</tr>
<tr>
<td>Obsessive</td>
<td>3.48</td>
<td>3.08</td>
<td>1.57</td>
<td>1.79</td>
<td>2.14</td>
<td>175</td>
<td>0.0009</td>
<td>0.217**</td>
</tr>
<tr>
<td>Dependent</td>
<td>1.99</td>
<td>1.77</td>
<td>1.88</td>
<td>1.69</td>
<td>1.49</td>
<td>175</td>
<td>0.043</td>
<td>0.039</td>
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<tr>
<td>Depressive</td>
<td>2.25</td>
<td>1.74</td>
<td>1.56</td>
<td>1.47</td>
<td>3.17</td>
<td>175</td>
<td>0.00</td>
<td>0.298**</td>
</tr>
<tr>
<td>Negative</td>
<td>2.03</td>
<td>1.84</td>
<td>1.79</td>
<td>1.71</td>
<td>0.899</td>
<td>175</td>
<td>0.0169</td>
<td>0.118</td>
</tr>
</tbody>
</table>

Perception of fathers toward drug use was a significant predictor of personality disorder (correlation = 0.34, p<.001), as well as parental affect.

Paranoid personality disorder: The t in the table is equal to 1.104 with degree of freedom of 175 and in the significant level of .05, and correlation is 0/138 therefore. We can conclude that, the mean difference is significant. Schizoid personality disorder: The t in the table is equal to 2.63. and correlation is 0/183* we can conclude Schizophoid personality disorder in father similar to adult. Schizotypal personality disorder: The t in the table is equal to 1.34, and correlation is 0/021 we can conclude Schizotypal personality disorder in father no similar to adult. Narcissistic personality disorder: The t in the table is equal to 0.54, and correlation is 0/118 we can conclude Narcissistic personality disorder in father no similar to adult. Histrionic personality disorder: The t in the table is equal to 1.09, and correlation is 0/14 we can conclude Histrionic personality disorder in father no similar to adult. Borderline personality disorder: The t in the table is equal to 3.26 and correlation is 0/197** we can conclude Borderline personality disorder in father similar to adult. Antisocial personality disorder: The t in the table is equal to 2.79 and correlation is 0/364** we can conclude Antisocial personality disorder in father similar to adult. Avoidant personality disorder: The t in the table is equal to 0.587 and correlation is 0.019 we can conclude Avoidant personality disorder in father no similar to adult. Obsessive personality disorder: The t in the table is equal to 2.14 and correlation is 0/217** we can conclude Obsessive personality disorder in father similar to adult. Dependent personality disorder: The t in the table is equal to 1.49 and correlation is 0/039 we can conclude Dependent personality disorder in father no similar to adult. Depressive personality disorder: The t in the table is equal to 3.17 and correlation is 0/298** we can conclude Depressive personality disorder in father similar to adult. Negative personality disorder: The t in the table is equal to 0.899 and correlation is 0/118 we can conclude Negative personality disorder in father no similar to adult.

The present research aims to assess the personality disorders in drug dependent fathers and their children. With regard to the obtained data of this research, we can conclude that, drug dependent fathers and their children share most of the disorders and show no significant difference in this area.

Studies on genetic factors demonstrated that, inheritance exerts great role in individuals’ personality. Investigating the personality psychopathological inheritance and the range of these disorders indicated that, the role of inheritance amounts to 40 to 50 percent in personality disorders [7].

Investigations on identical twins indicated that, personality disorders are influenced by genetic factors. Studies indicated that, antisocial personality, borderline personality and drug abuse are more influenced by genetic factors, respectively.

The impact of genetic on drug abuse

Investigation on drug abuse and the social, behavioral, ethnic, and genetic chain on it indicated that, drug abuse is directly related to each of these issues. Efforts have been expended in proving this point that, which factors exert the highest impact on drug dependence. The results indicated that, ethnic, environmental and genetic conflicts can each have different effects on the individual. With regard to the highest effect, the findings are as following:

1- Having parents who are biologically antisocial and have developed antisocial personality can be a very strong factor in individuals’ addiction.
2- Children whose parents had four times of drug abuse had more tendencies for drug dependency as compared to the parents of their control group.
3- There is high correlation between social behavior and drug abuse (NIDA, 2004).
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Deborah Hasin [8] carried out a study to determine the relationship between 10 personality disorders and drug dependence in a study which lasted for 3 years. The participants were assessed epidemiologically and also in terms of the type of drug used. Alcohol dependence (N=1172), hashish dependence (N=454) and nicotine dependence (N=4017) were assessed for three years. The variables included demographic characteristics, family background, the disorders’ basic axis, and treatment condition. Results indicated that, 30.1% of the participants were dependent on alcohol, 30.8% on cannabis and 56.6% on nicotine. Antisocial personality disorder was significantly observed in alcoholic individuals. Moreover, borderline disorder (2.04%), schizotypal personality disorder (5.90-1.65%), narcissistic, schizoid and obsessive-compulsive disorder were less observed among these individuals. Findings indicated that, antisocial, borderline and schizotypal personality disorders are more prevalent. [9] studied the relationship between psychological and demographic negative consequences associated with drug abuse. His findings indicated that, there is comorbidity between personality disorders and drug abuse. [10] investigated drug dependence in terms of demographic characteristics, selective drugs and personality disorder. Different relationships were investigated among these variables and its effect on attending to cooperation and care in the restoration stage. Personality disorders and psychotropic substances were assessed on a sample of 252. Fifty one percent of the patients (N=129) had at least one personality disorder and 37% (N=48) suffered from several personality disorders including antisocial (17.9%), avoidant (9.9%), borderline (9.5%), narcissistic (9.1%) and compulsion personality disorders (7.1%). Women were less dependent on alcohol and more dependent on tranquilizers and pseudo-opioid drugs. Moreover, cocaine was more prevalent among the youths.

Not enough studies have been carried out on paranoid personality disorder. Some studies have shown that, a genetic link has been observed in these individuals; however, it is not clear that, this genetic background has led to this disorder or other backgrounds have also had roles. [11] have assessed the identity of paranoia stemmed from cocaine Results of this research indicated that, the duration and quantity of cocaine use affects the paranoid level of individuals and paranoid has rapidly shot up due to the cocaine use [12]. The results of studies on 216 individuals suffering from drug abuse indicated that, hashish use leads to side effects such as psychological dependence and schizophrenia, and paranoid states. [13] investigated paranoid disorder in individuals who are dependent on shisha and his findings on 27 drug dependent individuals indicated that, 45% (123) suffer from paranoid disorder. They also found out that, paranoid is correlated to depression.

[14] in an investigation on 129 drug dependent individuals found out that, there exists comorbidity between schizoid disorder and drug dependence. He also asserted that, the symptoms of schizoid can be improved by psychotherapy.

Investigation indicated that, this disorder has higher prevalence among identical twins as compared to fraternal twins and it can be concluded that, they are influenced by the genetics [15].

[16] investigated the relationship between schizotypal symptoms in individuals suffering from drug abuse and individuals without drug abuse. In this research, 843 individuals who had hashish dependence were studied. Results of this investigation showed significant differences in the scores of individuals suffering from drug abuse and those without drug abuse. [17] investigated the relationship between hashish and schizotypal personality characteristics. Evidence indicated that, individuals who took hashish were more likely to have schizotypal disorder. These findings indicated that, hashish use can be an indicator of pathology for schizophrenia.

Investigated the personality disorders, narcissistic personality characteristics and self-confidence in individuals dependent on drug use. 78 individuals who were being treated in the addiction ward filled out the questionnaires of personality disorder and self-confidence and found out that, drug dependent individuals have narcissistic, borderline, passive and aggressive personality disorders in the area of addictive drugs’ relapse.

Investigated the prevalence of borderline and antisocial disorder in drug dependent individuals. These studies show that, 76% and 95% of the patients suffered from borderline and antisocial personality disorders. Symptoms of depression were more observed in individuals suffering from borderline personality disorder while more anxiety was observed in anti-social patients. [18] investigated the difference between women suffering from borderline disorder with and without drug abuse. Results indicated that, borderline patients with drug abuse demonstrated less aggression, hostility and suspicion; however, they showed more anxiety, incompetence and suicide attempt. In terms of borderline disorder, significant difference was observed between individuals with and without drug abuse. [19] investigated borderline personality disorder (BPD) and the problems of addictive drug use among the individuals. The participants included 2202 BA students who were studying in a major university between 2003 and 2006. The symptoms of BDP, the problems of addictive drugs use and
general personality characteristics were investigated in these individuals and results indicated that, people who suffered from drug abuse suffered from more BPD symptoms, impulsivity and negative emotions. In another study, [20] studied patients suffering from borderline personality disorder and drug abuse disorders as compared other personality disorders (OPD). The participants comprised 175 patients suffering from BDP and 396 from OPD, with the age range of 32.5 and in time intervals of 6, 12, 24, 36, 48, 60, 72 and 84 months. Structured clinical interview based on DSM-IV and diagnosis interview for diagnosing the personality disorders were administered. Results indicated that, 13 percent of the patients suffering from BPF had alcohol abuse while 11 percent suffered from a new addictive drug abuse. In comparison, 6 and 4 percent were for other drug disorders, respectively. [21] investigated the relationship between borderline personality disorder and drug abuse disorder on 232 women. Their research found important relationship between BPD, alcohol use, heroin and cocaine use. After borderline personality disorder, antisocial disorder has the highest prevalence. [22] investigated the relationship between drug abuse in 137 patients with borderline personality disorder. Ninety two (67%) patients suffered from personality disorder and the drugs used were alcohol, sedatives, tranquilizers and opiates. It’s worth mentioning that, these patients were significantly different from other patients in terms of the intensity and the duration of illness. investigated the relationship between antisocial behavior and drug abuse. What is unclear is that, whether or not they have cause and effect relationship and whether or not one leads to another. They studied the shared symptoms or the risk factors and found out that, these are not distinct and are related to one another. Evidence showed that, drug abuse is a reason for antisocial behavior and drug disorder leads to antisocial behaviors. [23] investigated the relationship between antisocial personality disorder and drug abuse and also the women and men were compared in this regard. They found out that, antisocial behaviors are influenced by drug abuse and the antisocial behaviors in men and women find its roots in time before the drug abuse. In this research, 180 individuals were treated for antisocial behaviors which affected their drug abuse. Vaughn, [24] carried out a study to find out whether or not antisocial behaviors are influenced by alcoholic drinks. Psychological structured interview showed that, individuals who suffered from alcohol abuse (NA=43093) suffered from higher antisocial behaviors as compared to normal individuals. Analysis of multivariate logistic regression indicated that, individuals suffering from alcohol abuse suffer from higher levels of anxiety, mood and personality disorder. [25] investigated two hypotheses in relation with addictive drug use and individual differences in antisocial behaviors of adults. According to this hypothesis, drug abuse affects antisocial behaviors in special time. According to this hypothesis, addictive drug abuse would slow down the youth early in his/her adulthood. Therefore, the relationship between antisocial behaviors and drug abuse was investigated among the individuals between 18, 21 and 26 years of age. Results indicated the direct relationship between these two.

[26] showed that 40 to 50 percent of alcohol and drug addicted individuals suffer from antisocial personality disorder. Results indicated that, drug abuse leads to antisocial problems such as irresponsibility and damaging. Robert Young [27] carried out a longitudinal study on 2586 students to investigate the casual effects of alcohol abuse (MIS) on the youths’ antisocial behaviors between the ages of 11 to 15. Results indicated that, antisocial behavior is correlated to MIS. [28] studied aggression, antisocial behavior and drug abuse among the adolescent survivors of cancer (PCS) as compared to their normal peers. Results indicated that, there is significant difference between alcohol and tobacco use and antisocial behavior. [29] investigated the amount of the influence of social phobia and avoidant personality disorder from genetic and environmental factors. Hence, personal interview was administered to diagnose avoidant personality disorder and social phobia using structured interview based on DSM-IV. Results indicated that, environmental and genetic factors exert effect on avoidant personality disorder and social phobia. Results also indicate that, genetic vulnerability in terms of avoidant personality disorder and social phobia has a higher rate among women.

Carried out investigation in obsessive disorder found out that, children suffering from OCD also suffered higher level of obsession. Therefore, it can be concluded that, genetic factors exert significant effect on this issue. Investigating the twins indicated the strong link between OCD and genetic. Recent studies have shown that, OCD disorder is related to the 14th chromosome in human beings [30] investigated the effect of craving as obsessive compulsive drinking scale (OCDS) in the prediction of long-term influence in alcohol dependent individuals. Results indicated that, they developed obsession with drinks.

Conclusion:

In sum, environmental vulnerabilities and genetic put children of parents with personality disorder at risk for PD and related psychopathology, fathers with BPD may encounter unique parenting challenges, especially in light of the lack of efficacy they feel as parents. The parenting style that might be most deleterious to children of fathers with PD may be oscillations between extreme forms of control and passivity that provide little consistency for the child’s day to day experience.
REFERENCES


