

# The Relationship between Family Socialization Patterns and Attitudes towards Drug Use among Users and Addicts of Cannabis and Alcohol Who Wish to be Treated in Private Clinics in Amman, Jordan

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## ABSTRACT

This study aims to examine family socialisation patterns with attitudes towards drug use among addicts to Cannabis and alcohol, seeking treatment in private clinics in Amman, Jordan. The study employed the quantitative research design, and the sample of the study consists of 45 male participants, where 19 were alcohol users and 26 were hashish users. The participants were selected based on convenient sampling from different private clinics. Every individual in the two groups was subjected individually. To achieve the study's objective, the researcher adopted two scales: attitudes towards drugs and narcotics abuse scale, and family socialisation scale. The study findings showed that the highest mean of addiction was for the pattern of democratic, and the correlation coefficients between addiction and family socialisation are statistically significant. Besides, the relationship is negatively strong between addiction and the democratic pattern, while the relationship is positive between addiction and both the authoritarian and lenient socialisation pattern. Also, results showed that the patterns of family socialisation explained 72% of the prediction of addiction, while the square of the correlation coefficient ( $R^2$ ) is (0.520), with an explanatory ability of (49%) in predicting addiction.

**Keywords:** Family Socialization patterns; drug use among users; addicts; Cannabis; alcohol.

## INTRODUCTION

The American Psychological Association in DSM-5 defined alcohol use disorder as alcohol abuse that a person does not control, leading to significant impairment or distress. Moreover, it often refers to the consumption of alcohol in greater amounts or over a longer period with permanent desire or unsuccessful efforts to stop or control alcohol use [1]. The term also refers to those who spend a great deal of time on activities necessary to obtain or use alcohol. This type of addiction impedes the person from adhering to his daily life, working, studying responsibilities, or performing social partnerships, especially that the person might continue to use it despite

health, social or personal problems due to persistence of alcohol use [2, 3].

Alcohol is used when engaging in activities that are physically dangerous [4]. The World Health Organization defines alcoholics as individuals who drink excessively to the extent that leads to the emergence of a noticeable mental disorder, disrupting their physical and psychological health, their relationship with others, and their social and economic functions. This is because alcohol impedes the nerve cell activity, especially the cerebral cortex, and it quickly penetrates the central nervous system because it quickly dissolves in water and begins to act within an hour of starting use [5, 6].

Besides, drugs are defined as every natural or industrial substance that contains stimulant or analgesic substances if used for purposes other than medical purposes that lead to a state of psychological or physical

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dependence/addiction [7, 8]. It is harmful to the psychological or physical health of the individual and society, and it is prohibited from circulating or cultivation or manufacture, except for purposes determined by the law and used only by someone authorised to do so [9, 10].

In terms of family socialisation, it means the procedures and methods used by parents in socialising their children, i.e. transforming them from mere biological beings into social beings by directing their behaviours and providing them with knowledge, patterns of behaviour, values, symbols, and ways of dealing and thinking [11, 12]. Family raising might be affected by external or internal factors. The external factors are related to the general cultural framework of society, as the individual lives in a cultural framework consisting of the customs, traditions, and beliefs in which the individual is formed and socialised with different values and customs. Also, internal factors, including the relationship, marital and social position, and family size, affect the parenting trends followed by parents in the upbringing of their children [13].

The importance of the study lies in its treatment of a dangerous phenomenon that affects the whole substance abusers. According to [14], it is of great necessity to study family upbringing since it has a primary role in the direction of the abuser, and the family might play a negative role in leading their children to drug addiction. That is, the psychological conflict, immaturity and inability to enjoy life is the result of the authoritarian style, and it aids children to escape from the restrictions and domination from this conflict to the drug addiction [15]. Also, punishment, deprivation, and constant threats create an atmosphere of non-intimacy among family members, so children resort to companions outside the home to practice their activities more freely, which increases the chances of addiction among children [16]. Besides, the pattern of excessive care in upbringing may lead to the inability to take responsibility and emotional instability among children, making children lacking self-confidence and suffer from constant fear; therefore, children escape from

such psychological pressures to addiction behaviours [17].

Accordingly, the current study investigates the relationship between family socialisation patterns and attitudes towards drug use among users and addicts of Cannabis and alcohol, who seek treatment in private clinics in Amman, Jordan. This aim is investigated through the following questions:

1. Is there a statistically significant correlation between the patterns of family socialisation and trends towards drug use among the participants?
2. Are there statistically significant differences in means of the patterns of family socialisation among users and addicts of Cannabis and alcohol?
3. What is the percentage of variation that can be explained by the pattern of family socialisation in predicting the use and addiction of Cannabis and alcohol among the participants?

#### **LITERATURE REVIEW**

Many studies have dealt with family socialisation and have concluded that the specific use of Cannabis increases health and family problems. Alcohol use, which was not reflected in general drug use, had no specific negative effects, but it reduced loneliness in romantic relationships, self-derogation, and family problems. The vital role of self-perception, whether this derives from a sense of self through practice or participation in social groups, might increase drug use [18]. Drug use may resemble a learning curve where drug-using peers are ascribed to attract drug users. The perception of addiction as problematic is mainly related to heroin infringing upon all life domains. Entering treatment was found to be sometimes unrelated to the decision to quit drug use. Another study reported that the form of family socialisation to which the individual is exposed has an essential role in predicting the normal or abnormal behavioural patterns that the individual will exercise in the future [19].

Moreover, the awareness of the family and its role as a watchdog for children contribute very significantly to

reducing drug use to enhance social security[20]. The family interest in socialising and educating their children about the harmful effects of drugs contributes considerably to reducing their abuse and strengthening social security. For example, girls who suffer from discrimination within the home and face insulting, beating, and neglect, can resort to drug addiction [21, 22].

Past studies have discussed two-family patterns, namely the democratic pattern, which is one of the normal patterns, and the authoritarian pattern, which appears through punishment, deprivation, and threat, and their treatment is based on the principle of violence with the symbolic, physical and psychological problem[23]. Also, oppression is followed as a way of life in general, while the third pattern is the pattern of excess protection, and this pattern is manifested in parents' concern to take duties on behalf of their children, who become unable to face reality and the pressures of the environment. Such attitude also negatively affects the child's emotional stability and self-confidence, so they have constant fear due to the inability to take responsibility and eventually become introverted and isolated [24]. The pattern of negligence leaves the children without care or encouragement for the desired behavior, so they cannot avoid their unwanted behaviour because they lack the sense of life responsibility, which alters them unintentionally to the wrong behaviour [25].

Further, socialisation takes two main forms, including intended socialisation, which takes place in both the family and the school. According to its cultural system, standards, and directions, the family teaches the children language, etiquette, and behaviour [26]. Also, school education in its various stages must be intended by having goals, methods, systems, and curricula that relate to the education of the individual and its development in a specific and intended way [27]. However, the other type is unintended socialisation, which is carried out to accompany the intended upbringing. This pattern is often formed in through mosque, media, radio, television, cinema, theatre, and other institutions that contribute to the upbringing by

the rules through which the individual learns the skills, meanings, and ideas, especially that social norms differ from one institution to another [28].

There are also personal factors that relate to the parents themselves, such as their personality style, educational level, and the way parents are treated and brought up in their childhood [29]. Among the family patterns is the democratic style that is the opposite of the authoritative style. The democratic family is characterised by excessive protection and negligence for the children's behaviour. Also, parents might not be direct in their treatment with their children or tend to be injustice with them, which leads to addiction [30].

To conclude, the family greatly influences drug addiction, and many family factors lead young to drug addiction [21]. Therefore, the current study investigates the role of family socialisation patterns in drug addiction since family socialisation patterns greatly influence individual behaviours and practices.

## **METHODS AND MATERIALS**

### **a. Participants**

The sample of the study consists of 45 male participants, who were selected based on convenient sampling from different private clinics, (19 alcohol users and 26 hashish users). The participants' age ranged between 18 and 45 years. Every participant in the two groups was individually subjected to the surveys.

The sample was selected from males due to the lack of female visitors to the clinics where the test was applied. Also, the study used convenient sampling technique to select the participants since the selection depended on the sample available to the researcher in the three clinics. Some participants refused to participate in the study due to their fear that this research is affiliated with security authorities even though the researcher has clarified the nature of the research and the professional ethics of psychologists, and he clarified that they do not need to write their names on the paper of surveys' responses. Also,

there was a difficulty in finding alcohol addicts who have not used hashish or any other substance.

The exclusion criteria were for those who abused different substances in addition to Cannabis or alcohol, and those who refused to participate in the research. The number of hashish abusers who were excluded was 23 persons, and 7 persons are alcohol addicts, but they refused to submit their responses to the study. The reason for their refusal was their lack of confidence in the researchers, and that this method might be used by some security authorities to reach the addicts.

One of the difficulties facing the researcher is the method of obtaining the sample, so the number of the sample participating in the research was small, especially that exclusion was made for those who use or are addicted to substances other than alcohol and hashish, or who mix in using more than one drug. This is to ensure the sample homogeneity in terms of abuse and addiction.

#### **b. Study Instruments**

After reviewing previous studies and different scales that searched in variables of the current study, the researcher adopted scales according to the following:

1. Attitudes towards Drugs and narcotics abuse. The scale consists of 38 items that represent the emotional side, which are feelings of pleasure, joy, anger, hate and annoyance that lead to the individual accepting the use of dangerous drugs and drugs.

2. The family socialisation scale was created by Buri[31], and it includes 30 items divided into three dimensions of family socialisation: the lenient style, the authoritarian style, and the democratic style.

The language of the current study's instruments was Arabic. The scale of attitudes towards alcohol and drugs is prepared by the researcher Ahmed Mahmoud Abu Ein (Abu Ein 2008) in Arabic language. However, the researcher in the current study has tested the validity of the two scales as discussed in the section below.

Four items of the scale of attitude towards alcohol and drugs have been adapted. The changes were made to items

number 4, 12, 14, and 31. In item number 4, the word "companions" has been replaced by the word "friends". In item number 12, the phrase "my comanions" is replaced by the word "friends". In item 14, the phrase "dangerous substances" has been replaced by the phrase "alcohol and drugs". In item 31, the word "companions" has been replaced by the word "friends".

#### **c. Validity and Reliability**

The researcher relied on checking the validity and reliability of the scales on eight experts in the field of psychology to judge the suitability of each item of the scales. The judges agreed that the expressions used in all items are clear and appropriate for what they intend to measure, and hence the scales are valid for application.

The reliability of the two instruments has also been re-tested through piloting the two instruments to 15 participants. The reliability of Cronbach's Alpha using SPSS showed that the attitude scale value is 0.793 and the family socialisation scale value was 0.764, which shows that the internal consistency of the two scales is good.

#### **d. Data Analysis**

The current study will use Statistical Package of Social Sciences (SPSS) to analyse the data. To answer the first research question about the significant correlation between the patterns of family socialisation and trends towards drug use, the researcher used Pearson correlation coefficients between family socialisation patterns and addiction. For research question two, the researcher will use independent sample t-test to investigate if there statistically significant differences in means of the patterns of family socialisation among users and addicts of Cannabis and alcohol. Research question three investigates the percentage of explained variation that can be explained by the pattern of family socialisation in predicting the use and addiction of Cannabis and alcohol between the participants, which was analysed through regression analysis.

#### **e. Research Procedures**

Researcher procedures included the following:

1. The patients were selected from the following

clinics: Creative Minds Clinic, Al-Murad Mental Health Clinic, and Dr. Zuhair Al-Dabbagh Clinic. These clinics are specialised for the treatment of psychological illnesses and addiction.

2. Each clinic is visited by an average of 5-6 patients per day for various mental illnesses, including addiction.

3. The addict was interviewed in the clinic in which he is referred, and the standards were applied to the subject in the same clinics in which he is visited.

4. After the patient is diagnosed as addicted to alcohol or to Cannabis, the patient is requested to participate in the research, assuring him that the data is confidential and will be used for research purposes only.

5. Each clinic visitor is assigned to an interview in the same clinic.

6. The patient is called later on any day or on the same day on which he met the doctor.

7. The study was implemented in 2019.

8. The researcher has informed the participant about the purpose of the study and the complete confidentiality in which data is treated. To increase the confidence of the addict, he was not asked to write a consent form due to the sensitivity of the topic of the study.

9. The participants did not write their names on the study instruments to maintain complete confidentiality, and the participant responded to both scales in a separated room.

10. Psychiatrists diagnose patients by relying on the criteria on which the DSM-5 book is based.

11. Privacy was taken into account in all procedures for applying the research, and the ethical aspects of scientific research were taken into account during data collection.

12. The researcher has made sure to clarify the purpose of the study for the participants, clarify complete confidentiality, and clarify any ambiguous items in the scales.

13. A minute was given for each paragraph to be answered by the examinee. The two scales have 68 items, so 68 minutes were given to the participants to respond to the items of the two scales.

## RESULTS

In terms of the demographic information, the number of the participants of the current study were 45 persons, including 26 cannabis addicts and 19 alcohol addicts. Their age mean is 28.4 and 27.2 for cannabis addicts and alcohol addicts, respectively. Also, the range of age were between 17 to 42 for alcohol addicts, and between 21 to 38 for hashish addicts. The age of the participants is shown in Table (1) below.

**Table 1. Demographic information of participants**

	<b>Alcohol Addict</b>	<b>Hashish Addict</b>
<b>No.</b>	19	26
<b>Age mean</b>	28.4	27.2
<b>Range of age</b>	17-42	21-38

Before moving to answer every research question, the descriptive analysis of the attitude towards drugs and narcotics abuse for the three styles of family (the lenient style, the authoritarian style, and the democratic style) is analysed according to the responses of the respondents. The scale consists of 30 items distributed equally among the three family styles, and there are 5 degrees to answer each item. The sub-score for each type was 10 items, the authoritarian style 10 items, the lenient style 10 items, and the democratic style 10 items. The higher the grades of the family style, the more his parents are from this pattern of family. All items were positive, not negative. The mark for each item ranged from 10 to 50. The findings show that there are no differences in family upbringing between abusers and addicts to hallucinogens and sedatives. However, the results show that the abusers and addicts to hallucinogens had a greater tendency towards addiction compared to drug abusers and addicts to sedatives.

### **1. Is there a statistically significant correlation between the patterns of family socialisation and trends towards drug use among the participants?**

The result of the analysis of this research question is

shown in Table (2), which shows that all the correlation coefficients between addiction and family socialisation are statistically significant. That is, the p-values of the relationship between addiction and the patterns of family socialization are .003, .001 and .000 for authoritative, democrat and lenient, respectively.

**Table 2. Pearson correlation coefficients between family socialisation patterns and addiction**

	Authoritative	Democrat	Lenient
Addiction	.428**	-.489**	.606**
N	45	45	45
Sig	.003	.001	.000

\*Significant at ( $\alpha \leq 0.01$ )

**2. Are there statistically significant differences in means of the patterns of family socialisation among users and addicts of Cannabis and alcohol?**

The findings of this research question is shown in Table (3), which indicates statistically significant differences between abusers and addicts of Cannabis and alcohol due to the pattern of family upbringing in the authoritative and democratic types of family socialization with p-values of .000 for both of them. However, there were no statistically significant differences between abusers and addicts attributed to the lenient family socialization since the p-value is .438, which is not significant as the level of .05.

**Table 3. Results of t-test for independent samples were tested**

Pattern	Addicts	N	SD	M	F	t	Sig
Auth	Can.	26	7.2943	24.39	.000	7.438	43
	Alc.	19	6.274	39.84			
Dem	Can.	26	6.741	40.00	.000	4.215	43
	Alc.	19	7.605	30.95			
Len.	Can.	26	3.939	14.65	.438	.782	43
	Alc.	19	3.892	15.58			

**3. What is the percentage of explained variation that can be explained by the pattern of family socialisation in predicting the use and addiction of Cannabis and alcohol between the participants?**

In addition to the statistics of means and standard deviation in Table (3) and results of Pearson correlation

coefficients that showed the relationship between family socialisation patterns and addiction in Table (2), the results of the regression analysis to answer this research objective (3) is provided in Tables (4). That is, the Linear regression analysis was used to find the relationship between family socialisation patterns and addiction as shown in Tables (4).

**Table 4. Results of linear regression analysis of patterns of family socialisation in the prediction of addiction.**

Indep. variables	Regression coefficient B	Stand. Error	$\beta$	T	Sig.
Constant	157.013	31.915	-	4.920	.000
Auth.	-1.561	.364	-.506	-4.288	.000
Democrat	.641	.485	.169	1.322	.193
Lenient	-2.488	.960	-.306	-2.593	.013

According to Table (4), results of the correlation coefficients between addiction and family socialisation are statistically significant, and the relationship is positively strong between addiction and the democratic pattern. However, the relationship is negative between addiction and both the authoritarian and lenient socialisation pattern. Hence, these patterns can predict the level of addiction in a significant way.

Also, the patterns of family socialisation explain 72% of prediction of addiction since the correlation (R) value is .721, while the square of the correlation coefficient ( $R^2$ ) is (0.520); with an explanatory ability (49%) in predicting addiction.

## **DISCUSSION**

This study was designed to investigate the relationship of family socialisation patterns with attitudes towards drug use among users and addicts of Cannabis and alcohol who wish to be treated in private clinics in Amman Jordan. The study findings showed that the highest mean of addicts was for the democratic style with a mean value of (36), followed by the authoritarian style with a mean value of (31) and then the lenient style with a mean value of (15). The most common socialisation pattern among addicts was the democratic and authoritative pattern, and correlation coefficients between addiction and family socialisation are statistically significant. Also, the relationship is negatively strong between addiction and the democratic pattern, while the relationship is positive between addiction and both the authoritarian and lenient socialisation pattern. The results showed that the patterns of family socialisation could explain 72% of the prediction of addiction, while the square of the correlation coefficient ( $R^2$ ) is (0.520), with an explanatory ability (49%) in predicting addiction.

These results can be explained by the role of the family in the socialisation process, since the family abandons its functions and loses its structural balance due to poor parental control over the children or because of the absence of one of the parents. Such families tend to use either an

authoritarian or lenient socialisation pattern. Both of them lead to a weak socialisation process for the children and not to produce a normal generation that has a healthy psychological development [32].

The addiction increases with the dominance of family socialisation patterns and lenient; however, it is decreased with the democratic family socialisation pattern. This correlation results from the interaction of the family socialisation process with human behaviours. According to [33], the process of socialisation focuses on what a person learns. It is a process that helps build the human personality to gain experience as it is influenced by the culture of the society in which the person lives. Society includes the family, school, and other socialisation institutions as well as friends. The learning process consists of a wide range of behaviours, some of which are positive, such as cooperative behaviours and honesty, and there are negative ones such as addiction and violence [34]. In this context, child abuse by parents during childhood contributed to the prediction of misbehaviour later, and exposure to the experiences of abuse is one of the most unwanted results of the authoritative and lenient socialisation patterns [35].

Besides, family awareness is essential for children to improve social security, which is an important factor in reducing addiction [20]. Family education and socialisation make children feel attached to their family, so they do not involve themselves in any misconduct to compensate for the loss of being attached to their families. This is also related to the community's general cultural and social framework, which provides people with values and ethics [36]. Such factors also require socialisation and good bringing from parents, and these factors play a main role in preventing young from being involved in drug use [13]. An important point is that family socialisation with individuals helps to understand the needs and psychology of the family members, leading to predicting any false behaviour that might be exercised by any of the family members [19, 36]. Hence, family socialisation is needed to

protect the individual from being involved in drug use, and it is equally important to deal with such problems properly in the early stages of addiction.

The role of the family is needed to change any false behaviours or ideas that might make the individual follow the dark tracks of drug use [36]. So, treatment programs are necessary for those subjected to abuse to treat false ideas that cause misbehaviour [35]. These ideas need to be replaced with peaceful and healthy thoughts. In this context, the role of family socialisation is of great importance to assist individuals to go back to their normal life and overcome drug addiction.

#### **Limitations and Directions for Future Studies**

The findings of this study should be generalised with caution as it has some limitations like any other study. The context of the study was restricted to Jordanian participants, and it investigated a limited number of variables. Therefore, future studies are advised to employ a larger sample size and explore other independent variables that might mediate substance abuse. Also, future studies might employ a mixed-method design since qualitative data can support the quantitative findings to provide a deeper understanding concerning family

socialisation and drug addiction.

#### **Conclusion and Implications**

This current study aimed to investigate the relationship between family Socialisation patterns and attitudes concerning drug use among two groups, namely users and addicts of Cannabis and alcohol, and are seeking treatment in private clinics in Amman, Jordan. The findings showed that the democratic style scored the highest mean. Further, the findings showed that the relationship is negatively strong between addiction and the democratic pattern. In contrast, the relationship is positive between addiction and both the authoritarian and lenient socialisation pattern. An important point is that the patterns of family socialisation explained 72% of the prediction of addiction.

The findings can give new insights on how to deal with substance abuse and can further offer implications to help us mitigate the negative effects of substance abuse. The results showed that family socialisation is a key aspect that can help prevent substance abuse, which put a crystal-clear implication for the role of the family in mitigating and even preventing substance use. Hence, addicts need more care and support from the side of their families to help them avoid being involved in drug addiction.

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## العلاقة بين أنماط التنشئة الاجتماعية الأسرية والمواقف تجاه تعاطي المخدرات بين متعاطي ومدمني الحشيش والكحول الذين يرغبون في العلاج في العيادات الخاصة في عمان، الأردن

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### ملخص

هدفت هذه الدراسة إلى فحص أنماط التنشئة الاجتماعية الأسرية مع المواقف تجاه تعاطي المخدرات بين مدمني الحشيش والكحول، الباحثين عن العلاج في العيادات الخاصة في عمان، الأردن. استخدمت الدراسة تصميم البحث الكمي، وتتكون عينة الدراسة من 45 مشاركاً من الذكور، حيث كان 19 من مستخدمي الكحول و 26 من مستخدمي الحشيش. تم اختيار المشاركين بناءً على عينات ملائمة من عيادات خاصة مختلفة. تعرض كل فرد في المجموعتين بشكل فردي. ولتحقيق هدف الدراسة اعتمدت الباحثة مقياسين: مقياس الاتجاهات نحو تعاطي المخدرات والمخدرات، ومقياس التنشئة الاجتماعية الأسرية. أظهرت نتائج الدراسة أن أعلى متوسط للإيمان كان للنمط الديمقراطي، وأن معاملات الارتباط بين الإيمان والتنشئة الاجتماعية الأسرية ذات دلالة إحصائية. إلى جانب ذلك، فإن العلاقة قوية بشكل سلبي بين الإيمان والنمط الديمقراطي، في حين أن العلاقة إيجابية بين الإيمان ونمط التنشئة الاجتماعية السلطوي والمتساهل. كما أظهرت النتائج أن أنماط التنشئة الاجتماعية الأسرية فسرت 72% من التنبؤ بالإيمان، بينما مربع معامل الارتباط ( $R^2$ ) هو (0.520)، بقدرة تفسيرية (49%) في التنبؤ بالإيمان.

**الكلمات الدالة:** أنماط التنشئة الاجتماعية الأسرية، إساءة استخدام المخدرات، الإدمان، الحشيش، الكحول.

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