Clinical patterns of personality and family functioning in drug addicts

Patrones clínicos de personalidad y funcionamiento familiar en drogodependientes

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Abstract

Personality patterns and family functioning can enhance or mitigate the development of addictive behaviors, a psychosocial problem that affects vulnerable groups worldwide. This research aimed to establish the relationship between clinical personality patterns and family functioning according to the substance consumed in a population of drug-dependent patients admitted to rehabilitation centers in Zone 3, Ecuador. Its design was a non-experimental, transversal, and correlational type. The data were obtained through the documentary analysis technique from the review of medical records recorded by the institute's professionals, in which psychometric instruments were applied for psychological evaluation: Millon Clinical Multiaxial Inventory (MCMI-III) and the Family Functioning Questionnaire (FF-SIL). The avoidant, antisocial, and depressive clinical patterns predominated among the different substances consumed. The dysfunctional family was highlighted in users of alcohol (44.4%), marijuana (45.5%), cocaine (63.7%), and multiple substances (60.9%). No statistically significant differences were found between the study variables concerning the consumption group. The correlation between personality patterns and family functioning was statistically significant and inversely proportional, with a moderate intensity between avoidance and functionality (-0.251). Therefore, when personality patterns increased, family functioning tended to decrease.

Keywords: Substance abuse treatment centers, drug users, substance dependence, personality..

Resumen

Los patrones de personalidad y el funcionamiento familiar pueden potenciar o mitigar el desarrollo de conductas adictivas, problemática psicosocial que afecta a grupos vulnerables a nivel mundial. La presente investigación tuvo como objetivo, establecer la relación de los patrones clínicos de personalidad y el funcionamiento familiar según la sustancia de consumo, en una población de pacientes drogodependientes internados en centros de rehabilitación de la zona 3, Ecuador, su diseño fue no experimental de tipo transversal y correlacional. Los datos se obtuvieron mediante la técnica de análisis documental, a partir de la revisión de historias clínicas registradas por los profesionales del instituto, en las cuales se aplicaron instrumentos psicométricos para la evaluación psicológica: Inventario clínico multiaxial de Millon (MCMI-III) y el Cuestionario de funcionamiento familiar (FF-SIL). Los patrones clínicos evitativo, antisocial y depresivo predominaron entre las distintas sustancias consumidas. La familia disfuncional se destacó en los consumidores de alcohol (44,4 %), marihuana (45,5 %), cocaína (63,7 %) y múltiples sustancias (60,9 %). No se encontraron diferencias estadísticamente significativas entre las variables de estudio con respecto al grupo de consumo. La correlación entre los patrones de personalidad y el funcionamiento familiar resultó estadísticamente significativa e inversamente

proporcional, con una intensidad moderada entre la evitación y la funcionalidad (-0,251), por lo tanto, cuando los patrones de personalidad aumentaron el funcionamiento familiar tendió a disminuir.

Palabras clave: Centros de tratamiento de abuso de sustancias, consumidores de drogas, dependencia de sustancias, personalidad.

INTRODUCTION

In the last decade, studies of clinical patterns of personality and family functioning in addicted individuals have achieved a particular notability in medical sciences, both those derived from a medical disposition and those from a psychological one. The research field addresses the complex interaction between the personality characteristics of people with addiction and the patterns of family interaction that influence the development, maintenance, and treatment of addictions. It also includes the development of therapeutic strategies and intervention programs that address both individual and contextual aspects of addiction. (1)

Accordingly, Ortiz et al. (2) define family functioning as the dynamic between members based on an environment of harmony, cohesion, communication, affection, permeability, and adaptability. Family functionality is also related to the human capacity to adapt to normative or relative changes in their life cycle as a couple or family and to unexpected events that occur in daily life. (3)

Furthermore, family functioning depends on the formation perspective of each family, whether nuclear or extended, since it may present the physical absence of one or both parents, generally related to violence and parent-child conflicts. Likewise, the lack of authority to regulate the conduct of children produces destabilization, which, together with the changes that children and adolescents go through, can cause confusion and trigger addictions. (4)

Emotional neglect and lack of affection can also contribute to addiction; consequently, individuals interact negatively with their families. Care and emotional bonding are key to emotional development since, during childhood and adolescence, the psychic resources that provide humans with the security and ability to make appropriate and practical decisions are acquired. (5)

In a complementary manner, personality is conceptualized as a psychological construction linked to the cultural context of individuals and integrated by social norms, values, beliefs, customs, and traditions that significantly influence the manifestation of their traits. Therefore, the clinical patterns of personality are characterized by the exclusive construction in a personal and persevering manner of the subject, where their vital areas intervene that condition the thought, perception, and the way of interacting with others. (6) Pedrero et al. (7) describe personality as a complex pattern of deep-rooted psychological characteristics, largely unconscious and difficult to change, as they are expressed automatically or involuntarily in almost all areas of the functioning of each subject.

Most problematic situations that accompany consumption arise from dysfunctional patterns of behavior. However, it is unknown whether personality is a triggering factor for drug consumption, whether drug consumption leads to a pattern of maladaptive personalities, or whether each element is independent. (8) Therefore, Verheul et al. (9) state that pathological personality traits contribute to and predispose the development of a substance use disorder. In addition, the existence of a maladaptive personality trait – such as, for example, impulsivity – is associated with a higher risk of addiction. Likewise, the existence of high impulsivity is related to more significant psychopathological complications in addicted patients. (10)

Likewise, the clinical personality patterns are composed of paranoid, schizoid, avoidant, depressive, dependent, histrionic, narcissistic, antisocial, aggressive-sadistic, compulsive, negativist, and self-destructive; each one presents symptomatology and characteristic features that differentiate them. (11)

Meanwhile, an antisocial personality disorder shows maladaptive behaviors according to social norms; the subjects are usually impulsive and are found more prominently in the male sex. (12) One of its diagnostic criteria is connected with the realization of illegal activities, including drug use. (13) In particular, anxious personality disorder produces tension, fear, and inferiority. It can alter the stability and organization of the person so that by denying reality, it would largely explain drug-dependent behavior and some addictions. (14)

People with personality disorders show frequent consumption of illegal substances and alcohol, are more compulsive, and generally use them to manage their mood and increase their functioning. They also present more significant psychopathological problems, impulsivity, isolation, and less satisfaction with their lives. (15)

Addictions can also be understood as a symptom generated by failures in the evolutionary development of the intrapsychic world, as well as the inconsistencies presented in the relationship with the family nucleus. (16)

Consequently, the present research aimed to establish the relationship between clinical personality patterns and family functioning and identify the levels of family functioning in addicted individuals.

MATERIALS AND METHODS

The research was quantitative in approach, with correlational scope, and cross-sectional, since it was based on the theoretical foundation and information was selected from the study of the general population, made up of 70 clinical histories of patients addicted to substances, where the psychological batteries that were previously applied by professionals from the specialized center for the treatment of people with problematic consumption of alcohol and other drugs (CETAD), belonging to the canton of Puyo, province of Pastaza, are recorded.

Collecting data instruments

Millon Clinical Multiaxial Inventory (MCMI-III), developed by Theodore Millon, is an instrument that presents a Cronbach's alpha of 0.96, which shows its reliability, and which is made up of 175 items; its objective is to identify the pathologies, disorders, patterns and clinical syndromes that measure 12 clinical patterns of personality (Schizoid, Avoidant, Melancholic, Dependent, Histrionic, Stormy, Narcissistic, Antisocial, Sadistic, Compulsive, Negativist, and Masochistic); 3 serious personality pathologies (Schizotypal, Borderline, and Paranoid); 7 clinical syndromes (Generalized Anxiety, Somatic Symptoms, Bipolar Spectrum, Persistent Depression, Alcohol Use, Substance Use, and Post-Traumatic Stress); and three severe clinical syndromes (Schizophrenic Spectrum, Major Depression and Delusional Disorder). (17)

- Family Functioning Questionnaire (FF-SIL), created by Ortega de la Cuesta, with a Cronbach's alpha of 0.94, identifies problematic factors involved within the family nucleus, is made up of 14 items through which dimensions of family functioning such as cohesion, harmony, communication, adaptability, affectivity, role, and permeability are assessed. It measures categories of functional family (70 to 57), moderately functional (56 to 43), dysfunctional (42 to 28), and severely dysfunctional (27 to 14). (18)

Procedure

The data were taken from the medical records kept at the center specializing in the treatment of people with problematic consumption of alcohol and other drugs.

Once the permits issued by the center's director were obtained, the study subjects were selected, which included all the clinical histories, and subjected to review to collect data relevant to the research. These were organized in a Microsoft Excel database and analyzed using the Statistical Program Package for the Social Sciences (SPSS) version 25, Kolmogorov-Smirnov normality tests with nonparametric results. Descriptive statistical tests (absolute and relative frequency tables) and inferential tests (Chi-Square test, Spearman's Rho, Kruskal Wallis H) were applied to verify the relationship of variables and differences between groups.

Ethical requirements for the proper handling of documents depended on the standards governing the profession, such as the confidentiality of the identity of participants and results respecting the principles of non-maleficence, justice, and autonomy.

RESULTS

Table 1. Sociodemographic characteristics of the sample

Sociodemographic characteristics of the sample

Variable	Category	Total sample(N = 70)	Statistical
Age		32.00 ± 11.15	t=24.05
Marital status	Single	42.9 % (30)	Chi^2 = 24,800
	Married	51.4 % (36)	
	Divorced	5.7 % (4)	
Educational level	Elementary School	2.9 % (2)	Chi^2 = 30.029
	High School	44.3 % (31)	
	University	52.9 % (37)	
Ethnicity	Mixed-race	92.9 % (65)	Chi^2 = 111.629
	Afro-Ecuadorians	2.9 % (2)	
	Indigenous	4.3 % (3)	
Place of residence	Riobamba	20.0 % (14)	Chi^2 = 82.229
	Puyo	32.9 % (23)	
	Basin	1.4 % (1)	
	Ambato	2.9 % (2)	
	Guayaquil	10.0 % (7)	
	Tena	10.0 % (7)	
	Potato	8.6 % (6)	
	Quito	4.3 % (3)	
	Emeralds	4.3 % (3)	
	Colombia	1.4 % (1)	
	Latacunga	2.9 % (2)	
	Galapagos	1.4 % (1)	
Substances of consumption	Alcohol	38.6 % (27)	Chi^2 = 13.429
	Dope	15.7 % (11)	
	Cocaine	12.9 % (9)	
	Multiple substances	32.9 % (23)	

Note: NS= Not significant (P>0.05), ** Significant at 1% (P<0.01)

Abbreviation: P= p- value , Estud = Studies

The mean age of the population is 32 years, with a standard deviation of 11.15 years, indicating considerable dispersion in the ages of the participants. The t-statistic of 24.05 ($p < 0.001$) suggests that this mean age significantly differs from zero, an expected result for age data.

Regarding marital status, we observed a non-uniform and statistically significant distribution across categories ($Chi^2 = 24.800$, $p < 0.001$). The majority of the sample is married (51.4%), closely followed by singles (42.9%), while divorced individuals represent a much smaller proportion (5.7%). This distribution suggests a population mainly established in marital relationships, with an almost equal proportion of single individuals, which could reflect a transitional stage in the lives of many participants.

The educational level of the sample shows significant differences in distribution ($Chi^2 = 30.029$, $p < 0.001$). Most participants have higher education (52.9%) or secondary education (44.3%), while only a tiny fraction has only primary education (2.9%). This distribution indicates a generally high educational level in the sample, which could have significant implications regarding access to information, decision-making, and health-related behaviors.

In terms of ethnicity, we observed a clear predominance of mixed-race ones in the sample (92.9%), with much smaller proportions of Afro-Ecuadorians (2.9%) and Indigenous people (4.3%). The high chi-square value (111.629, $p < 0.001$) indicates that this distribution is highly significant and not random.

The distribution of places of residence shows significant variations ($Chi^2 = 82.229$, $p < 0.001$), with Puyo (32.9%) and Riobamba (20.0%) as the most represented cities. Guayaquil and Tena each have 10% representation, while other cities have more petite proportions.

Regarding substance use, significant differences are observed between the categories ($Chi^2 = 13.429$, $p = 0.004$). Alcohol is the most commonly consumed substance (38.6%), followed by the use of multiple substances (32.9%). Marijuana (15.7%) and cocaine (12.9%) show lower but notable levels of consumption. These results reflect complex consumption patterns where alcohol maintains a predominant position; as well as the use of multiple substances represents a significant concern, mainly due to the notable presence of marijuana and cocaine use. It is essential to consider how these consumption patterns could relate to other sociodemographic variables indicated above.

Table 2. Clinical personality patterns according to the substance of consumption

Clinical personality patterns according to the substance of consumption

Substances of consumption	Personality patterns	f	%	*p-value*
Alcohol	Avoidant	7	25.9	0.805
	Depressant	6	22.2	
	Dependent	2	7.4	
	Narcissistic	2	7.4	
	Antisocial	7	25.9	
	Destructive	3	11.1	
	Total	**27**	**100.0**	
Dope	Schizoid	1	9.1	
	Avoidant	1	9.1	
	Depressant	3	27.3	
	Dependent	2	18.2	
	Narcissistic	2	18.2	
	Aggressive-Sadistic	1	9.1	
	Negativist (Passive-Aggressive)	1	9.1	
	Total	**11**	**100.0**	
Cocaine	Avoidant	2	22.2	
	Dependent	3	33.3	
	Narcissistic	1	11.1	
	Antisocial	2	22.2	
	Aggressive-Sadistic	1	11.1	
	Total	**9**	**100.0**	
Multiple substances	Avoidant	3	13.0	
	Depressant	6	26.1	
	Dependent	1	4.3	
	Narcissistic	4	17.4	
	Antisocial	6	26.1	
	Destructive	3	13.0	
	Total	**23**	**100.0**	

Abbreviation: f: absolute frequency, %: percentage, p-value: statistical differences (Kruskal-Wallis).

In the descriptive analysis of the different clinical personality patterns based on the type of substance consumed and the statistical differences by groups (as shown in Table 2), it was identified that the avoidant and antisocial patterns were particularly prominent among individuals who consume alcohol; in marijuana users, the depressive pattern stood out, cocaine was notably associated with dependence; finally, in the context of multiple substance use, the dependent and antisocial patterns were more frequently observed. It was observed that there are no differences between the groups concerning personality patterns (p-value = > 0.05).

Table 3. Type of family functioning according to the substance consumed

Type of family functioning according to the substance consumed

Substances of consumption	Type of family functioning	f	%	*p*-value
Alcohol	Functional family	2	7.4	0.259
	Moderately functional family	12	44.4	
	Dysfunctional family	12	44.4	
	Severely dysfunctional family	1	3.7	
	Total	**27**	**100**	
Dope	Functional family	1	9.1	
	Moderately functional family	5	45.5	
	Dysfunctional family	5	45.5	
	Total	**11**	**100**	
Cocaine	Moderately functional family	2	22.2	
	Dysfunctional family	6	66.7	
	Severely dysfunctional family	1	11.1	
	Total	**9**	**100**	
Multiple substances	Functional family	1	4.3	
	Moderately functional family	8	34.8	
	Dysfunctional family	14	60.9	
	Total	**23**	**100**	

Abbreviation: f: absolute frequency, %: percentage, p-value: statistical differences (Kruskal-Wallis).

In the analysis of the type of family functioning concerning the substance consumed by the participants and the statistical differences by groups (Table 3), high and similar percentages were evident between the moderately functional family and the dysfunctional family in the alcohol and marijuana consumers. In contrast, only the dysfunctional family was manifested in those who consumed cocaine and multiple substances. The consumption of alcoholic beverages is observed with high frequency in comparison with the other substances. No significant differences in functionality were evident between the consumption groups ($p = > 0.05$).

Table 4. Correlation between clinical personality patterns and general family functioning

Correlation between clinical personality patterns and general family functioning

Clinical personality patterns/Family functioning	Spearman's Rho	*p*-value
Schizoid clinical pattern	-0.037	0.762
Avoidant clinical pattern	-0.251 *	0.036*
Depressive clinical pattern	-0.028	0.815
Dependent clinical pattern	-0.200	0.097
Histrionic clinical pattern	0.190	0.116
Narcissistic clinical pattern	0.147	0.223
Antisocial clinical pattern	-0.146	0.227
Aggressive-sadistic clinical pattern	-0.189	0.118
Compulsive clinical pattern	0.054	0.656
Negativistic clinical pattern	-0.152	0.210
Self-destructive clinical pattern	-0.162	0.181

Note: * Statistically significant differences: p-value = < 0.05

Abbreviation: Spearman's rho, Spearman's correlation coefficient; p-value, value of statistical significance

Regarding the correlation performed using the Spearman correlation coefficient between the variables clinical personality patterns and family functioning (Table 4), a low inversely proportional correlation was found between the avoidant clinical pattern and the general family functioning of the patients (Rho= -0.251; p < 0.05); in addition, no other significant relationships were observed.

DISCUSSION

In the analysis concerning personality patterns according to substance use, it was identified that alcohol consumers have high percentages in the avoidant and antisocial patterns, the latter and accompanied by the depressive are representative of the use of marijuana and multiple substances, to finish the dependent characteristic stands out in cocaine, in agreement with the study of Rodriguez and Salgado, [19] where it shows that the personality pattern that stands out is the antisocial and avoidant. Likewise, Santos-de Pascual and others [20] affirm the existence of a high prevalence of the antisocial pattern (31%) in consumers at a general level. In contrast, Rodriguez-Saez and Salgado-Ruiz [21] showed that narcissism was a pattern with a high level of frequency (41.93%) in the population of drug-dependent adults.

Regarding family functioning and type of substance consumed, a significant predominance of participants with moderately functional and dysfunctional families was identified concerning alcohol (the most consumed drug), marijuana, cocaine, and multiple substances, data coinciding with those proposed by Castaño and Páez [22] in Manizales, Colombia, where 38.7% of the sample focused on dysfunction, and alcohol consumption was more representative with 80.3%. Similarly, Cócola [23] observed the presence of dysfunctionality and disorganization of the family system associated with conflictual relationships and frequent use of alcohol, tobacco, marijuana, and other drugs with 59%. Another study carried out in Brazil [24] reflected that 57.9% of

the participants consumed alcohol and tobacco and presented significant difficulties in parent-child relationships.

Finally, the study regarding the relationship between the variables verified a negative link between the avoidant clinical pattern and family functioning. Since it is an inverse relationship, it is understood that avoidance increases and functionality decreases or vice versa. Peñaherrera- Vélez [25] and others showed data similar to those found in the present investigation since families with dysfunctional extremes significantly influenced personality; in turn, personality styles were significantly related to family types.

In the same sense, Díaz-Camargo et al. [26] found inversely proportional relationships between avoidant and depressive personality patterns concerning family functioning. It should be noted that, despite an exhaustive search, limited documents were found that showed the relationship between the study variables in the drug addict population.

CONCLUSIONS

The predominant personality patterns are avoidant, antisocial, depressive, and dependent. These are found significantly in the different types of substances the patients consume. The family is considered a fundamental pillar of society and plays a central role in forming the personality of its members; however, when investigating the type of family functioning, most individuals live within dysfunctional families, regardless of the type of substance they ingest. An inverse relationship was found between the clinical personality pattern and family functioning, showing that family functioning decreases as personality patterns increase.

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Contributions: Both researchers actively participated in the research of information, scientific writing, data processing, results, discussion, and conclusions of the article.

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