P-ISSN: 2709-6254	Journal of Development and Social Sciences	Apr-June 2024, Vol. 5, No.2
O-ISSN:2709-6262	https://doi.org/10.47205/jdss.2024(5-II)19	[186-198]

Journal of Development and Social Sciences
www.jdss.org.pk

RESEARCH PAPER

Role of Parental Neglect in Shaping Resilience Among Individuals with Substance Use Disorder

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ABSTRACT

The present study was conducted to observe the parental neglect and resilience among substance use disorder and their difference with general population. The total number of sample 280, with age range of 19-40 years. The data were collected through purposive sampling from rehabilitation center of district Faisalabad. Demographic sheet were used to get personal information about the participant. Drug abuse screening tests, Parental acceptance rejection questionnaire, Corner Davidson resilience scale Urdu versions were used. Results showed score of substance users on parental neglect and resilience are higher as compared to general population. The result showed that there is positive correlation between parental neglect and substance use disorder. Significant negative correlation among resilience and substance use disorder. By understanding how resilience can act as a protective factor, mental health professionals can design interventions to foster resilience and mitigate the negative effects of prenatal neglect on substance use disorder.

KEYWORDS Parental Neglect, Resilience, Substance Use Disorder

Introduction

A major and serious worldwide health issue that has gone up among young people is substance use (Coughlin et al., 2021). This one of the biggest significant global health issues, substance use disorder is quickly increasing in prevalence and affects people of all genders, generations, ethnic groups, socioeconomic statuses, and geographic locations. One million deaths are brought on by illegal drug use, drinking, and smoking each year (Malik et al., 2012).

In wealthy nations, both alcohol use and illicit drug use are equally responsible for illness risk (Castaldelli-Maia, & Bhugra, 2022). In Pakistan According to the general aggregate findings, 6.7 million individuals, or about 6 percent of the population, took drugs besides alcohol and tobacco in the year prior. This includes 9 percent of adult males and 2.9 percent of adult females (Asad, 2002).

Parental neglect has been identified as a significant contributor to children's poor results in terms of their physical and mental growth as well as their psychological health (Jawaid, 2007; Mandelli et al., 2015). According to the World Health Organization (WHO, 1999) neglect means that failure of parents to provide basic needs for child growth in more than one of the described domains : health, education, emotional development, nutrition, shelter, and suitable environments. Consequently, neglect is likely to happen when the family or protector has access to sufficient facilities (WHO, 2020). According to Stoltenborg et al. (2013) estimates of the prevalence of child negligence range 16.3% for physical neglect and 18.4% for emotional neglect to 20.6% and 29.4% depending on age (Clement et al., 2016).

Therefore numerous children which are neglected and mistreated suffer substantial detrimental impacts on their interpersonal and mental performance, according to research on neglected and abused children. (Collishaw et al., 2007). So neurobiological data on how child neglected by their parents, particularly abuse that is chronic or constant, can result in lower levels of cerebral serotonin (Wanklyn et al., 2012) Child neglect may be a substantial risk factor for adolescents with psychological disorders, according to results of an additional study done in Karachi, Pakistan (Khan et al., 2021).

However children who have been neglected usually have undeveloped cognitive and emotion-controlling brain areas. The limbic and cerebral systems are still developing, which affects cognitive function and empathy (Egeland et al., 2002).

The Latin word resilere which means to begin again or to quail is where the word "resilience" originates. Resilience is a crucial element of good mental health (Davydov et al., 2010) which emphasizes positive outcomes despite having experienced circumstances and adversity that have been shown to carry significant risks for developing psychopathology (Blum & Blum, 2009). Resilience is typically defined as those elements and procedures that restrict negative behaviors associated with stress and that result in positive adaptive outcomes (Waxman et al., 2005).

Resilience are characterized like an effective coping or push back regardless of significant suffering. It is the capacity to reach, keep, or restore a level of physiological and psychological following disease and sorrow (Damásio et al., 2011). So that calmness, determination, persistency, expressiveness, and solitude are five interconnected traits that make up resilience. (Wagnild & Torm, 2013). According to Wagnild and Collins (2009). perseverance is the act of tenacity or an eagerness to keep working hard to reestablish a person's life in the face of difficulty or failure. Wagnild and Colin (2009) acknowledges resilience might be a genetic trait that each of us possesses to some extent that it can be increased or decreased based on life circumstances.

Earvolino-Ramirez et al. (2007) added self-determination as a further aspect of resilience, the conviction that one can succeed despite obstacles in life. Ginsburg and Jablow (2015) established the "7 Crucial C's" as a set of seven elements that can be used to gauge an individual's degree of resilience. Contribution , cope, competence ,confidence , connection, control and character are all important traits.

The significance of this study lies in its potential to contribute valuable knowledge to the understanding of the complex relationship between prenatal neglect, and resilience in people with substance users and non substance users.

Literature Review

The risk of having substance use disorders (SUD) afterwards in life rises with child maltreatment. Understanding the mechanisms that explain why people are susceptible to or prone to developing substance use disorders after being subjected to negligence is vital. The case-control research studied the impact of thoroughly assessed child maltreatment on biological indicators of endocannabinoid activity and emotion regulation in order to determine whether a child was vulnerable or resilient for occurring of SUD. The resilient population showed considerably greater negative connections in the ventromedial prefrontal cortex and anterior insula while at rest as compared to healthy subjects and individuals with lifetime substance use disorder who had undergone childhood abuse. (Perini et al., 2023).

In this study examined relationships among resilience traits and lifelong consumption of alcohol and illicit drugs. After control for trauma seriousness, age of individuals, and gender, discovered resilience traits reduced likelihood of having lifelong alcohol use issues as the two a primary impact and in combination with the degree of child

neglect (Wingo et al., 2014). Research by Patrick et al. (2012) examined the connection among socioeconomic status and substance use. The results of the research indicated that smoking in adulthood was linked to poorer childhood family socioeconomic status, while the association was explained by factors related to demographics and social roles.

Humensky (2010) conducting research that teenagers with high Socioeconomic backgrounds are also more likely to take drugs. Study results demonstrate a relationship between adult substance addiction and socioeconomic status as determined by parents income and level of education. Adolescent drug and alcohol usage is positively and statistically strongly correlated with parental income and education levels.

Additionally Study findings indicate a correlation between smoking and emotional/physical abuse, greater neglect ratings in cocaine users, and higher scores for family dysfunction in opioid users (Martin et al., 2023).

However Moss et al. (2020) stated that the effects associated with childhood trauma, institutionalization, and homelessness that become the reasons of the emergence of three major SUDs in young adults alcohol use disorder, tobacco use disorder and cannabis use disorder. The findings of their study indicate that parental neglect and the experience of living without home before the age of 12 years were strongly related to the emergence of the Alcohol use disorder and tobacco use disorder in teens and young adults (Moss et al., 2020).

Bahr and Hoffmann (2010) stated that teenagers with authoritarian parents were also less likely to have close friends who used alcohol than youths from the other three parental types to engage in heavy drinking. And higher levels of father engagement and emotional neglect in children were linked to higher starting drug use, whereas better father-child connections were linked to reduced initial drug use (Yoon et al., 2021).

Research from studies revealed that the resilience paradigm suggests that by strengthening teens' protective variables, drug misuse among youngsters can be reduced. The mental and bodily attributes of a person as well as outside forces like family or other healthcare organizations are examples of shielding variables. These elements have an impact on how well people adjust to adversity (Mandleco & Perry, 2000).

Time with no cigarette are linked to resilience, whereas there is a significant inverse association among smoking and resilience. Additionally, connection member and addiction to inclination are related to resilience through projected be can group addiction an in (Buckner et al., 2003). Cao and Zhoun (2021) demonstrated a substantial correlation amongst assistance from society and life happiness among those with drug use disorders. In addition resilience helped those with substance use disorders bridge the gap between support from society and satisfied life.

Material and Methods

Research Design and Sample

Cross- sectional research design was used in study. In current research sample of (*N*= 280) Substance users and non substance users with age range from 19 to 40 years collected from rehabilitation centers of Faisalabad. The sample ware divided into two groups substance users and non substance users . Non-probability sampling known as purposive sampling was used.

Inclusion and Exclusion Criteria

People with diagnosed substance use disorder was include in the study. Only detoxified patient were included. Only in-patient were included in study. The general

population between age 19 to 40 were included in study. The individuals whose score are less than 4 on Drug Abuse Screening Test, they were excluded.

Instruments

The questionnaire consists of five sections, and thereby, respondents will be required to spend approximately 30 minutes completing the questionnaire. The five portion included Part 1 (demographic data), Part 2 (Drug abuse screening test DAST Urdu version), Part 3 (Father acceptance-rejection scale Urdu version) and Part 4 (Mother acceptance-rejection scale Urdu version), Part 5 (Resilience 25 scales Urdu version).

Demographics Sheet

Demographics sheets provides information about age, gender, profession, number of siblings, birth order, education level, father age, father occupation, Nationality, city, marital status, family system and socioeconomic status.

Drug Abuse Screening Test 10 (DAST ; Skinner, 1982)

Drug Abuse Screening test was developed by Skinner (1982) and Urdu translated by Farwa Batool in 2019. The 28 things were included in the initial DAST. Two condensed forms of the DAST were developed with effective use DAST-20 and DAST-10. Items on DAST were graded as 0 for (No) and 1 for (Yes) except item 3 it is reverse scored. Scoring range is 0 to 10. Each item on scale add together to find out total score on scale. The scale is interpreted as lower and higher score. The scale revealed good internal consistency (α = .86- .94) and acceptable test re test reliability (.71). It has good face and construct validity (Yudko et al., 2007).

Parental Acceptance Rejection Scale (PARQ ; Rohner & Khaleaque, 2005)

The parental acceptance rejection questionnaires translated by Malik and Butt (2012) was used.. Total item of scale are 24. Scale contain four subscale. It is four-point Likert scale and response options range from almost always true (4) to almost never true (1). Scoring range from 24 to 96. The more the youngster feels that their parent rejects them the greater the score. PARQ was utilized in this study the reverse score items numbers for warmth and affection subscale was 1, 2, 3, 9, 12, 17, 19, 22, 24 on both mother and father questionnaire. The sub-scales of PARQ (mother) for the current study have Cronbach's alpha values ranging from 61 to 94. The PARQ (father) subscales' Cronbach's alpha for the current study varied from 71 to 91. It has good convergent, discriminant and construct validity (Rohner, 2005).

Corner Davidson Resilience Scale (CD-RISC ; Dvidson, 2003)

Corner Davidson developed the Connor and Davidson (2003) and Urdu translated by Sarwar et al. (2021). The CD-RISC is a 25-item scale that evaluates an individual's capacity to handle stress and adversity. It is 5 point Likert scale. From 0 (not true at all) to 4 (true nearly all the time) participants were asked to rate every statement. The respondents ratings go between 0 and 100, indicating that higher scores correspond to greater resilience. The CD- RISC has good internal consistency (α = .86, 0.90). Good test-retest reliability (.87), convergent and divergent validity and scale development have all been proven by the CD-RISC (Connor & Davidson, 2003).

Procedure

Permission for research was obtained from the department of psychology, after ensuring that the researcher is conducting a research for the requirement of M Phill Clinical Psychology degree. After that, researcher approach rehabilitation center in Faisalabad (Civil hospital Faisalabad, Dilpasand rehabilitation center, Faisalabad rehabilitation center to

inform them our research purpose their and attain permission they are recruit participants from their center Appointment time was scheduled with the authorities of centers in first meeting. After that asked the participant to sign the informed consent. Participant take 30 to 35 minute to complete scales. Participant take interest in filling scale. When scales were completed by the participants researcher check out the scale for double marking and incomplete scale information. If some information is required then researcher request from participant to complete it. The researcher thanked to participant for giving their time and provide information without any benefit. When data were collected from allocated participants then authorities were thanked for their cooperation. The data of the subjects was analyzed using a statistical computerized software called Statistical Package for Social Sciences Version 23 (SPSS-23).

Results and Discussion

To gain a better understanding of the association and discrepancy among individuals with substance use disorder, various statistical techniques such as correlation, t-test, Regression and Moderation Analysis were employed. To provide a comprehensive overview of the research participants, the demographic variables were examined alongside the frequency and percentages, which are presented in the table below.

Table 1
Scale's Reliability Analysis

Variables	M	SD	Range	Alpha Coefficient
Drug Abuse Screening Test	2.92	3.38	.00-17	.89
Parent Acceptance Rejection Questionnaire Father	63.38	21.25	25-96	.96
Parent Acceptance Rejection Questionnaire Mother	56.94	16.21	25-95	.91
Conner Davidson Resilience Scale	78.77	19.12	26-100	.94

Table 1 exhibits the depiction of the reliability of the drug abuse screening test, the questionnaire for the acceptance or rejection of parents, both the father and mother forms, as well as the Connor Davidson resilience scale. The drug abuse screening test's reliability coefficient is precisely .89, which falls within the acceptable range as prescribed by pertinent standards and guidelines. Conversely, the reliability coefficient of the parent acceptance and rejection questionnaire father .95 , specifically the mother form .91 and the Connor Davidson resilience scale, is an impressive .94, thereby positioning it within the category of excellence. Similarly, the reliability coefficient for the father form of the parent.

Table 2
Demographic Characteristics of Research Participants (N= 280)

Variable	Categories	N	%
Marital Status	Married	138	49.3
	Unmarried	141	50.4
Family System	Joint System	139	49.6
	Nuclear System	141	50.4
Residence	Rural	192	68.6
	Urban	88	31.4
Qualification	Matric	118	42.1
	FA	35	12.5
	BA	59	21.1
	MA	11	3.9
	Others	57	20.4
Socioeconomic Status	Lower Class	80	28.6

	Middle Class	179	63.9
	Upper Class	21	7.5

Table 2, which is presented herein, provides an illustrative depiction of the demographic characteristics of the research participants, totaling a considerable two hundred and eighty individuals (*N*=280).

Table 3
Mean Comparison people with substance use disorder and General Population on Resilience, and Parental Acceptance-Rejection

Variables	SUD people		General people				*95 % CI*	
	M	***SD***	***M***	***SD***	***t(278)***	***P***	***LL***	***UL***
Parental neglect	147.37	16.83	89.56	25.16	23.02	.000	53.25	63.21
Resilience	75.40	21.11	82.67	15.72	-3.22	.001	-11.7	-2.92

Table 3 illustrates a notable discrepancy that arises between resilience, parent acceptance rejection, and drug abusing screening when comparing the general population to individuals exhibiting addictive behavior.

Table 4
Correlation among Drug Abusing, Parental Acceptance-Rejection and Resilience

Variables	1	2	3
1. Parental neglect	-		
2. Resilience	-.30**	-	
3. Drug use	.25**	-.24**	-

Note: P<0.01**, P<0.05*

The table no 4 that has been presented that Parental acceptance rejection has significant negative relationship with resilience and significant positive correlation with drug abuse. Resilience showed significant negative correlation with drug abuse ($r = .25$, $p < .01$). It is worth noting that the correlation between these variables is notably strong and robust, indicating a significant association between the two. This suggests that individuals who experience lower levels of parental acceptance, higher levels of rejection, and a lack of emotional warmth and affection may be more susceptible to engaging in drug abuse behaviors.

Table 5
Correlation between Parental Neglect (Father & Mother) and Resilience

Variables	1	2	3	4
1. Resilience	-	-.097**	-.364**	-.237**
2. Father neglect		-	.464**	.177*
3. Mother neglect			-	.242**
4. Drug use				-

Note: P<0.01**, P<0.05*

The table no 5 shows Resilience scale shows significance negative relationship with parental attitude mother score total (r = -.36, p<0.01) and drug abuse total (r = -.237, p<0.01). Parental attitude father shows significant positive relationship with parental attitude mother total (r = .46, p<0.01) and drug abuse (r = .177, p<0.05). Parental attitude mother shows significant positive relationship with drug abuse total (r = .242, p<0.01). It is worth noting that the correlation between resilience, father and mother neglect are negative and father and mother neglect with SUD is positive.

Table 6
Regression Coefficient of Parental Neglect on Substance use Disorder

Variable	**B**	**β**	**SE**
Constant	3.26		1.26
Parental Neglect	.044***	.25	.014

R^2	.06

** p< .01. ***p < .001

The above table 6 regression analysis showed parental neglect and substance use disorder positively predicted substance use disorder (β .25 , p<.05).

Table 7
Regression Coefficient of Resilience on People with Substance use Disorder

Variable	B	β	SE
Constant	10.04***		.985
Resilience	-.09	-.23	.031
R^2	.05		

** p< .01. ***p < .001

The above table no 7 regression analysis showed resilience and substance use disorder negatively predict substance use disorder (β -.24 , p<.05).

Table 8
Resilience as Moderator between Parent acceptance Rejection and people with Substance use disorder

Variables	*B*	*SE*	*β*	*t*	*p*	*95%CI*
Parental Neglect	-.14	.06	-.001	-2.18	.030	[-.27, -.01]
Resilience	-.66	.21	.065	-3.05	.003	[-1.08, -.23]
Interaction	.006	.002	.088	2.76	.006	[.001, .010]

R2 = .1369

Table no 8 concluding the moderation analysis of study variables. The result showed parental neglect has significant negative relationship with substance use disorder (B = -.14, t = -2.18, $p < .05$) when resilience has moderation effect (B = -.66, t = -3.05, p < .05). since the negative relationship between parental neglect and substance use disorder is increasing as we increasing the resilience this is evident from (β -.001, .065, .088). The INT is significant p value is less than .05 (B = .006, t= 2.76, p < .05). R^2 is .1369.

Table 9
Mean Comparison of people with substance use disorder and non substance use on Father and Mother Neglect

Variables	N	Minimum	Maximum	Mean	Std. Deviation
Father Neglect	125	28	60	51.51	6.458
Mother Neglect	125	20	60	38.45	9.249

The statistical data presented in the above table no 9 clearly indicates the existence of a notable disparity in terms of the mean difference between father and mother neglect.

Discussion

Substance use, a pernicious habit that poses a grave threat to one's health, is an activity that has been widely condemned due to its detrimental effects on the lungs and brain and its well-established link to the development of cancer and various other psychophysiological disorders (Gerra et al., 2021). Freud posits that an individual who fails to attain oral gratification during the oral stage of development may become fixated, resulting in various manifestations such as oral sex, thumb sucking, fetishism, and indeed, smoking (Ehrmann, 2018). In accordance with Freud's theory, it is plausible to surmise that these smoking behaviors may be prevalent during the early stages of an individual's life, when they are in a state of immaturity. However, as one progresses through life, these behaviors are expected to evolve and mature alongside the individual's overall development (Mrazek & Mrazek, 1987).

This process occurs through a combination of rewards, wherein a person associates smoking with pleasurable experiences or as a means to stimulate their mental faculties. Thus, the act of smoking becomes ingrained within an individual's behavioral repertoire (Kirsch et al., 2004). The main objective of this study is to explore the relationship between parental neglect and resilience among substance use disorder people and general population. Multiple research investigations have shown that adverse effects on cognitive, emotional, and social functioning can result from parental neglect. The importance of this research rests in its ability to advance our knowledge of the intricate connection between adult substance users' resilience and parental neglect.

The research also confirmed the favorable correlation between earlier parental neglect and initial adolescent substance use. Another study confirm our findings people who have been assaulted throughout this delicate time may not be able to learn new coping skills or strategies for emotional regulation to deal with the emotional trauma that comes from such neglect alternatively, they may turn to drugs or alcohol as a way to cope with their intense sensations of anxiety and grief (Hovdestad et al., 2011).

Current study was that there will be positive correlation between parental neglect and resilience among substance users. The outcome illustrates that the behavior of drug abuse exhibits a robust positive correlation with the acceptance or rejection of parents but negative relationship with resilience of individuals with substance use disorders. These results also match with our study hypothesis. The research revealed a notable positive correlation between indicators of neglectful parenting behaviors and substance abuse issues in males (Kepple & Parker, 2021). Furthermore, it has been discovered through extensive research that there exists a direct and positive correlation between parental psychological aggression as well as neglectful parenting behaviors, with the occurrence and prevalence of substance abuse issues among college students (Rogers et al., 2018).

Resilience abilities are lessen the development of substance use disorder thorough boost up tolerance, positive emotional traits and looking for positivity. Studies on parental neglect and resilience among detoxified substance users are very limited but researcher find one study that are aligned our result in which 497 individuals studied who experience maltreatment in theory childhood and have high score on resilience less involvement in substance use disorder (Green et al., 2010). One study from literature also confirm the relationship that there will be positive relationship with attachment style and negative relationship with resilience among substance use people (Jenkins et al., 2010).

Current research study was that there will be negative correlation between parental neglect and resilience. The results of this research illustrate that the behavior of drug abuse exhibits a robust negative correlation with the acceptance or rejection of parents and the resilience of individuals with substance use disorders. Another Study the relationship between adolescent experiences and resilience in adults indicates that developing resilience in this age group can be accomplished through connections with others and a feeling of being included, as well as through cultivating qualities like determination, scheduling, setting objectives, wellness, navigating higher education, and academic abilities (Brogden & Gregory, 2018).

Current study was that Parental neglect will be positively predict substance use disorder. The results of the above regression analysis depicted that Parental neglect is a positive predictor of substance use disorder with 30% variation. The outcomes of the study were also matched with our current research study. The impact of parental substance abuse on their children's own substance abuse tendencies seems to be partially influenced by the presence of neglectful parenting practices. The noteworthy findings provide compelling evidence that parental neglect plays a vital and influential role in the development of drug addiction as well as other addictive behaviors. (Dunn et al., 2002).

Early neglect has been repeatedly linked to dependence on drugs in adulthood. A maximum of two thirds of those obtaining treatment for substance abuse have a history of maltreatment of children (Ouimette et al., 2000). According to the investigation, self-worth, behavioral adaptability, support from others, and family ties are important variables linked to resilience. When it came to resilience, all the factors combined to explain 26.9% of the variance among young people who used drugs (Dallas et al., 2023).

In current study was that Resilience will be a negative predictor of substance use disorder people. The results of the study findings indicate that the (β= -.24, p<.05) which shows that lower level resilience has a significant negative effect on people with substance use disorder. This result was also in favor of our hypothesis. Lower level Resilience emerges as a noteworthy negative predictor of substance use, with various investigations indicating that increased resilience levels correlate with a diminished risk of relapse among individuals diagnosed with substance use disorders (SUDs) (Khan et al., 2022).

The result of current coincides with research conducted by Fosco et al. (2012) which concluded father-child interaction, rather than mother-child interaction, was a factor in the development of drug abuse and other problematic behaviors within early-adolescent and young adults.

Conclusion

The conclusion revealed that parent acceptance-rejection rates are notably elevated among individuals with substance use disorder when compared to those without such disorder. Additionally, the resilience of SUD individuals is indicating a significant decrease in resilience within this population then general population. These findings shed light on the distinct characteristics and tendencies observed among individuals with addictive behavior, further emphasizing the importance of examining these factors in relation to drug abuse screening and parental acceptance rejection. Parental neglect will be positively predict substance use disorder.The conclusion revealed that hypothesis proved results parental neglect (from both the father and mother) positive predictor and substance use as the outcome variable. The conclusion revealed that hypothesis proved results showed resilience plays a significant role in management of substance use disorder. Father perceived neglect will be exhibit higher mean score on substance use disorder as compared to mother perceived neglect. The conclusion revealed that hypothesis proved results father neglect were higher than mother neglect for substance us population.

Recommendations

Future researcher may have a long time to conduct research in this way they may overcome the issue of small sample size in this way the long time they have and collect the large amount of data from the sample in this way the small sample size issue will be removed.

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