

A Comparison between Personality Disorders Group B (Borderline, Narcissistic, Antisocial, and Histrionic Personality Disorders) in Children of Drug-Addicted and Non-Addicted Parents

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Abstract

Objectives: This study aimed to compare personality disorders Group B in children with drug addicted parents and non- addicted parents. **Research Method & Instruments:** This descriptive study was causal-comparative. The statistical population of the research consisted of 63 employees working in Bank Maskan, Tehran East Branch, who were resident of District 14, as well as families with drug-dependent parents residing in District 14, Tehran, in 2017. A sample of 150 subjects were selected using snowball and probabilistic stratified sampling methods and assigned into three groups of 50 persons: Children of drug addicted parents (group A with no drug addicted child), group B (with drug addicted children), and children of non-addicted parents (no drug addicted child). Millon Questionnaire-III (1997) and Leeds Dependence Questionnaire (1994) were also adopted as the research instruments. Data were analyzed by descriptive statistics, including frequency distribution, standard deviation, and Millon test, and inferential statistics (e.g., ANOVA and Scheffe test) using SPSS software version 20. **Results:** There was a significant difference in borderline, narcissistic, and antisocial personality disorders between the children of drug addicted parents and those of the non- addicted parents at $p < 0.005$; however, no significant difference was observed in the histrionic personality disorder at $p < 0.005$ among the three research groups. Furthermore, there was no significant difference in terms of age, gender, education, and marital status. **Conclusion:** Parents' drug dependency significantly enhances the incidence of antisocial, borderline, and narcissistic personality disorders in children, implying that parental addiction has a direct impact on children's mental health.

Keywords: Children of drug addicted parents, Addiction, Personality disorders Group B

INTRODUCTION

Living in families with addiction issues is extremely difficult as the family members face various emotional, psychological, behavior, and personality disorders [1]. Because of their low self-confidence, children of addicted parents are not willing to establish positive and constructive relations with others, suffer from social rejection, have less control over their environment, individual growth, self-acceptance, and autonomy in comparison to their peers [2]. Researchers believe that the children of the addicted parents are as much as nine times more likely to be addicted [3].

Antisocial personality disorders, depression, and anxiety are the most common psychiatric disorders among addicts. The prevalence of borderline and antisocial, paranoia, schizotypal, aggressive-passive, dependent-avoidance, and schizoid is high among male addicts [4].

According to some theories on borderline personality disorder, an individual's failure against others in childhood

leads to recurrent instable behaviors in adulthood [5]. Parents play a critical role in forming children's borderline personality disorder (Fonagy & Luyten, 2009; Zanarini & Wedig, 2014; Macfie, 2015; Nuttall & Valentino, 2017; cited

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from Vanwoerden *et al.*, 2017; Musser *et al.*, 2018) ^[6, 7].

Narcissistic personality disorder may arise from parenting. The ones with such a disorder have high expectation from others ^[8]. There is genetic readiness for the formation and development of narcissistic personality disorder, though, it is learned as a behavior in childhood. It is caused by ignoring children by parents and the parents' failure to limit dignity perception in children (Jordan, 2010, cited from Khodabandehlou, 2016) ^[9].

In Freud's psychoanalytic, histrionic disorder appears when the child is being looked after by those who do not like him in an ensured manner. A majority of these individuals have cold and indifferent parents who, at the same time, were aggressive and malice toward the child so that the child returns to himself for love and kindness in order to overcome the unpleasant sense of not being loved ^[10].

Family and social factors, inheritance, learning disabilities, and physiological malformations of the central nervous system lead to antisocial disorder ^[11].

Genetics and family have the greatest impact on histrionic and antisocial personality disorder ^[12].

When the children of drug addicted parents grow up, they might suffer from traits such as inability, depression, anxiety, emotional suppression, irrational argument, suspicion, destructive attachments, extreme thinking, emotional instability, emotional abuse, physical abuse, physical violence, feeling of guiltiness, extreme use of defense mechanisms ^[13].

Personality disorder is characterized by incoherent inconsistency and inflexibility in behavior, cognition, emotional state, and impulse control, which significantly deviates from individuals' cultural expectations and leads to mental disturbances and social and occupational impairment. Personality disorders Group B are one of the main social and medical problems and are the product of inheritance and environment. In research on the factors causing borderline, narcissistic, histrionic, and antisocial personality, there have been reports on parents' mood, parenting styles, parents' role in the formation of early maladaptive schemas (American Psychiatric Association, 2000; Lenzenweger, 1999; WHO, 1993, cited from Iverach, Jones, Brian, Block, Lincoln & Harrison, 2005) ^[14].

Personality disorder and its resulting inability are long-lasting; however, its types differ with regard to its devastative effects on a person's life. The American Psychiatric Association (APA) classifies all types of personality disorders in three categories ^[15].

The first category is characterized by a strange behavior consisting of paranoid, schizoid, and schizotypal personality disorder. The second category encompasses emotional and

histrionic behaviors such as histrionic, antisocial, borderline, and narcissistic personality disorders. The third category is characterized by anxiety behavior consisting of avoidant, dependent, and obsessive/ compulsive personality disorders ^[15]. The present study addresses the second category (emotional-histrionic) disorders. Some features of this type of personality disorder are inflexibility (persistent, inflexible, and stable patterns, American Psychiatric Association, 1944, cited from Young, 2010; Millon 1981), avoidance (defending one's life background, identity, and personality are valued; Kaplan & Saduk, 1985, cited from Young, 2010), and interpersonal problems ^[16].

According to Myrna and Weissman (1993) (cited from Lenzenweger & Clarkin, 2005) ^[17], the incidence rate of personality disorders in general population ranges from 10% to 13%, and the prevalence of personality disorder in Iran is between 11 to 23% ^[18].

The anthropology of personality disorders reveals their biological (genetics, hormones, platelet monoamine oxidase, neurotransmitters, and electrophysiology), and environmental (psychological and socio-cultural) causes.

In psychoanalytic theory, learning-based habit patterns and maladaptive cognitive styles arise from differences, mood, disturbed parent-child attachment relations, parents' mental damages, and inappropriate parenting methods ^[19].

In Young's theory of schematic therapy, incompatible schemas are mostly associated with personality-oriented disorders-II and chronic and recurrent disorders- I. Drug addicted individuals belong to one of these two categories ^[20].

Antisocial personality disorder is characterized by self-centering, lack of conscience, impulsive behaviors, and surface gravity. ^[21] Such individuals suffer from ADHD in childhood, conduct disorders in adolescence, and antisocial personality disorder in their adulthood ^[22].

The beginning and the course of drug abuse are in line with the emergence and length of antisocial personality disorder ^[23]. Patients with borderline personality disorder are recognized at neurosis and psychosis boundaries by unstable emotional state, mood, behavior, and self-concept ^[15]., verbal outbursts, frequent self-injury, changing goals, values, sudden changes in plans on job, gender identity, frequent loss of job, intermittent education, failed marriage, impulsive behaviors, gambling, gluttony, drug abuse, sexual misbehaviors, careless driving, suicidal tendencies, and histrionic movements ^[24] as well as impulsivity and aggressive behaviors ^[25].

Borderline personality disorder overlaps with mood disorder, drug dependency, gluttony, post-traumatic stress ^[24], generalized anxiety, panic disorder, obsessive-compulsive disorder, bipolar disorder, schizoaffective

disorder, and brief *psychotic disorder* ^[26]. According to DSM-5, the prevalence of borderline personality disorder is estimated to be about 2%.

Freud employed the term narcissistic personality disorder to express the state of those who love themselves rather than others, are neurotic or psychotic and obsessed with themselves, and believe in their superiority over others or, at least, in their being at the center of attention ^[27].

Two main causes are introduced as the roots of narcissistic disorder. Parents love and admire their children to a large extent, and the assessment of their child's performance is exaggerated and repeated with a real sense. These parents are also unable to make their children address their own needs and desires, thus allowing their children to believe that the others are there to confirm them and pay attention to their needs ^[28].

According to the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders, the prevalence of personality disorder is estimated to be between 0% and 6.2% in the sample populations, 50 to 70 percent of whom are male ^[15].

Those with histrionic personality disorder seem appealing, intimate, and sociable; however, other individuals consider to be hypocritical and superficial so that they become demanding, carefree, self-centered, and introvert ^[29]. Histrionic and antisocial personality disorders occur at the same time. Histrionic personality disorder emerges in female patients and its masculine version is appeared as an antisocial personality disorder.^[30]

The prevalence of histrionic personality disorder is 2%-3%. It is more common in men than in women, and is associated with somatization disorder, mood disorders, and alcohol abuse ^[15].

Addiction

Addiction is a major chronic, and neurological disease that emerges due to the genetic, physiological, and social factors. It is characterized by lack of control in performing an action or a sense of being compelled to perform a given action, despite being aware of its dangerous consequences ^[31].

There is a genetic correlation between antisocial personality disorder and the consumption of drugs, alcohol, nicotine, and cannabis ^[32]. There is a significant difference between cocaine addicts with and without antisocial personality disorder regarding drug treatments ^[33]. Mood disorders, anxiety, and major depression are correlated with drug abuse disorders ^[34].

Women's dependence on drugs destroys the family, makes children vulnerable and ready for any kind of deviation ^[35].

Genetic and environmental effects affect the risk of drug abuse disorders. Some genes having impacts on various aspects of addiction neurobiology, including anxiety and rewards, are MAOA, SLC6A4, and methyl O transferase (COMT) ^[36].

According to psychologists, addicts are divided into "neurotic", "psychotic" and "unorganized". The "neurotic" addicts bother themselves and others. Psychotic addicts avoid reality and are threatened through psychoanalysis and aggression control. The "unorganized" addicts fail to communicate with reality and consider their failures to be due to their social and family conditions in their childhood. They are treated through individual and group psychoanalysis ^[37].

From the perspective of Freud's psychoanalysis, drug consumption is equivalent to returning to the oral stage. Adler considered drug consumption as a compensation for humiliation. That is, the basic need for satisfaction is not met in the early years of life, which brings the addicted person a sense of safety and satisfaction through drug consumption (Freud, 1914, cited from Farokh Khani, 2015) ^[38].

From a behavioral viewpoint, drug abuse strengthens the behaviors seeking for drugs (cited from Mahani, 2018) ^[39]. According to the registered statistics, there are about 2808000 drug addicts in Iran; however, informal statistics estimated their prevalence to be about 4800000 from 2011 to 2016, indicating an approximate growth of five percent ^[40].

In a comparative study on living conditions and vulnerability factors of children with addicted and non-addicted parents, Mahani (2018) found significant differences between these two groups of children regarding at least one of the dependent variables (namely, driving risk behaviors, violence, smoking, drug abuse, orientation toward sexual risks, and Hookah smoking).

Karbalaei (2016) in his research compared the relationship between symptoms of mental disorders and addiction tendency in adolescent of addicted and healthy parents in Kerman. His findings revealed that those of the addicted parents had more psychological disorders and greater addiction tendencies. Furthermore, anxiety, depression, physical complaints, obsession and compulsion, interpersonal sensitivity, and aggression were mostly observed in the group with addicted parents.

Drug abuse is associated with consumers' personality disorders ^[41-43].

RESEARCH METHOD

The present study was a causal-comparative descriptive study. The statistical population of the study encompassed

the residents of Tehran District 14 in 2017. A probabilistic stratified sampling method was used to select 50 persons from 63 upper-ranked employees¹ in Bank Maskan, East Branch, located in Tehran District 14 and their non-addicted parents.

Non-random snowball sampling method was also employed to select the children of the drug-addicted parents who were referred to Toloue Bineshan Addiction Treatment Center by one of their relatives. Of the 43 parents admitted, 23 had children aged 18 or above 18 years old (18 to 34 years old). All samples filled out the questionnaires (Millon Questionnaire was completed by the children and *Leeds Dependence Questionnaire* was filled out by the parents).

Afterwards, 100 subjects were selected and assigned into two groups (A and B). Group A (n=50) consisted of non-addicted children of the drug-addicted parents, and group B (n=50) encompassed 50 drug-addicted children of the drug-addicted parents. The research instruments were MCMI and LID.

FINDINGS

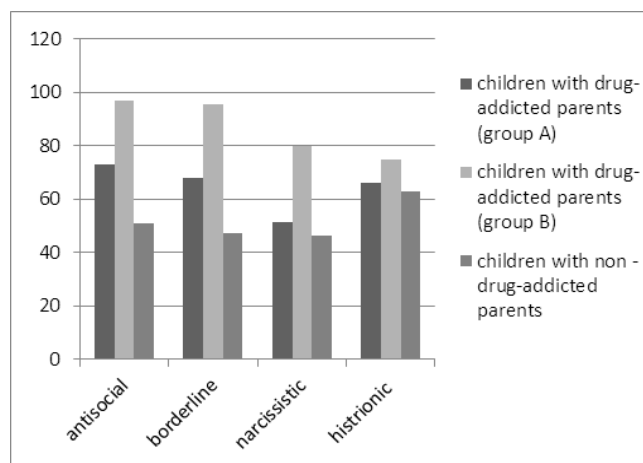


Figure 1. Mean scores of BR: antisocial, borderline, narcissistic, and histrionic personality disorders in groups of children with drug-addicted parents (group A) and children with non-drug-addicted parents (group B)

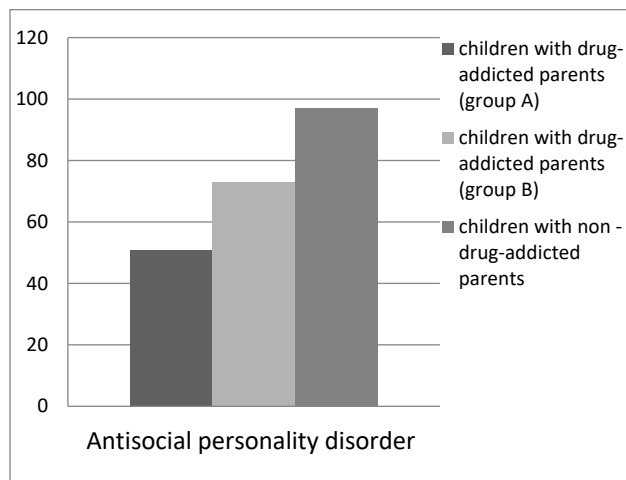


Figure 2. Antisocial personality disorder in three groups of children

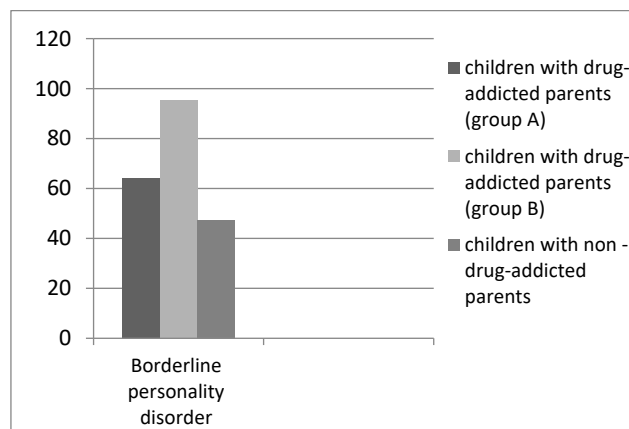


Figure 3. Borderline personality disorder in three groups of children

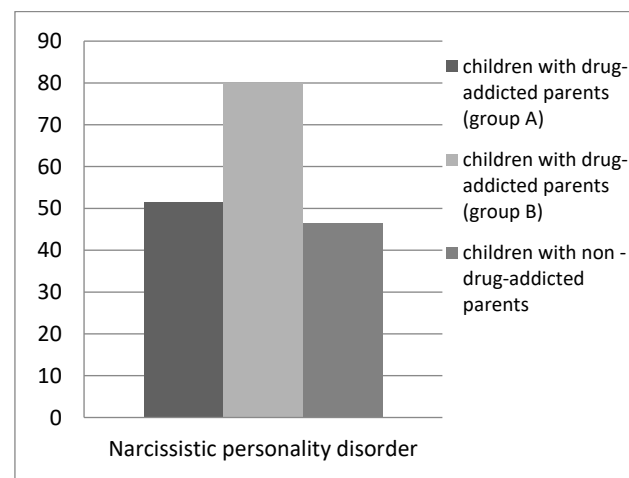


Figure 4. Narcissistic personality disorder in three groups of children

¹ Employees serving on upper banking positions compared to bankers and banking agents (directors and deputy directors of branches such as the Board of Financial Services, Currency Board, Branch Deputy, etc.)

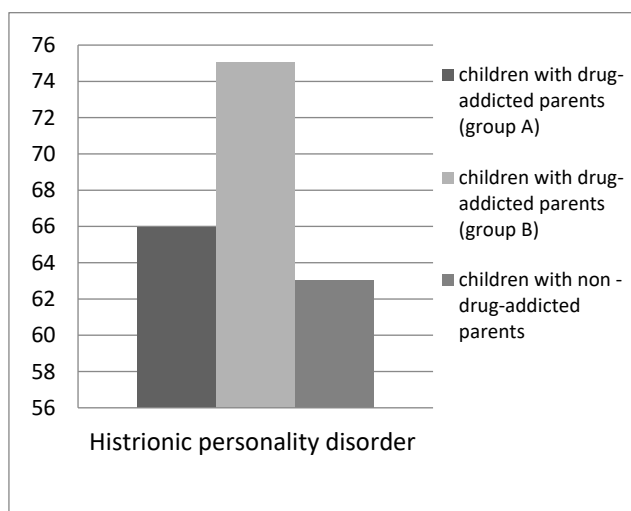


Figure 5. Histrionic personality disorder in three groups of children

Table 1: Length of drug consumption by parents and personality disorders Group B

Dependent variable	N	Length of drug consumption by parents	Mean	sd
Antisocial	50	No drug abuse	50.90	24.844
	10	Less than 5 years	80.2	11.563
	23	Less than 10 years	76.28	17.255
	52	Between 10 and 20 years	88.89	21.035
	15	More than 20 years	76.9	14.685
	150	Total	69.97	25.831
Borderline	50	No drug abuse	47.35	21.737
	10	Less than 5 years	71	5.612
	23	Less than 10 years	75.22	18.854
	52	Between 10 and 20 years	87.46	20.462
	15	More than 20 years	64	19.754
	150	Total	66.1	27.361
Narcissistic	50	No drug abuse	46.47	19.529
	10	Less than 5 years	59.6	10.738
	23	Less than 10 years	58.94	22.108
	52	Between 10 and 20 years	69.76	29.634
	15	More than 20 years	52.1	17.823
	150	Total	56.18	25.606
Histrionic	50	No drug abuse	63.02	20.251
	10	Less than 5 years	54.4	23.839
	23	Less than 10 years	68.44	23.991
	52	Between 10 and 20 years	71	27.01
	15	More than 20 years	75.8	12.586
	150	Total	67.17	22.823

Inferential Findings

Table 2: ANOVA test for antisocial personality disorder in three groups of children

Antisocial personality disorder	Sum of squares	Difference between groups	Mean of squares	F	Sig.
Inter-groups	40217.509	2	20108.755	51.080	0.000
Intra-groups	45666.356	148	393.675		
Total	85883.866	150			

The mean inter-group difference with sig. = 0.000 and $p < 0.005$ shows a significant difference between the groups regarding the incidence and prevalence of antisocial personality disorder.

Table 3. ANOVA test for borderline personality disorder in three groups of children

borderline personality disorder	Sum of squares	Difference between groups	Mean of squares	F	Sig.
Inter-groups	43130.066	2	21565.033	62.437	0.000
Intra-groups	40065.077	148	345.389		
Total	83195.143	150			

The mean inter-group difference with sig. = 0.000 and $p < 0.005$ shows a significant difference between the groups regarding the incidence and prevalence of borderline personality disorder.

Table 4. ANOVA test for narcissistic personality disorder in three groups of children

narcissistic personality disorder	Sum of squares	Difference between groups	Mean of squares	F	Sig.
Inter-groups	22657.179	2	11328.590	25.933	0.000
Intra-groups	50672.804	148	436.835		
Total	73329.983	150			

The mean inter-group difference with sig. = 0.000 and $p < 0.005$ shows a significant difference between the groups regarding the incidence and prevalence of narcissistic personality disorder.

Table 5. ANOVA test for histrionic personality disorder in three groups of children

histrionic personality disorder	Sum of squares	Difference between groups	Mean of squares	F	Sig.
Inter-groups	2774.244	2	1387.122	2.698	0.72
Intra-groups	59631.621	147	514.066		
Total	62405.866	150			

The mean inter-group difference with sig. = 0.072 and $p > 0.005$ show no significant difference between the groups regarding the incidence and prevalence of histrionic personality disorder.

According to the results of MANOVA Test, the Wilk's Lambda Test, Hotelling Test, and Roy's largest root Test ($p < 0.005$), it could be concluded that there was no significant difference in personality disorders group B among the three groups of children with regard to their age, level of education, gender, and marital status.

Considering the significance level (sig. = 0.176) for antisocial personality disorder, (sig. = 0.242) for borderline personality disorder, and (sig. = 0.905) for narcissistic personality disorder at $p < 0.005$, there is no significant relationship between marital status and personality disorder. On the other hand, a significant relationship exists between marital status and histrionic personality disorder with regard to sig. = 0.004 at $p < 0.005$. Regarding the significance levels (sig. = 0.025) for antisocial personality disorder, (sig. = 0.079) for borderline personality disorder, and (sig. = 0.033) for narcissistic personality disorder at $p = 0.005$, there is no significant relationship between marital status and histrionic personality disorder in the concerned groups.

DISCUSSION AND CONCLUSION

This study was to compare the prevalence of personality disorders group B (i.e., borderline, narcissistic, antisocial, histrionic) in children with drug-addicted and non-drug addicted parents. The study mainly aimed to investigate the relationship between parents' drug consumption and children's personality disorders group B.

The findings of this study are consistent with the findings of Solic et al. (2012) in term of antisocial personality disorder as they concluded that drug-addicted parents are more likely to show misbehaviors toward their children, thus promoting the risk of antisocial personality disorder among themselves and their children. Kouhi (2006) found a significant relationship between antisocial personality disorder in drug-addicted fathers and criminal and aggressive behaviors in their children.

Regarding to the borderline personality disorder in Kouhi (2006), there is a significant relationship between borderline personality disorder in drug-addicted fathers and anxiety-depression, social problems, aggressive behaviors, and other problems in children. In Kouhi's (2006) study, a significant relationship is also found between narcissistic personality disorder in opium- addicted fathers and isolation, anxiety-depression, and aggression in children.

The findings on histrionic personality disorder are in a similar vein with Sevilla, Domínguez, Matilla, Calvo, Eizaguirre, Moreno-Kustner, and Ochoa's (2017) as they reported that the prevalence of histrionic personality traits in the control group (with no personality disorder) was higher than its prevalence in patients with psychiatric disorders and symptoms admitted to the hospital [44].

Regarding antisocial, borderline, and narcissistic disorders, Wiehe (2003, cited from Laulika, Chou, Browne, Allam, 2013) [45] found that the prevalence and diagnosis of personality disorders in children with drug-addicted parents is higher than that in those with non-drug addicted parents [46].

There was no significant difference between children with drug-addicted and non-drug-addicted parents in terms of age, gender, level of education, marital status, and personality disorders group B.

Lower levels of education and re-marriage are predictors of antisocial personality disorder [47]. There is a significant difference between children with drug-addicted and non-drug-addicted parents in terms of some dependent variables (namely individual factors (e.g., attitude toward drug abuse, disappointment, lack of social skills, excitement seeking, impulsivity, sensitivity to anxiety), family factors (e.g., family conflicts, parents' attitude, and lack of family monitoring), and social factors (e.g., disorganized social environment, lack of commitment to school and psychosocial conditions of school)). In other words, the mean scores of the variables 'lack of social skills, impulsivity, family conflicts, and disorganized social environment' were higher in children with addicted parents, compared to children with non-addicted parents [39]. There is a significant relationship between abnormal personality traits, negative affection, isolation, disagreement, disinhibition, and psychosis with personality disorders group B (namely antisocial, borderline, narcissistic, and histrionic personality disorders) [48].

Research Limitations

The research findings could not be generalized to other districts of Tehran. A high percentage of hospitalized patients were below 40 years old and the concerned children were mostly above 18 years. Due to the lack of accurate information about children, sampling was demanding. Furthermore, the participants were heterogeneous in terms of gender.

Lengthy questionnaires resulted in a prolonged run-time, thus reducing the accuracy of information collected from those who were admitted to the Addiction Treatment Center.

There was also a limited number of similar studies conducted in Iran and other countries to examine the impact of parents' drug consumption on the aforementioned personality disorders in children.

Recommendations

Here are some suggestions for future researchers:

- Holding parenting workshops at addiction treatment centers and camps, in addition to the provision of drug treatment solutions;
- Providing the grounds and facilitating access to psychotherapy;
- Holding workshops for children with drug-addicted parents at school levels before their marriage and occupation;
- Providing the grounds for social acceptance and employment of individuals quitting drug and supporting organizations, agencies, and NGOs in employment to prevent further psychological damages in children;
- Investigating parenting practices and styles in drug-addicted and non-drug addicted parents of similar demographic conditions, in particular economic conditions, and examining the emotional intelligence of drug-addicted and non-drug addicted parents and their children.

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