

Comparative Study

Types of Conflict and Motivational Needs of Young Adults with and without Substance Use Disorder: A Comparative Study

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ABSTRACT

Conflicts play a vital role in substance misuse for individuals, on the other hand motivational needs that lead to the substance taking behaviour or restraining from the same are also appropriate for consideration in order to further contribute in planning holistic family-based interventions for relapse prevention. There are very few studies on the motivational needs that are the driving force behind the misuse and the same could help with maintaining relapse. Our study focuses on the finding out types of conflicts and motivational needs in young adults with and without substance use. **Method:** A total of 100 participants were enrolled for the study, of which 50 individuals had substance use disorder, and 50 individuals contributed as controls. SACKS sentence completion and Motivational Questionnaire (Junker 2001) were used for collecting data, t-test was used to compare the difference between the type of conflicts and motivational needs of the two groups. **Results:** There were more type of conflicts in the substance use group ($t= 27.631, p=0.001$). Need for power was higher in substance use group and need for achievement was higher in control group. **Conclusion:** There are higher conflicts in individuals with substance use disorder with higher need for power, which could be expressed as a way of exhibiting rebellion and personal power needs with less motivation to achieve, which could also be a contributing factor in repeated relapse.

Keywords: *Types of Conflict, Motivational, Substance Use Disorder*

There are several types of conflicts which might cause the individuals to abuse drugs and various other substances. The studies show various evidences which indicate that onset of substance taking behavior is frequently associated with stress which might be precipitated by family disruptions, control or management issues, or losses of facilities or family members (Bennett, 1995). Substance abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs. Psychoactive substance use can cause dependence syndrome- a cluster of behavioural, cognitive, and physiological

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phenomena that develop after repeated substance use and that typically include a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state. (WHO)

Substance abuse causes various conflict among family members. Sometimes the addicts get more attention which might contribute to jealousy in siblings and other family members. Spouses of addicts may become resentful of having to shoulder additional responsibility or cover up for their spouse's addiction. Children may assume unhealthy roles in the family to compensate for the substance abuser's inability to provide proper care and guidance. Various studies also show that family members often play a central role in the course of alcohol or drug addiction(Liddle & Dakof, 1995; Moore & Finkelstein, 2001; Moos et al., 1990; O'Farrell & Schein, 2000) and its treatment(Edwards & Steinglass, 1995; Stanton & Shadish, 1997). This role has both negative and positive implications for treatment and outcomes.

Interpersonal stressors have been ascribed as one of the most crucial form of stress which could in turn further be both the cause and precipitant of drug use. It may also affect the individual's cognition and behavior making it faulty and fueling interpersonal stress in turn. In our study we want to explore if there is any significant difference in interpersonal conflicts compared between patients with SUD and healthy individuals.

Alcohol abuse has been shown to be both a precipitant and consequence of marital stress, spousal abuse, and separation and divorce(Amato & Previti, 2003; Halford & Osgarby, 1993) (Amato & Previti, 2003; Halford & Osgarby, 1993; Wilsnack, 1996). Stressful marital interactions have seen to be associated with exacerbation of alcohol abuse and failed attempts at abstinence (Halford & Osgarby, 1993; Kahler, McCrady, & Epstein, 2003).

The construct of self-esteem comprises of two domains namely explicit and implicit. Explicit self-esteem is consciously considered and manipulated by the individual, while implicit self-esteem is unconscious and automatic(DeHart et al., 2009). Although both are formed through early interactions with significant others, they could also be attributed to other factors except social interactions with others also making them dissociable. Implicit self-esteem develops at an early age and remains relatively constant and automatic over time while on the other hand explicit self-esteem may change after encountering dynamic interpersonal interactions(Dehart et al., 2006).

Motive is defined as what prompts a person to act in a certain way or at least develop an inclination for specific behavior(Kast & Rosenzweig, 1985). Maslow on the other hand stated that "Only unsatisfied needs provide the source of motivation; a satisfied need creates no tension and therefore no motivation"(Burke, n.d.). Commonly, three qualities are included in almost all the definitions of motivation: (1) it is a presumed internal force, (2) it helps in energizing the individual for action, and (3) it determines the direction of action(Russell, 1971).

Mc Clelland proposed a theory of motivation that is closely associated with learning concepts, which proposes that, stronger the need, it eventually leads in motivating the person to perform a behavior. The main theme of the theory is that needs are learned through coping with one's environment eventually. Since needs are learned, behaviour which is

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rewarded tends to recur at a higher frequency (Gibson et al., 1976). There are three needs proposed by McClelland namely- Need for achievement (nAch), need for power (nPow) and need for affiliation (nAff). The need for achievement (nAch) involves the individual's desire to independently master objects, ideas and other people, and to increase one's self-esteem through the exercise of one's searched results. The need for power (nPow) has been described as a concern with the means of influencing a person. In a study by (Lussier & Achua, 2007, 2013) they defined nPow as seeking positional authority and an unconscious concern of influencing others. Daft (Daft, 2008) has defined the nPow as an eagerness to control or to have domination, authority and responsibility of others. There are two types of prevalent nPow namely- personal and institutional. People who need personal power have a want to direct others and have direct power over others. On the other hand, people with a high need for institutional power seek to achieve collective goals and are also concerned about other people's benefit as well.

Need for affiliation (nAff) could be understood as establishing, continuing or restoring a positive emotional relationship with another person. Need for affiliation is expressed as the passion to form close relationships, avoid conflicts and build warm friendships (Lussier & Achua, 2007, 2013). People with high nAff find opportunities to create and maintain harmonious relationships with others. These people are more interested in building warm relations with other, diluting conflicts rather than trying to win arguments. Individuals with high need for affiliation play the role of peacemakers in the group and are important for maintaining harmony and teamwork. They act best in a co-operative environment.

Studies have shown that there is prevalence of drug abuse in adolescents and young adults but there are few studies assessing the types of conflicts in substance users and their motivational needs. Further research into the area will help in planning holistic the family-based interventions.

METHODOLOGY

Participants

Total 100 participants of age range 18-35 years were recruited for the study. 50 individuals had substance use disorder, of which 25 individuals had alcohol use disorder and 25 individuals had opioid use disorder. All the 50 participants met the criteria for SUD according to ICD-10. 50 healthy individuals as control group from general population were also taken.

Procedure

The participants were explained about the research, informed consent filled, socio demographic proforma and scales were administered further to collect the data.

Measures

Sociodemographic data regarding participants age, family type, background and marital status was collected using a socio demographic proforma.

Type of conflicts was assessed by using Sacks sentence completion test (SSCT). Designed by J.M Sacks. The participant is supposed to complete 60 incomplete sentences. The four areas covered by the test are: Family, sex, interpersonal relationship and self- concept. The family area includes three sets of attitudes, attitudes towards mother, father and family unit. Sex area includes attitude towards women and heterosexual relationship. The area

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representing interpersonal relationship includes attitude towards friends, acquaintances, superior persons at college/school/work, supervisors, co-workers. Self-concept area involves guilt feelings, attitudes towards one's own abilities, past, future and aim. The reliability and validity of the test was determined by various psychologists and psychiatrists. Correlation in the ratings of both the groups revealed contingency co-efficient of 0.48 to 0.57 (David C McClelland, 1972) (Edwin, 1950).

Motivational Questionnaire by Junker 2001 was used to assess the motivational needs. It is a 11 item short questionnaire which helps in determining whether the individual is motivated by achievement, power or affiliation needs, based on McClelland motivational theory. In each question, the test subjects tick mark only one of three types of needs. The external validity was verified by the experts and professors in a study, also its reliability was calculated in a pilot study (Cronbach's $\alpha=0.90$). (Mojtaba Raeisi et al, 2012)

Data Analysis

Quantitative analysis was done. Data was described in terms of mean \pm standard deviation (\pm SD), frequencies (number of cases) and relative frequencies (%age) as appropriate. t- test was used for comparing different variables. A probability value (p- value) less than 0.05 was considered statistically significant. All statistical calculations were done using SPSS (Statistical Package for the Social Science)- SPSS 21 version statistical program for Microsoft windows.

RESULTS

The sample consisted of maximum number (58%) of participants (patients with SUD) in the age group 30-35 years of age, while in the control group, maximum (54%) participants were in the age group 25-29 years (Table 1). The mean age of the patients having SUD was 29.34 years and for that of control group was 27.28 years (Table 2). The SUD group consisted of most participants (76%) from an urban background and nuclear family (54%), on the other hand all the participants from control group were from urban background and most of them belonged to nuclear family (88%). Most of the participants (80%) were married in SUD group, while in control group most of them were single (82%) (Table 3).

Mean scores for SACKS total were higher for group A as compared to group B and there was significant difference between both the groups ($t=27.631$, p -value = 0.001), indicating higher conflicts in the substance use group than healthy controls. The mean score for SACKS total for group A (patients with SUD) was 29.12 (S.D.= 7.27) and for group B (control group) the mean score was 0.44 (S.D.= 0.97) (Table 4, Fig 1). Mean scores for family area were higher for substance group and there was also significant difference ($t= 10.136$, p -value = 0.001) amongst both the groups, indicating higher conflicts in family area in substance use group. The mean score for group A was 5.84 (S.D.= 3.94), for group B the mean score was 0.14 (S.D.= 0.53). On the comparison of the scores SACKS- Sex area, the mean score of substance use group was higher than healthy group and there was also a significant difference in both the groups ($t= 8.941$, p -value = 0.001), indicating higher sexual conflicts in person with sexual abuse. Mean score for group A (patients with SUD) was 1.86 (S.D.= 1.47), for group B the mean score was 0.00 (SD= 0.000). Mean scores for Interpersonal area were higher for patients with SUD as compared to healthy controls and there was also a significant difference between both the groups ($t= 17.897$, p -value = 0.001), indicating higher conflict in substance use patients in interpersonal areas as well. Mean score for group A was 9.38 (S.D.= 3.43), for group B the mean score was 0.38 (S.D.= 0.92).

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(Table 9, Fig.4). Comparing the scores for Self-concept area, mean score for substance use group was found to be higher than controls and there was also a significant difference between the groups ($t= 25.448$, $p\text{-value} = 0.001$), indicating higher conflicts with self in substance use participants. Mean score for group A was 12.36 (S.D.= 3.38), for group B the mean score was 0.12 (SD= 0.39 (Table 4).

On comparison of the scores of Motivational Needs, namely need for achievement (nAch), need for affiliation (nAff) and need for power (nPow). nAch total mean score for higher control group (mean=6.59, S.D.= 1.23) as compared to patients with substance use (mean=3.14, S.D.= 1.66), there was also a significant difference between both the groups ($t= -11.656$, $p\text{-value} = 0.001$), indicating lower need for achievement in individuals with substance use. nPow total mean score were higher for patients with substance use (mean=5.53, S.D.= 1.68) than healthy individuals (mean=1.66, S.D.= 0.82), there was also found a significant difference between the groups ($t= 14.569$, $p\text{-value} = 0.001$), indicating higher nPow in substance use individuals. There was no significant difference found for nAff, between the two groups (Table 5, Fig.2).

DISCUSSION

The present study was focused on finding the difference between the motivational needs and type of conflicts in patients with SUD and healthy individuals, the study will help further to address the needs of the patients and keep in view their conflicts in various areas including family, interpersonal, sex and self-concept.

In this present study we found significant difference in the mean scores of different types of conflicts measured by Sack's sentence completion test (SSCT), namely, conflicts in family area, sex area, interpersonal area and self-concept areas between the substance abuse group and control group. The mean scores for above mentioned areas were higher in substance use group as compared to healthy control group. These results are in line with the previous studies done by Vakalahi HF, 2001 and Madu SN, Matla MP, 2003 (Madu & Matla, 2003; Vakalahi, 2001) where they found that family environments with high levels of adversity, including violence, stress, parental drug use, ineffective communication and discipline, and poor sibling relationships, have been linked to adolescent drug use. Another study by Rhodes and Jason (1990) (Rhodes & Jason, 1990) demonstrated that poor family environments (i.e., poor parental relationships, a high degree of family problems) were significantly associated with a higher level of drug use. The above results are also in line with previous studies by Englund et al., 2008; Fergusson et al., 2007; Shelton and Harold, 2008; Zucker, 2008 (Englund et al., 2008; Fergusson et al., 2007; Shelton & Harold, 2008; Zucker, 2008) The present study also found significant differences in different areas of familial conflict where there was highest conflict recorded in the area of family unit (family taken as a whole, including the parents and siblings) which might be because some parents and siblings might also use drugs like which might in turn result in conflicts in the family accompanied by a constant stressful family environment. The other reason might be as the drug user is sometimes considered as a financial and emotional burden over the family, the family would not be supportive towards the individual leading to conflicts between the family and the individual exhibited as frequent relapses, fights, verbal and physical aggression towards the individual by family members or vice-versa. The siblings might also be jealous as sometimes the individual taking treatment for substance use might get extra care and attention from parents and other family members, ignoring the other children in the family which could in turn spark conflicts amongst children. There were higher conflicts

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reported with father as compared to mother, the possible reasons inquired were, most of the fathers were reported to have authoritative parenting style which leads to child not interacting with the father much and feelings of fear to get scolded and not be understood. Many a times the patients also try to rebel against their father in order to express their power needs by landing up in conflictual relations with the parental figures and indulging in behaviors like substance use, the behavior could also be exhibited as a form of escapism from the responsibilities and the family environment that could be strict for the individual. There was significant conflict between both the groups, indicating higher conflicts in sexual area of the patients with SUD. The above findings are supported by previous studies of Amato & Previti, 2003; Halford & Osgarby, 1993; Wilsnack, 1996 (Amato & Previti, 2003; Halford & Osgarby, 1993) where they found that alcohol abuse was shown to be both a precipitant and consequence of marital stress, spousal abuse, and separation and divorce. Stressful marital interactions are associated with exacerbation of alcohol abuse and failed abstinence (Halford & Osgarby, 1993; Kahler et al., 2003).

In other studies by Antonio et al, 2012, (Bruno et al., 2012) it was seen that drug users had difficulty establishing deep and committed relationship with partners, showed signs of inhibition, affective detachment and anger. Their sexual lives also had increased negative emotions, maladjusted behaviors with disturbing thoughts. The above study also showed that there were increased conflicts in the area of sexual conflicts with female, this could be because the participants reported feelings of inadequacy to get in deep meaningful relationships and to continue relations for long, as they found difficulty in understanding the feelings of the partner. Some reported that there were times when the other person (female) in the relationship was not supportive or was assumed not being able to understand the plight of the individual at failed attempts of abstinence. The participants who were married reported not being able to perform well with their partners, some lost the drive to perform and others were not able to satisfy the needs of the female partner, which in turn resulted in constant conflicts, stress and pressure. Some participants who were single also reported feeling shy to even interact and afraid of forming friendships with females as they were insecure how they would react if they came to know about the drug use of the individual.

Mean score for interpersonal conflicts was also high in substance abuse group indicating significant increased conflicts in the domains of friends, with supervised, colleagues, superiors and fear; which is in line with the previous studies done by Reaney, Martin, & Speight, 2008, (Reaney et al., 2008) showing that patients with substance abuse are at risk of experiencing significant interpersonal distress. The study also found that there was highest conflict in the area of fear, the participants reported being afraid and indecisive of the future. They reported being confused about finding new jobs and having difficulty in being able to continue with the old ones. The married participants were scared regarding the future of their spouse and children, providing for them and taking care of them. The single participants were scared of not being able to find life partners as not being able to leave the substance which could be precipitator for conflicts with the future partner. Or not being able to find a match at all as they would get rejected. The participants also expressed a fear of relapse and not being able to leave the substance.

The study also found significant interpersonal conflicts with friends. The participants reported the conflicts arising as a result of not being able to pay debts taken for drugs from friends, there were conflicts also reported as they had disagreements with those friends who would not support their drug taking behavior.

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There was also found higher conflicts in self-concept area which shows that patients with SUD have higher conflicts in domains of guilt, past, future, self-ability and goal. The findings are consistent with previous studies by Kounenou, 2010(Kounenou, 2010) who found that increased self-esteem is the predictor of avoidance of drugs and narcotics. Kahn also reported that lack of self-esteem can be correlated with increase in likelihood of drug abuse. Guglielmo et al., 1985 reported that low self-esteem is correlated with drug use. Feltis, 1991(Feltis, 1991) reported that there was a very strong negative correlation between trend of drug use and amount of self-esteem in adolescents. Smart and Ogborne, 1994(Smart & Ogborne, 1994) reported that youths under treatment for drug abuse had lower self-esteem. Emery et al., 1993(Kluin et al., 1993) found that student's self-esteem (at home or at school) is reversely correlated with drug use (illegal substances and drugs), tobacco and alcohol. In another study by Cook 2006, it was found that heightened feelings of guilt and shame was related to increased vulnerability to addictive behaviors like substance use(Mitic, 1980; Yanish & Battle, 1985) Mitic, 1980; Yanish, and Battle 1985 concluded in their study that low self-esteem poses higher risk for substance. The highest conflict was found in the sub areas of guilt and self ability. The participants reported doubting their abilities to leave the substance and be substance free. They also doubted themselves to be able to hold a job and continue taking good care of their families and themselves. They also expressed guilt about not being able to leave the substance and also using it at the first place. most of the participants and guilt regarding the use of substance to cope up with life issues and some accredited the use as a source of fun and pleasure which turned into addiction.

In our study it was found that there was significant difference between the need for achievement between both the groups. The mean score for nAch was low for substance use group as compared to control group, which is consistent with the findings of the studies by R. G. Cox et al(Cox et al., 2007) where they found that adolescent students who used different substances were poor academic achievers. In another study by K. Meressa et al,(Birhanu et al., 2009) it was seen substance use was associated with low academic performance. Study by Kate E. Fothergill et al, 2008(Fothergill et al., 2008) showed that risk for adult drug use was related to underachievement in 1st grade, low 7th and 8th grade scores. There was also significant difference in the mean scores of need for power for both the groups, which was higher for the substance use group, there was also significant difference for the mean scores for nPow, between the patients with opioid use and alcohol use, with higher mean scores for nPow in patients with alcohol use. These findings are in line with the previous studies done by(David C McClelland, 1972) McClelland et al. (1972) who also found that drug use in youth is a type of expression of personal power needs or rebellion.

Strengths and limitations

The study only included male participants and the sample is small and limited to only Alcohol and Opioid abuse hence it will pose a problem in generalizing the results. Our study supports the very few studies done in past for motivational needs analysis which will further help to design holistic relapse prevention intervention, keeping in mind the conflicts of the individuals to support them, considering their needs which might have been unattended in the past. The needs could be addressed in a positive way to help them have a sense of control and fulfillment in the rehabilitation process.

CONCLUSION

The above study focused on finding out the types of conflicts and motivational needs in patients with substance use disorder. We found higher conflicts and high need for power and

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low need for achievement in patients with SUD. The above findings can be taken into consideration to plan holistic family-based interventions. Keeping in mind the conflicts in various areas we could help the client by finding suitable co therapist and help the individual in the therapy process. Conflict management would further help the patients in developing better coping and increase their tolerance level as well. Further we could focus on gradually resolving the deficits considering their motivational needs as well.

APPENDIX

Table 1 & 2 : Distribution of Participants (patients with SUD and control group) in Terms of Age Groups and mean and SD in terms of age (n=100).

AGE RANGE	Group A	Group B	Total
18-23	3 (6%)	11 (22%)	14
24-29	18 (36%)	27 (54%)	45
30-35	29 (58%)	12 (24%)	41
Total	50	50	100

	Group A		Group B	
	Mean	SD	Mean	SD
AGE	29.34	4.80	27.28	3.55

Table 3: Distribution of Participants (patients with SUD and control group) in Terms of rural/ urban, family type and marital status (n=100)

RURAL/URBAN			FAMILY TYPE			MARITAL STATUS		
	Group A	Group B		Group A	Group B	Group A	Group B	
RURAL	12 (24%)	0 (0%)	JOINT	23 (46%)	6 (12%)	MARRIED	40 (80%)	9(18%)
	38 (76%)	50 (100%)	NUCLEAR	27 (54%)	44(88%)	SINGLE	10(20%)	41(82%)
Total	50	50		50	50	Total	50	50

Table 4 & figure 1. Comparison between the types of conflicts (SACKS SCT total, sex area, family area, interpersonal relationship and self- concept area) between patients with SUD and participants without SUD (n=100)

TYPES OF CONFLICT	GROUP A		GROUP B		t	p-value
	MEAN	SD	MEAN	SD		
SACKS TOTAL	29.12	7.27	0.44	0.97	27.631	0.001
SACKS- SA	1.86	1.47	0.00	0.00	8.941	0.001
SACKS- FA	5.84	3.94	0.14	0.53	10.136	0.001
SACKS-IR	9.38	3.43	0.38	0.92	17.897	0.001
SACKS- SC	12.36	3.38	0.12	0.39	25.448	0.001

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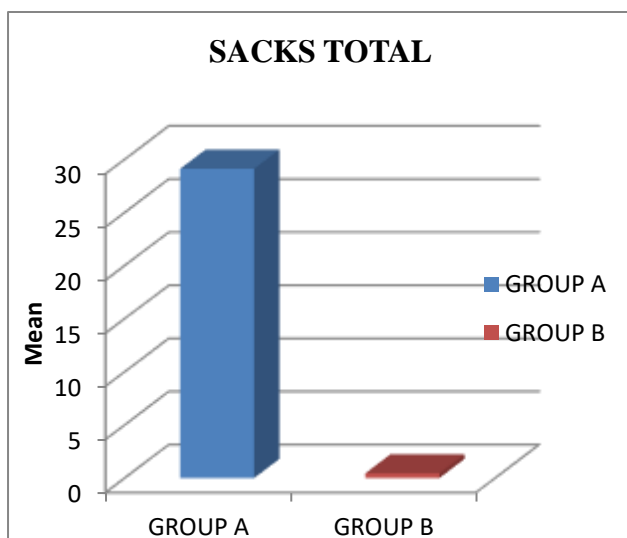
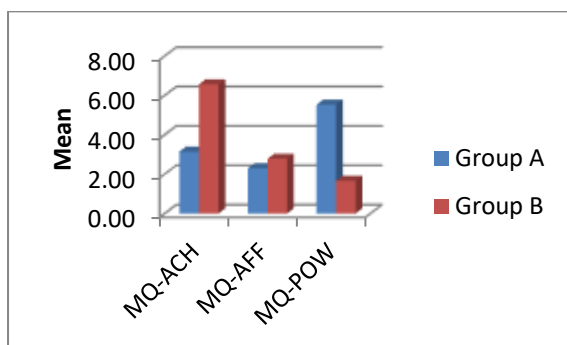


Table 5 & figure 2: Comparison of motivational needs between patients with SUD and participants without SUD (n=100)

MOTIVATIONAL NEED	Group A		Group B		t	p-value
	Mean	SD	Mean	SD		
MQ-ACH	3.14	1.66	6.56	1.23	-11.656	0.001
MQ-AFF	2.31	1.47	2.78	1.25	-1.726	0.088
MQ-POW	5.53	1.68	1.66	0.82	14.569	0.001



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Conflict of Interest

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