



Vol. 4, Issue 3, 144-149, 2015

Academic Journal of Psychological Studies

ISSN: 2333-0821

ajps.worldofresearches.com

The Investigation of the Aggressive Behaviors of Addicted and Non-Addicted Men

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A B S T R A C T

Drug, alcohol and medicine abuse represent a psychological disorder which can cause numerous problems for the individuals, family and society. The abnormal behaviors such as aggression and violence among addicts are instances of such problems. Therefore, the present study aims to investigate the aggressive behaviors among the addicted and non-addicted men in Genave Port. The present study is of casual-comparative type and it is correlative survey. To investigate the aggressive behaviors among the addicted and non-addicted men in Genave Port, 60 addicts, 50 individuals in addiction-quitting stage and 90 non-addicted males were selected through accessibility sampling method. The Ahvaz Aggression Questionnaire was used as the research instrument. The results of Multivariate Analysis of Variance (MANOVA) indicate that the participants' aggression is significantly associated with their addiction age. The findings of present study also reveal that the addicted individuals show more aggressive behaviors compared with the non-addicted ones and that the individuals quitting addiction and younger addicts indicate more aggressive behaviors.

Keywords: Participatory Teaching, Social Skills, Citizenship Education.

INTRODUCTION

One of the most dramatic tragedies affecting biological, psychological and social life of the humankind is drug abuse. As Fazeli¹ believed, drug abuse is an internationally imperative issue which has drawn the attention of scholars from different socio-economic and political aspects². In this regard, the critical location of Iran in the vicinity of two major global drug producers (i.e. golden crescent of drugs constituted by Afghanistan and Pakistan) and its place in the transit route of drugs have prepared a context for less-costly transit of drugs to Europe (Taheri, 2009). This has led to abundance of drugs in Iran which increases the rate of drug abuse and addiction. The drug dependency disorder (i.e. addiction) has been

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To cite this article: Pourmaveddat, Kh., Mousavi, S. A., Salah, V., Sheikhmohseni, E., Arefei, Z. (2015). The Investigation of the Aggressive Behaviors of Addicted and Non-Addicted Men. *Academic Journal of Psychological Studies*, 4 (3), 144-149.

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recognized in DSM-IV-TR as synonymous with numerous problems that are associated with drug abuse.

These problems include excessive consumption of drugs, unsuccessful attempts to quit, physical and mental problems, employment problems and improper interactions with others. In regard to the addict, the two issues of tolerance and quit have priority. Drug abuse causes numerous problems for individuals such as failure to perform family and job duties³ which leads to failure in social, familial and personal functions⁴. Drugs abuse can even result in aggressive behaviors among the addict⁵. It can affect social behaviors of the addict in short and long term⁶, cause domestic violence⁷ and increasing stress⁸. Drugs like alcohol, steroids, benzodiazepines and cocaine are the chief material which can stimulate aggressive behaviors⁹. Since drug addiction (especially cocaine and alcohol) might result in changes in brain oxytocin system in long term, it could play a significant role in representation of anti-social behaviors¹⁰. Similarly, heroin would cause an increased level aggressive behaviors in addict⁸. Therefore, considering aggressive behaviors of addicts is significant due to its consequent social disorders like domestic abuse⁷, child abuse⁸, suicide¹¹ and other anti-societal behaviors.

Research Objectives

The present paper aims to investigate the aggressive behaviors among the addicted and non-addict male participants in Genaveh Port. In this regard, the factor of age also was included. Therefore, the present study addresses following questions:

Q1: Is there a significant difference between quitting addicts and non-addicted participants in aggression behaviors (including its four factors)?

Q2: Is there a significant difference between addicts and those are quitting in regard to the rate of aggression and their age (including four associated factors)?

METHODOLOGY

The present study is a casual-comparative approach which adopts correlative tests. The participants include all addicted and non-addicted men visiting anonymous addicts' forum and Omid drug treatment center in Genaveh Port from the early September to the closing days October, 2013. In this regard, 60 addicts, 50 addicts who were quitting and 90 non-addicted men were selected through accessibility sampling method. Prior to distribution of questionnaires, the participants were assured of the confidentiality of their personal information. All participants were nearly from the same economic and social backgrounds.

In the present study, Ahvaz Aggression Test (AAT) was the primary statistical tool for measuring aggression. This scale consists of 30 items of which 14 items refer to anger and nervousness, 8 items are associated with obstinacy and 8 items relate to malice, insult and invasion. After collection of data, a total score was obtained for the measurement. The reliability of this test was verified through test-retest reliability coefficient and Chronbach's alpha ($\alpha=0.87$). Simultaneously, to verify the test validity, Ahvaz Aggression Test (AAT) applied with Eysenck

personality questionnaire, MMPI, and BDVI questionnaire¹². The participants visited the treatment center individually and each subject filled the intended questionnaire independently. The data collection lasted three months. The quitting addicts were those who have passed 6 months without drugs abuse. The non-addicted individuals participated voluntarily in the present study. The non-addicted subjects became homogenized in terms of age, economic status, education, family and social status with the addicts.

RESULTS

The results of demographical data demonstrate that 65.2% of addicts used non-industrial drugs such as opium, heroin and hashish, 23.5% used industrial crack, methamphetamine and ecstasy, and 78.3% had drunk alcohol at least once in their life. To test aggression in three groups of addicts, quitting addicts and non-addicted subjects, multivariate analysis of variance (MANOVA) was used.

Table 1. Mean and standard deviation of components off aggression

	Type of Individual	Mean	SD
Anger and aggression	Addicted	38.71	7.14
	Quitting	42.33	7.41
	Normal	35.42	7.31
	total	37.98	7.8
Offense and Insult	Addicted	17.85	4.59
	Quitting	19.50	4.33
	Normal	15.16	3.74
	total	17	4.51
Obstinacy and malice	Addicted	19.66	5.23
	Quitting	17.58	4.21
	Normal	15.15	4.72
	total	17.08	5.13
Total	Addicted	76.23	13.71
	Quitting	79.43	12.97
	Normal	65.56	13.36
	Total	72.07	14.67

Table 2. MANOVA test results of aggression scores in three groups

	Test of Effect	Value	F	Square alues Etta	Sig
Intercept	Pillai's Trace	0.966	851.811	0.96	0.001
	Wilks' Lambda	0.034	851.811	0.96	0.001
	Hotelling's Trace	39.28	851.811	0.96	0.001
	Roy's Largest Root	39.28	851.811	0.96	0.001
Addiction Age	Pillai's Trace	0.127	1.35	0.042	0.2
	Wilks' Lambda	0.874	1.38	0.044	0.1
	Hotelling's Trace	0.142	1.400	0.045	0.1
	Roy's Largest Root	0.131	4.005	0.116	0.01

As the above tables show, the scores of aggression and its components indicate a significant difference in all three groups (Pillai Trace Test, Eta-Squared Value=0.154, P<0.001, F=12.54; Wilk Lambda Test, Eta-Squared Value=0.155, P<0.001, F=12.65; Hotelling's Test, Eta-Squared Value=0.156, P<0.001, F=16.11;

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Roy's Largest Root, Eta-Squared Value=0.189, $P<0.001$, $F=16.11$). The Bonfroni Correction results (alpha) demonstrate that the three groups significantly differ in the aggression components of anger and nervousness ($F=16.3$, $P<0.001$), obstinacy and malice ($F=17.54$, $P<0.001$), insult and invasion ($F=22.37$, $P<0.001$) and the overall score of aggression ($F=22.37$, $p<0.001$). The Scheffe post-hoc Test show that the difference in anger and nervousness between the first and the second group, the first group and the third group and the second group and the third group is significant. The scores of the first group is meaningfully lower than the second group but they are higher than the third group. This means that addicts who were quitting, demonstrate greater aggression compared with the addicted and normal participants. The non-addicted subjects were considerably less aggressive compared with the addicted and quitting-addiction groups. In regard to other aggression sub-scales, a significant difference was observed between the first and second group with the third group. That is to say that addicts and addiction-quitting individuals obtained higher aggression scores compared with the normal participants.

To evaluate the association of addiction age and aggression in three groups of participants, multivariate analysis of variance (MANOVA) was used.

Table 3. Mean and Standard Deviation of Aggression Test in terms of Age

	Addiction age (years of old)	mean	Sd
Anger and aggression	16-17	40.31	5.28
	18-20	43.19	8.27
	21-2	37.92	7.65
	Over 25	40.27	6.40
Offense and Insult	16-17	18.57	5.02
	18-20	19.68	4.24
	21-2	16.73	4.05
	Over 25	17.72	5.71
Obstinacy and Malice	16-17	18.52	5.36
	18-20	19.21	4.97
	21-2	17.46	4.70
	Over 25	16.90	5.26
Total	16-17	77.42	13.79
	18-20	82.09	14.04
	21-2	72.11	12.95
	Over 25	74.90	11.86

Table 4. MANOVA Results for Aggression Scores in Four Age Groups

	Effect test	Value	F	Square values Etta	sig
Intercept	Pillai Trace	0.966	851.811	0.96	0.001
	Wilk Lambda	0.034	851.811	0.96	0.001
	Hotelling's Test	39.28	851.811	0.96	0.001
	Roy's Largest Root	39.28	851.811	0.96	0.001
Addiction Age	Pillai Trace	0.127	1.35	0.042	0.2
	Wilks Lambda	0.874	1.38	0.044	0.1
	Hotelling's Test	0.142	1.400	0.045	0.1
	Roy's Largest Root	0.131	4.005	0.116	0.01

As shown in the tables, addiction age indicates a significant difference in level of aggression among all four groups (Roy's Largest Root, Eta-Squared Value=0.116, $P<0.001$, $F=4.005$). The Bonferroni Correction results (alpha) show that whole three groups significantly differ in terms of aggression components of anger and nervousness ($F=3.03, P<0.001$), obstinacy and malice ($F=2.79, P<0.001$) and insult and invasion ($F=2.55, P<0.001$). The Scheffe post-hoc Test show that there is a significant difference between the second and the third group in terms of total aggression scale. Younger addicts have higher mean scores in aggression, anger and nervousness.

CONCLUSION

The present study endeavored to measure the aggressive behaviors among the addicted and non-addicted men as well as the association of addiction age and aggressive behaviors. The findings illustrated that the addicts are more aggressive. These findings are supported by studies by Young et.al (2010), Adamec (2010), McGregor and Bowen (2012) and Valdez, Charles, Kaplan and Curtis (2007). The researchers find out that aggression has a significant association with addiction. So, addicted participants are less successful in controlling their aggression. Moreover, it is likely that aggressive persons become dependent on drug abuse to control their impulses and to cope with their tension. As a result, a vicious cycle is created. Addiction could be either a factor affecting aggression or a result of aggression.

Several studies signify that addiction is predictable in terms of aggression components ¹¹. Regarding anger and nervousness, the scores of aggression are higher among the addiction-quitting addicts. Furthermore, the addict's age increases the level of aggression. Other studies also has confirmed the long-time effect of drug abuse on behavioral disorders and aggression. Different studies explained the influence of drug abuse on the limbic system, cerebral cortex, and brainstem , which in long -time would destroy neurons and brain circuits and consequently leads to cognitive and behavior disorders.

In addition, the present study shows that lower addiction age will result in higher levels of aggressive behaviors. To explain this phenomenon, the reason might be the fact that drug abuse in long -term affects either nervous system controlling behavior or the addict's personality, which in turn contributes to representation of behavioral disorders among the addict. Considering the remarkable rate of aggression among the addicts, they may harm others and themselves. So, continuance of treatments might reduce intensity of such problems. Because higher number of young individuals are susceptible to drug abuse in different

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communities, taking prohibitive steps can prevent from creation of behavioral disorders and neural damages among the younger addicts.

Similar to different studies in this field, the present study faced some limitations because only men participated in the study and the female addicts refused to participate. Thus, we recommend that further studies in this field take the gender factor in future investigations into account.

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