

RELATIONSHIP AMONG SELF-CRITICISM, PERSONALITY AND SUBSTANCE ABUSE AMONG NIGERIA YOUTHS: MODERATING ROLE OF DYSFUNCTIONAL FAMILY

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ABSTRACT: *This study explored moderating role of dysfunctional family on self-criticism, personality and substance abuse among youths. Ninety-four (94) youths drawn from Awka metropolis in Anambra state serve as participant in the study. They comprised of 80(85.1%) males, and 14(14.9%) females. Their age ranged from 23 to 38 years with mean age of 31.67, and standard deviation of 5.09. Cluster and accidental sampling techniques were used to choose the participants. Four instruments were used: The Forms of Self-Criticising Scale, Big Five Personality Inventory (BFPI), The Hazardous Use Scale of Psychoactive Substances and Scale for Adult Children from Dysfunctional Families (ACDF). Correlational design was adopted as appropriate for the study while Multiple Linear Regression was used to analyse the data. The study ascertained that self-criticism dimensions such as inadequate self had positive significant prediction on substance abuse, while hatred self and reassuring self had negative significant prediction on substance abuse. More so, personality dimensions such as extraversion, conscientiousness and openness to experience had positive significant prediction on substance abuse, while agreeableness and neuroticism had negative significant prediction on substance abuse. Further, family dysfunction moderated relationship between self-criticism and substance abuse significantly. Furthermore, family dysfunction moderated relationship between personality and substance abuse significantly. Hence, the study suggests that there is need for public enlightenment on the dangers of substance abuse among youths in the society. This enlightenment is expected to outlines the kinds of abuse, psychological, health and physical consequences of those abused substances.*

KEYWORDS: Self-Criticism, Personality, Substance Abuse, Youths, Nigeria Youths, Dysfunctional Family, Moderating Role

INTRODUCTION

Substance abuse is the intake of substance without prescription of a medical expert. World Health Organization (2024) defined substance abuse as the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs. One of the key impacts of substance abuse on society is the negative health consequences experienced by its members. Substance abuse also puts a heavy financial burden on individuals, families and society. Substance abuse can lead to disease/health problems by destroying abusers' internal organs. They can lead to sicknesses like cancer, hepatics C, HIV/AIDS, breathing problems, stroke, etc. Most of these cases in Nigeria have been traced to substance abuse. More so, mental illnesses are the most common effects of substances abuses in Nigeria. Drugs like marijuana and narcotics may damage the brain seriously.

In Nigeria a good percentage of youths who go mad or with mental problems are abusers of marijuana or inhalants. Young men go mad by overdosing themselves with drugs and other illegal substances. Addiction could result as a result of the continuous use of a substance either for medication or abuse. Once an individual is

addicted it becomes very difficult to respond to treatment immediately. In some cases, it may last till death. Moreover, substance abuse can also lead to drowsiness. People who abuse drugs like cigarettes, marijuana, etc. found themselves weak and tired especially under high relative humidity. It also makes them feel hot and uncomfortable inside their organic systems. Substance abuse tarnishes the image of the country, encourage corruption and cause's political unrest in the country (Kawugana & Faruna, 2018). Against this backdrop, factor that may be related to substance abuse is self- criticism.

Self-criticism is generally defined as an affinity to critically evaluate oneself, based on harsh personal standards. It is frequently concerned with feelings of guilt, worthlessness, hopelessness, unable to meet set standards and failure to develop relationship (Castilho et al, 2015). Self-criticism is the insult or punishment that comes from oneself, when a person judges that they have not met the standards that have been set internally so that they have a pattern of thinking in response to perceived failures that can create negated schemas that form the basis of depressive thinking (Gittins & Hunt, 2020). Self-critical individuals whether characterologically or on a more domain-specific level tend to either

interpret or create environments that increase their stress levels and can in certain circumstances lead to higher levels of psychopathology (Shahar, 2015; Zuroff et al, 2021). In addition, individuals who are self-critical are more likely to negatively appraise achievement related events demonstrate heightened ambivalence and to exhibit self-defeating behaviours (Sherry, Stoeber & Ramasubbu, 2016).

According to McIntyre, et al (2018) studies has implicated self-criticism in a range of psychopathologies, including depression, social phobia, eating disorders, self-harm, suicide and post-traumatic stress disorder. This suggests that self-criticism may be a trans-diagnostic process compared to depression other related psychopathologies (Ehret, et al, 2015; O'Neill et al, 2021). Moreover, there is a considerable body of evidence supporting this observation (Shahar, 2015; Levine et al, 2021). For instance, Dunlley et al (2014) demonstrated that self-criticism leads to a number of negative effects through increased "hassles" or stressful events that decreased social support, and increased maladaptive coping that in turn impact youths' personality.

Personality trait is a characteristic pattern of thinking, feeling, or behaviour that tends to be consistent over time and across relevant situations (Soto, 2018). According to Kinicki, (2018) personality trait represents a stable set of characteristics that are responsible for a person's identity. The internal dimension or the primary dimensions of diversity are mostly outside control but strongly influence our attitudes and our expectations and assumptions about others, thus influencing our behaviour (Kinicki, 2018). Personality trait captures what people are like, in contrast to ability which captures what people can do (Colquitt, 2014). He further identified five dimensions that describe personality these include; conscientiousness, agreeableness, neuroticism, openness to experience and extraversion commonly referred to as big five.

Soto (2018) posited that each of the Big Five represents a broad set of related behavioural characteristics. For example, Extraversion represents individual differences in social engagement, assertiveness, and energy level. Highly extraverted individuals enjoy socializing with others, are comfortable expressing themselves in group situations, and frequently experience positive emotions such as enthusiasm and excitement; in contrast, introverted individuals tend to be socially and emotionally reserved (Godfrey, et al 2024). Agreeableness

captures differences in compassion, respectfulness, and acceptance of others. Agreeable individuals experience emotional concern for others' well-being, treat others with regard for their personal rights and preferences, and hold generally positive beliefs about others; disagreeable individuals tend to have less regard for others, and for social norms of politeness. Conscientiousness represents differences in organization, productiveness, and responsibility.

Highly conscientious individuals prefer order and structure, work persistently to pursue their goals, and are committed to fulfilling their duties and obligations, whereas unconscientious individuals are comfortable with disorder and less motivated to complete tasks. Neuroticism (sometimes referred to by its socially desirable pole, emotional stability) captures differences in the frequency and intensity of negative emotions. Highly neurotic individuals are prone to experiencing anxiety, sadness, and mood swings, whereas emotionally stable individuals tend to remain calm and resilient, even in difficult circumstances. Finally, Openness to Experience (sometimes referred to as Intellect) represents differences in intellectual curiosity, aesthetic sensitivity, and imagination. Highly open individuals enjoy thinking and learning, are sensitive to art and beauty, and generate original ideas, whereas close-minded individuals tend to have a narrow range of intellectual and creative interests possibly due to family dysfunction (Godfrey et al., 2024).

Family dysfunction is considered as any situation that prevents a normal, healthy family from operating properly (Guo et al., 2018). But in homes with instability, issues can become persistent at times, and youths frequently lack the resources they require to meet their emotional, psychological, and financial demands. According to Nie et al. (2020) youths from these homes occasionally grow up thinking that their living situation is typical. Sutanto and Soetikno (2022) stated that dysfunctional families are sometime caused drug and alcohol misuse, or occasionally a parent's untreated mental illness.

Arawal and Bhardwaj (2013) noted that some dysfunctional parents could reflect their own problematic parental experiences onto their own families, imitating or over-correcting such situations. In certain situations, a "childlike" parent will consent to their children being abused by a more violent parent. A frequent misconception about dysfunctional families is that the parents are about to get divorced or separated. Contrary to divorce and, to a lesser extent, separation, an "intact" family's

dysfunction is frequently not documented. As a result, the situation may go unnoticed by the friends, family, and significant others of such youth.

Though, the family's condition is not necessarily always. That is why Yeo and Chan (2020) reiterated that any significant stressor, such as moving, being unemployed or underemployed, suffering from a medical or mental ailment, or experiencing a natural disaster, can make already existing tensions affecting a child considerably worse. Additionally, a child could be unfairly held responsible for the turmoil in the household and put through more stress than children whose parent divorce.

According to Felisilda and Torreon (2020) there are no established social, economic or intellectual boundaries in dysfunctional households. However, until recently, professionals such as therapists, social workers, teachers, counselors, and religious leaders, particularly among the middle and upper classes, did not take the idea of a dysfunctional family seriously. This evidently showed that negative parental behaviour patterns frequently predominate in the lives of youths in dysfunctional homes and the consequences on children can sometimes last long even after they have left their troubled homes when issues and conditions like parental drunkenness, mental illness, child abuse, or strong parental rigidity and control interfere with family functioning (Apriyani & Patricia, 2021).

Youths who were raised in dysfunctional households usually report having trouble developing and sustaining close friendships, upholding a sense of self-worth, and having faith in other people. They suppress their emotions and reality out of a fear of losing control, hence the oftentimes lack the capacity to be playful confused feelings of love and hatred that emanated from family denial (Coohey et al., 2011; Edwards et al., 2019). This makes some of them eventually turn into sex offenders, potentially even engaging in pedophilia that often exposes the youths to severe mental health disorders, including potential suicidal thoughts, sadness, rage, depression, loneliness, unlovability, anxiety, speech difficulties linked to emotional abuse, paranoia and develop a general mistrust of other people (Mededovic & Kujacic, 2020; Oziirk, 2022; Ulitua & Soetikno, 2022). Consequently, this study established the problem statement of the study below.

Statement of the Problem

The high prevalence of substance abuse among Nigerian youths is a major concern for public health and mental health practitioners because it carries significant health and psychological risks. It also contributes to social problems such as crime and violence, with students who use substances being more likely to experience violent acts and being involved in criminal activities (Birhanu, Bisetegn & Woldeyohannes, 2014). Youths who abuse substances often experience injuries in road accidents and fights, which are sometimes fatal. The youths also engaged in risky sexual behaviours, scholastic problems like dropping out of school, and physical and mental health problems that include depressive symptoms.

More so, abuse of substance carries significant health risks to learners and increases both morbidity and mortality. For instance, Blood-borne infections such as hepatitis C and HIV have been reported to be common amongst people who use injectable drugs (Somani & Meghani, 2016). Therefore, substance abuse contributes to risky behaviour leading to respiratory failure, cardiac arrest, or other life-threatening complications maybe due to dysfunctional family issues, understanding once person or self-critical that result from Isolation and withdrawal from social circles, leading to feelings of loneliness and alienation.

Based on the above problems enumerated associated substance abuse, it becomes imperative to investigate and empirically affirm if family dysfunction would moderate relationship among self-criticism, personality traits and substance abuse among youths in Anambra State, precisely Awka metropolis. Since, some of the extant literatures in Anambra State (Nwankwo et al., 2019; Obi-Nwosu et al., 2019; Okonkwo et al., 2022) factors like Gender, locus of control, ego-identity logotherapy and rational emotive behaviour therapy but failed to examine and integrate family dysfunction, self-criticism, personality traits and substance abuse together to the researcher's best of knowledge. Hence, this study geared toward bridging that lacuna by determining the following research objectives.

Purpose of the Study

1. To investigate if self-criticism would have relationship with substance abuse among youths in Awka metropolis, Anambra State.
2. To examine if personality would have relationship with substance abuse among youths in Awka metropolis, Anambra State.

3. To establish the moderating role of family dysfunction on self-criticism and substance abuse among youths in Awka metropolis, Anambra State.
4. To establish the moderating role of family dysfunction on personality and substance abuse among youths in Awka metropolis, Anambra State.

Research Questions

1. Would self-criticism have relationship with substance abuse among youths in Awka metropolis, Anambra State?
2. Would personality have relationship with substance abuse among youths in Awka metropolis, Anambra State?
3. Would family dysfunction moderate relationship between self-criticism and substance abuse among youths in Awka metropolis, Anambra State?
4. Would family dysfunction moderate relationship between personality and substance abuse among youths in Awka metropolis, Anambra State?

Significance of the Study

The significance of the study are as follows:

1. Theoretically, the finding of the study will enhance theories reviewed in the study. Practically, findings from the study may provide adequate knowledge and understanding to substance abuse and factors related to it (self-criticism, personality, family dysfunction and substance abuse).
2. The study will also help the substance users to be very conscious and have more knowledge about factors that could lead to abuse. This could make them conscious of their action.
3. It will also assist family to identify their roles and responsibilities in parenting: These if properly digest by families will aid reduce substance abuse driven in the society.
4. The findings will help clinical psychologists to understand the various factors associated with substance abuse with that knowledge they devise ways and means of tackling abuse.
5. The findings of this study may hopefully contribute to the existing literature by extending the stock of knowledge on factors associated with substance abuse.

Operational Definition of Study Terms

Family Dysfunction: This refers to any home that youths experience emotional problems, low self-esteem, victim feeling, sense of unwarranted heroism feeling and danger as measured with

Scale for Adult Children from Dysfunctional Families by Rys (2011).

Self-Criticism: This refers to feeling of inadequacy, self-hatred and ability of self-reassurance in the face of challenges as measured by The Forms of Self-Criticising Scale developed by Gilbert et al. (2004).

Personality: This refers to individual basic tendencies that interact with the environment that produce characteristic for adaptations; these tendencies involve agreeableness, extraversion, conscientiousness, neuroticism and open to experience as measured by Big Five Inventory by John, Donahue and Kentle (1991).

Substance Abuse: This refers to the detrimental and hazardous use of psychoactive substances whether licit and illicit drugs as measured with the Hazardous Use Scale of Psychoactive Substances by Modrzyhski, Pisarska and Malecka-Kostrubiec (2022).

LITERATURE REVIEW

Theoretical Framework

General theory of addictions by Jacob (1986) provides a framework for understanding self-criticism, personality traits, family dysfunction and substance abuse. It is based on a diathesis, predisposed self-criticism and personality variables interact with substance abuse and other situation-specific factors like family dysfunction (Ciarrocchi, et al (1991). Accordingly, only certain personality can develop an addiction such as substance abuse, and whichever addiction is chosen serves to provide relief from a state of family dysfunction. Jacobs biopsychosocial model proposes that there are several basic premises that may predispose someone to becoming an addict. Jacobs suggests that two sets of interdependent, predisposing factors must be present for an individual (personality and self-criticism) and family to be at risk of developing and maintaining an addictive (substance abuse).

The basis of Jacob's general addictions theory is that addictive behaviours, such as substance abuse, allow individuals to escape from unpleasant, even painful, realities in their lives (family dysfunction and self-criticism). In addition, they can result in feelings of success and invincibility, during the addictive behaviour, which the individual might normally not experience. This immediate combined psychological and physical gratification (alcohol or drug-use) serves initially to maintain the addictive behaviour (Jacobs, 1989). The subsequent escape from historic and current stressors resulting from indulging in the addictive

behaviour may result in a perceived “altered state”. However, Jacobs’ general theory of addictions (1986), offer a viable theoretical framework to study the influence of both proximal and distal variables in relation to self-criticism, personality traits, family dysfunction and substance abuse.

Empirical Review

Self-criticism and Substance Abuse

Ulusoy et al. (2022) examined whether psychological inflexibility and self-criticism mediated the relationship between depression and addiction severity. They examined 111 patients with substance use disorders (SUDs) using the Addiction Profile Index (API), Beck Depression Inventory (BDI), Forms of Self-criticizing/Attacking and Self-reassuring Scale (FSCRS), and Acceptance and Action Questionnaire-Substance Abuse (AAQ-SA). Mediation analysis was conducted to examine the mediating role of psychological inflexibility on the relationship between depression and addiction severity. Results showed that API total score was negatively correlated with AAQ-SA and positively correlated with BDI and FSCRS. Because FSCRS did not have a significant predictive effect on addiction severity ($p=0.966$), only AAQ-SA was included in the mediation analysis.

According to the results of the mediation analysis, depression was found to directly affect addiction severity (direct effect, $p=0.007$), and it constitutes 54.5% of the total effect. Also, depression predicted addiction severity (indirect effect, $p<0.001$) through psychological flexibility, and it constitutes 45.5% of the total effect.

Tariq and Jameel (2020) examined the relationship among stigmatization, self-criticism and coping strategies of individual with substance abuse. The sample size consisted of 100 substance abusers with 87 males and 13 females. The age range of the participants was 18–50-year-old with ($M=1.52$ and $SD= 847$). The purposive sampling strategy was used and study had correlational research design. The data was collected from different government and private hospitals as well as from rehabilitation centers. The data measurements used include demographic information sheet, The Discrimination and Stigma Scale, Forms of Self-Criticizing/Self-Attacking and Reassuring Scale and The Ways of Coping questionnaire. The results showed that there was a significant relationship between stigma and coping strategies.

There was no significant relationship between coping strategies and self-criticism and also there was no significant relationship between self-criticism and stigma. Multiple Regression analysis had 7 % variance in Coping Strategies ($F 3.672, p=.02$), Stigmatization was a significant predictor of Coping Strategies (Beta=.262, $p= .009$) whereas self-criticism (Beta=-.078, $p=.434$) was a non-significant predictor of coping strategies.

Personality and Substance Abuse

Mayungbo-Olusegun (2024) examined whether neighbourhood effects and other personal factors are capable of predicting substance abuse among adolescents in Nigeria. A sample size of 240 adolescents were randomly selected from private and public schools in Ibadan. A questionnaire on socio-demographic profile, neighbourhood scale, drug abuse scale and Big Five Personality Inventory was administered to the participants. Data were analyzed using descriptive statistics, correlation analysis, t-test analysis and regression analysis at 0.05 level of significance. Four hypotheses were tested. The results revealed that neighbourhood effects independently predicted substance abuse. Also, participants who scored high on the neighbourhood satisfaction scale reported lower engagement in substance abuse compared to those who scored low on the scale.

Further, the study that neuroticism and openness to experience) independently predicted substance abuse while extraversion, conscientiousness and agreeableness did not independently predict it. However, neuroticism, extraversion, openness to experience, conscientiousness and agreeableness jointly predicted substance abuse among the participants.

Alatishe et al. (2022) explored the relationship between personality traits and alcohol use among undergraduates in southwest Nigeria. The study was a cross-sectional study carried out among undergraduates in southwestern Nigeria. Four hundred and twelve (412) students were recruited using multi-stage random sampling from the total full-time student population.

Each participant completed Alcohol Use Disorder Identification Test (AUDIT) and Big Five Inventory-10 (BFI-10). The result showed that the lifetime prevalence of alcohol use was 31.8% while 10.8% were involved in problem drinking. Also, there was an association between alcohol use, male gender and parental history of psychoactive substance use. Out of the 5 personality traits, the extraversion trait was

higher among drinkers ($P = 0.001$) while agreeableness was significantly lower among drinkers ($P = 0.033$). Extraversion trait was significantly higher in respondents involved in problem drinking ($P < 0.001$). The predictors of problem drinking in the study were extraversion trait and male gender.

Family Dysfunction and Substance Abuse

Gidado and Diffang (2023) deciphered how factors such as family dysfunction and parental role abdication influence drug abuse among youths in the Federal Capital Territory. Two objectives, two research questions, and two hypotheses guided the study. A correlation research design was employed to determine the extent of the relationship between the variables. The population of the study was youths within the age range of 18-32 in FCT.

A Non-probability sampling technique by opportunity sampling was used to sample 500 young individuals within the age range of 18-32 from major motor parks and markets in Abuja Municipal Area Council (AMAC), and some parts of Gwagwalada Area Council. Motor Parks such as Jabi motor park, Area One motor park, Nyanya motor park, and Zuba motor park were selected. While Utako ultra-modern market, Garki model market, Wuse market, and Gwagwlada main market were equally selected for the study. A Pearson Product Moment Correlation analysis was the main statistic used for data analysis. The instrument for the collection of data was a self-structured questionnaire, validated by experts at the University of Abuja. The results from the analysis show that there was a significant relationship between family dysfunction and a high rate of drug abuse among youths in the Federal Capital

Territory, it equally revealed that there was a significant relationship between parental role abdication and a high rate of drug abuse among youths in the Federal Capital Territory. Hamza, et al, (2022) investigated the impact of substance-addicted adolescents on family quality of life in the Arab country of Qatar. Two groups of families were compared: families with a teenager who had a substance addiction ($n = 50$) and families without such a teen ($n = 53$). Results showed families with a substance-addicted teenager had a lower family quality of life that was; lower marital satisfaction, and higher couple scores on depression, anxiety, and stress.

Hypotheses

1. Self-criticism will have significant relationship with substance abuse among

youths in Awka metropolis, Anambra State.

2. Personality will have significant relationship with substance abuse among youths in Awka metropolis, Anambra State.
3. Family dysfunction will significantly moderate relationship between self-criticism, and substance abuse among youths in Awka metropolis, Anambra State.
4. Family dysfunction will significantly moderate relationship between personality and substance abuse among youths in Awka metropolis, Anambra State.

METHOD

Participants

Ninety-four (94) youths drawn from Awka metropolis in Anambra state serve as participant in the study. They comprised 80(85.1%) males, and 14(14.9%) females. Their age ranged from 23 to 38 years with mean age of 31.67, and standard deviation of 5.09. Marital status data showed that 48(51.1%) were unmarried and 46(48.9%) were married. Occupational data revealed that 46(48%) were Business, 22(23.4%) were artisan, 12(12.8%) were civil servants, and 14(14.9%) were students. Educational data showed 46(48.9%) had B.Sc. and above, 22(23.4%) had HND, 12(12.8%) had OND/NCE and 14(14.9%) had SSCE. Cluster and accidental sampling techniques were used to choose the participants, because only available and willing participants participated in the study.

Instruments

Four instruments were used: The Forms of Self-Criticizing Scale, Big Five Personality Inventory (BFPI), The Hazardous Use Scale of Psycho active Substances and Scale for Adult Children from Dysfunctional Families (ACDF).

The Forms of Self-Criticizing Scale:

The scale is developed by Gilbert et al. (2004) is a 22-item instrument, which was developed to determine the level of self-criticism and the ability to self-reassure when one faces setbacks and failure. The scale has three subscales: The first of the three factors Inadequacy- Self, is comprised of nine items that capture the experiences of failure, setback, inadequacy, and defeat, for example: "I think I deserve my self-criticism".

The second factor, Self-Hatred, consists of five items. It captures a destructive disposition to the self, characterized by hatred, contempt, disgust, aggression, and even sadistic desires to

harm or attack oneself. Items factor include: "I have become so angry with myself that I want to hurt or injure myself". The third factor, Self-Reassurance, consists of seven items, and captures the capacity to be self-soothing and consider the self with encouragement, support, and validation when faced with negative events. It focuses on positive memories and past successes and results in confidence and tolerance during vulnerability. Items that represent this factor include "I still like being me".

The items are responded on a 5-point Likert-type scale (0=completely disagree; 4=completely agree). Cronbach's alpha coefficient for this measure has been obtained by Gilbert et al. (2004), inadequacy-self = 0.80, self-hatred = 0.80, and self-reassurance = 0.81 for non-clinical population. For clinical population, inadequacy-self is 0.79, self-hatred is 0.82, and self-reassurance is 0.80. The norm value shows that IS (M = 6.73; SD = 4.37); HS (M = 2.70; SD = 3.27); RS (M = 12.97; SD = 4.01). The researcher conducted a pilot test, using 94 participants of the study and reported Cronbach alphas of 0.74, 0.73 for self-hatred, and 0.82 for self-reassurance.

Big Five Personality Inventory (BFPI): The scale is developed by John, Donahue and Kentle (1991). The (BFI) is a questionnaire with 44 items. The 44-item inventory is one of the six psychological instruments which assess personality from a five-dimensional perspective. The 5 dimension or subscales or BFI are Extraversion, Agreeableness, conscientiousness, Neuroticism and openness. It has a response format of 1=Disagree strongly, 2= Disagree a little, 3= Neither agree nor disagree, 4=Agree a little, and 5= Agree strongly. The scale has a Cronbach alpha co-efficient of 0.80 and a test re-test reliability of 0.85 on 3months interval as reported by John e. al., (1991). In addition, a convergent validity coefficient of 0.75 and 0.85 were obtained with a Big Five instrument by Costa and McCrea (1992) and Goldberg (1992), respectively.

Using Nigerian sample, Umeh (2004) obtained a divergent validity of 0.05 on Extraversion, 0.13 on Agreeableness, 0.11 on Conscientiousness 0.39 on Neuroticism, and 0.24 on Openness using maladjustment Scale by Kleinmuntz (1961). The researcher conducted a pilot test, using 94 participants of the study and reported Cronbach alphas of 0.75 for Extraversion, 0.68 for Agreeableness, 0.81 for Conscientiousness, 0.76 for Neuroticism, and 0.91 for Openness to experience.

The Hazardous Use Scale of Psychoactive Substances: The scale was developed by Modrzynski et al, (2022). The scale contained 10 items to measure a pattern of alcohol or other psychoactive substance use that, left without a medical or psychosocial intervention, may turn into a harmful pattern of use or dependence.

The item sample "My previous interests, pleasures, health or self-care are set aside because of me drinking alcohol or using other substances". Each item is rate on a scale from 0 to 4, where 0 means no experience, 1 - occurs less than once a month, 2 - once a month, 3 - once a week and 4 - this behaviour occurs every day or almost every day. For each item, it is possible to receive from 0 to 4 points. The scale has Cronbach alpha of 0.96 for women and 0.94 for men. The researcher conducted a pilot test, using 94 participants of the study and reported Cronbach alphas of 0.89.

Scale for Adult Children from Dysfunctional Families (ACDF): The scale was designed by Rys (2011) to test people, brought up in dysfunctional families. The questionnaire comprises of 30 statements. The task of the tested person is to mark each one on 5-mark scale. The results are calculated according to the point system explained below: (definitely yes - 4 points, yes - 3 points, rather yes -2 points, rather no -1 point, definitely no -0 points). In this test between 0 and 24 points can be scored. The higher the score received in the scale the lower the self-esteem, larger emotional problems and the need to use defence mechanisms ("being a hero", "being a victim"). The scale has Cronbach alpha of 0.85 for Emotional Problem, 0.77 for Low Self-Esteem, 0.69 for Danger, 0.66 for Hero Feeling and 0.94 for Victim Feeling. The researcher conducted a pilot test, using 94 participants of the study and reported Cronbach alphas of 0.77 for Emotional Problem, 0.91 for Low Self-Esteem, 0.82 for Danger, 0.94 for Hero Feeling and 0.83 for Victim Feeling.

Procedure

The researcher recruited three research assistants, and trained them on how to administer the instruments. After the training, the researcher and the assistants proceed to school, workshop, market place and offices where the instruments were administered by the researcher and the recruited assistants to the participants. Instructions were given to them on how to fill the copies of the instalment. Ethically, in terms of sensitivity to the issue of the protection of privacy, two key concepts need to be considered: these being relevance and informed consent. Consent forms was used and signed by

participants, but no names of the participants were captured. Regard was paid to the wishes of the participants regarding participation in the process.

Confidentiality was ensured in that no name was required on the consent form. A cover sheet or cover letter accompanied the questionnaire, explaining the purpose of the research and explaining that the study was for academic purposes only. The letter explained that anonymity was ensured at all times, and that personal details relating to identification were not required at any stage. It also stressed that participation in the study was purely voluntary, and contact numbers were included in the letter. Considering the number of items in the questionnaire and to avoid response bias, the

participants were allowed to go home with the questionnaire so that they can carefully fill them because of time schedule with then- work or schooling. The completed questionnaires were then collected and subjected to data analysis.

Design and Statistics

Cross sectional research design was adopted for the study because data were collected using survey method (questionnaire). However, correlational design was adopted as appropriate for the study because is a study that involved relationship among variables. Multiple Linear Regression was used to test the hypotheses: Because the study was geared towards ascertaining the moderating relationship among variables (IV) on another variable (DV).

RESULT

Table 1: Descriptive Statistics of Substance Abuse, Self-criticism, Personality, and Family Dysfunction

Sources	Mean	Std. Deviation	N
Substance Abuse	20.00	3.80	94
Inadequate Self	15.57	2.33	94
Hatred Self	8.61	1.65	94
Reassuring Self	15.65	3.71	94
Extraversion	15.22	1.59	94
Agreeableness	18.44	3.74	94
Conscientiousness	16.54	2.60	94
Neuroticism	16.06	3.22	94
Openness to Experience	20.45	4.34	94
Family Dysfunctional * Self-Criticism	-.31	.90	94
Family Dysfunctional * Personality	.46	.84	94

The result in Table 1 showed that the mean of inadequate self is 15.57 and with standard deviation of 2.33. The mean of hatred self is 8.61 and standard deviation of 1.65. The mean of reassuring self is 15.65 and standard deviation of 3.71. The mean of extraversion is 15.22 and standard deviation of 1.59. The mean of agreeableness is 18.44 and standard deviation of 3.74. The mean of conscientiousness is 16.54 and standard deviation of 2.60. The mean of neuroticism is 16.06 and standard deviation of

3.22. The mean of openness to experience is 20.45 and standard deviation of 4.34. The mean of family dysfunctional*self-criticism is -.31 and standard deviation of .90. The mean of family dysfunctional*personality is .46 and standard deviation of .84. The result indicated that, the higher the mean the higher the contribution. Since the mean of openness to experience is higher than that of other variables, it shows that the level of openness to experience contributes to youths' substance abuse.

Table 2: Zero Order Correlational Statistics of Substance Abuse, Self-criticism, Personality, and Family Dysfunction

Sources	SA	IS	HS	RS	E	A	C	N	O	FDS	FDP
Substance Abuse	-										
Inadequate Self	.12	-									
Hatred-Self	.14	.93	-								
Reassuring-Self	-.11	.93	.88	-							
Extraversion	.84	.12	.14	.02	-						
Agreeableness	.41	.20	.25	.12	.32	-					
Conscientiousness	.23	-.57	-.62	-.59	.18	-.12	-				
Neuroticism	-.16	-.01	-.13	-.07	-.09	-.45	-.16	-			
Open to Experience	-.25	-.29	-.38	-.21	-.34	-.18	.52	-.11	-		
Family Dysfunction*SelfC.	.56	.28	.29	.03	.44	.60	-.32	.31	-.48	-	
Family.D*Personality	.39	.13	.09	.23	.55	-.03	.19	.18	-.12	.47	1

Self-criticism: The results in Table 2 revealed that inadequate self =.14, hatred-self =.14, and reassuring-self = .18, had no relationship with substance abuse at r (N=94), $p>.01$. Personality

Traits: The result indicated that extraversion = .84, agreeableness = .41 and Conscientiousness = .23, at r (N=94), $p<.01$ had positive significant correlation with substance abuse, while

neuroticism= -.16, and openness to experience = -.25, at r ($N=94$), $p<.01$ had negative significant correlation with substance abuse. Moderating Relationship: The result showed that family

dysfunctional*self-criticism is = .56, and family dysfunctional*personality= .39 had positive moderating relationship with substance abuse.

Table 3: Multiple Linear Regression Statistics of Self-criticism, Personality, and Family Dysfunction on Substance Abuse

Sources	B	Std. E	β	t	Sig.	R	R ²
(Constant)	60.79	5.71		91.99	.000	.748 ^a	.712
Inadequate-Self	.85	.43	.52	48.00	.000		
Hatred-Self	-1.47	.72	-.64	-4.00	.000		
Reassuring-Self	-.11	.11	-.11	-1.04	.000		
Extraversion	.17	.11	.07	57.34	.000		
Agreeableness	-1.26	4.71	-1.23	-28.14	.000		
Conscientiousness	.29	.36	.20	30.98	.000		
Neuroticism	-1.66	3.72	-1.41	-12.10	.000		
Openness to Experience	.13	.12	.15	26.74	.000		
Family Dysfunction*Self-Criticism	7.81	3.32	1.86	13.36	.000		
Family Dysfunction Personality	2.15	.13	.47	42.89	.000		

The results in Table 3 indicated that self-criticism dimensions (inadequate self, hatred-self, and reassuring-self), personality (extraversion, agreeableness, conscientiousness, neuroticism and openness to experience) and family dysfunction accounted for 71.2% of the substance abuse, with $R = .748$, $R^2 = .712$, ($F_{9,84}$) = .378, $p<.05$. That showed that the overall result has significant contribution to substance abuse at 71.2%.

The dimensions of self-criticism such as inadequate self at ($F_{9, 84}$), $\beta = .52$ had positive significant prediction on substance abuse, while hatred self at ($F_{9, 84}$), $\beta = -.64$, and reassuring self at ($F_{9, 84}$), $\beta = -.11$, $p<.05$, had negative significant prediction on substance abuse. The dimensions of personality such as extraversion at ($F_{9, 84}$), $\beta = .17$, conscientiousness at ($F_{9, 84}$), $\beta = .29$ and openness to experience at ($F_{9, 84}$), $\beta = .13$ had positive significant prediction on substance abuse, while agreeableness at ($F_{9, 84}$), $\beta = -1.47$, and neuroticism at ($F_{9, 84}$), $\beta = -1.66$, $p<.05$, had negative significant prediction on substance abuse. Moderating Roles: Family dysfunction at ($F_{9, 84}$), $\beta = 7.81$ and at ($F_{9, 84}$), $\beta = 2.15$ respectively, moderated relationship among self-criticism, personality and substance abuse significantly.

Summary of the Findings

1. Self-criticism dimensions such as inadequate self had positive significant prediction on substance abuse, while hatred self and reassuring self had negative significant prediction on substance abuse.
2. Personality dimensions such as extraversion, conscientiousness and openness to experience had positive significant prediction on substance abuse, while agreeableness and

neuroticism had negative significant prediction on substance abuse.

3. Family dysfunction moderated relationship between self-criticism and substance abuse significantly.
4. Family dysfunction moderated relationship between personality and substance abuse significantly.

DISCUSSION

The first hypothesis which stated that self-criticism will have significant relationship with substance abuse among youths in Awka metropolis, Anambra State was accepted because self-criticism dimensions such as inadequate self had positive significant prediction on substance abuse, while hatred self and reassuring self had negative significant prediction on substance abuse. This finding aligned with Ulusoy et al. (2022) study that observed that that API total score was negatively correlated with AAQ-SA and positively correlated with BDI and FSCRS. Because FSCRS did not have a significant predictive effect on addiction severity, only AAQ-SA was included in the mediation analysis. According to the results of the mediation analysis, depression was found to directly affect addiction severity, and it constitutes of the total effect.

Also, depression predicted addiction severity through psychological flexibility. Conversely, the finding disagrees with Tariq and Jameel (2020) study that note that there was no significant relationship between coping strategies and self-criticism and also there was no significant relationship between self-criticism and substance abuse.

Second hypothesis which stated that personality will have significant relationship with substance abuse among youths in Awka metropolis, Anambra State was confirmed due to

Personality dimensions such as extraversion, conscientiousness and openness to experience had positive significant prediction on substance abuse, while agreeableness and neuroticism had negative significant prediction on substance abuse. This in tandem with Mayungbo-Olusegun (2024) examined whether neighbourhood effects and other personal factors are capable of predicting study that revealed that neuroticism and openness to experience) independently predicted substance abuse while extraversion, conscientiousness and agreeableness did not independently predict it. However, neuroticism, extraversion, openness to experience, conscientiousness and agreeableness jointly predicted substance abuse among the participants.

Similarly, the finding agrees with Alatishe e al. (2022) study that ascertained that the lifetime prevalence of alcohol use was 31.8% while 10.8% were involved in problem drinking. Also, there was an association between alcohol use, male gender and parental history of psychoactive substance use. Out of the 5 personality traits, the extraversion trait was higher among drinkers while agreeableness was significantly lower among drinkers. Extraversion trait was significantly higher in respondents involved in problem drinking. The predictors of problem drinking in the study were extraversion trait and male gender.

Third hypothesis which stated that family dysfunction will significantly moderate relationship between self-criticism, and substance abuse among youths in Awka metropolis, Anambra State was not rejected because family dysfunction moderated relationship between self-criticism and substance abuse significantly. This finding is in consonance with Gidado and Diffang (2023) results that showed that there was a significant relationship between family dysfunction and a high rate of drug abuse among youths in the Federal Capital Territory, it equally revealed that there was a significant relationship between parental role abdication and a high rate of drug abuse among youths in the Federal Capital Territory.

Fourth hypothesis which stated that family dysfunction will significantly moderate relationship between personality and substance abuse among youths in Awka metropolis, Anambra State was accepted family dysfunction moderated relationship between personality and substance abuse significantly. This is in line with Hamza, Gladding and Moustafa (2022) study that showed families with a substance-addicted

teenager had a high family dysfunctional life that was, low personality, depression, anxiety, and stress.

Theoretically, the general findings suggest that personality traits such as extraversion, agreeableness, conscientiousness, neuroticism and openness to experience can develop an addiction such as substance abuse, and whichever addiction is chosen serves to provide relief from a state of family dysfunction. This means that two sets of interdependent, predisposing factors must be present for an individual (personality and self-criticism) and family to be at risk of developing and maintaining an addictive (substance abuse).

Implications of the Study

1. The findings of this study will help youths to understand the link between family dysfunction, self-criticism, personality traits and substance abuse. This will enable them to understand that their family dysfunction, self-criticism, personality traits experience could be necessary the factors that influences them to engage in substance abuse.
2. These findings also will equip experts like Clinical Psychologist and other experts with information on how to help youths navigate substance that have detrimental effect on their mental health and behaviours.
3. Theoretically, this study validates theoretical framework of the study and also will serve as reference point for future researchers that have interest in this kind of area.

Conclusion

This study explored moderating role of dysfunctional family on self-criticism, personality and substance abuse among youths. The study ascertained that self-criticism dimensions such as inadequate self had positive significant prediction on substance abuse, while hatred self and reassuring self had negative significant prediction on substance abuse. More so, personality dimensions such as extraversion, conscientiousness and openness to experience had positive significant prediction on substance abuse, while agreeableness and neuroticism had negative significant prediction on substance abuse.

Further, family dysfunction moderated relationship between self-criticism and substance abuse significantly. Furthermore, family dysfunction moderated relationship between personality and substance abuse significantly. These findings have added a piece of new knowledge to the area of substance abuse, boosting the existing literature on self-criticism,

personality and family dysfunction in the areas of psychology and other related fields in general.

Recommendations of the Study

The following recommendations are made:

1. There is need for public enlightenment on the dangers of substance abuse among youths in the society. This enlightenment is expected to outlines the kinds of abuse, psychological, health and physical consequences of those abused substances.
2. Government needs to establish rehabilitation centres with experts in the field of psychology and psychiatry that can help tackle the menace associated with substance abuse among youths.
3. Substance abuse youths should seek for therapeutic help: This help believe will enable overcome their substance abuse tendencies.
4. Parents are advice to serve as a good role model to their children since family is the basic unit of the society.

Limitation of the Study

Limitation of this study was that the researcher used only youths in one city in Anambra State (Awka) as participants of the study. The results of the study may not be generalized to the university in Nigeria because of the area and population of the study.

Suggestions for further Studies

The present research should be replicated, keeping its limitations in view to test accuracy of the findings or the research can be conducted in other settings to compare results gotten from other environments with this present research findings. Future studies should use a larger sample extending to other provinces in the country that can lead to generalization of results and contribute to the development of intervention plans.

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The Forms of Self-Criticizing Scale

Instruction: Please use the scale below. Not at all like me=0, A little bit like me=1, Moderately like me=2, Quite a bit like me=4, Extremely like me 4. When things go wrong for me:

S/N	Items	1	2	3	4	5
	Inadequate-Self					
1	I am easily disappointed with myself.					
2	There is a part of me that puts me down.					
3	I find it difficult to control my anger and frustration at myself.					
4	There is a part of me that feels I am not good enough.					
5	I feel beaten down by my own self-critical thoughts.					
6	I remember and dwell on my failings.					
7	I can't accept failures and setbacks without feeling inadequate.					
8	I think I deserve my self-criticism.					
9	There is a part of me that wants to get rid of the bits I don't like.					
	Hatred-Self					
10	I have become so angry with myself that I want to hurt or injure myself.					
11	I have a sense of disgust with myself.					
12	I stop caring about myself.					
13	I call myself names.					
14	I do not like being me.					
	Reassuring-Self					
15	I am able to remind myself of positive things about myself.					
16	I find it easy to forgive myself.					
17	I still like being me.					
18	I can still feel lovable and acceptable.					
19	I find it easy to like myself.					
20	I am gentle and supportive with myself.					
21	I am able to care and look after myself.					

22	I encourage myself for the future.					
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Developed by Gilbert, P., Clark, M., Hempel, S., Miles, J.N.V. & Irons, C. (2004).

The Big Five Inventory

Instructions: There are the Five (5) possible answers provided for each question viz: 1) Never, 2) Rarely, 3) Sometimes, 4) Often and 5) Always. Select one among them for each question and put a 'X' mark in the corresponding number in the answer sheet..

S/N	Items	1	2	3	4	5
	Extraversion					
1	Is talkative					
2	Is reserved					
3	Is full of energy					
4	Generates a lot of enthusiasm					
5	Tends to be quiet					
6	Has an assertive personality					
7	Is sometimes shy, inhibited					
8	Is outgoing, sociable					
	Agreeableness					
9	Tends to find fault with others					
10	Is helpful and unselfish with others					
11	Starts quarrels with others					
12	Has a forgiving nature					
13	Is generally trusting					
14	Can be cold and aloof					
15	Is considerate and kind to almost everyone					
16	Is sometimes rude to others					
17	Likes to cooperate with others					
	Conscientiousness					
18	Does a thorough job					
19	Can be somewhat careless					
20	Is a reliable worker					
21	Tends to be disorganized					
22	Tends to be lazy					
23	Perseveres until the task is finished					
24	Does things efficiently					
25	Makes plans and follows through with them					
26	Is easily distracted					
	Neuroticism					
27	Is depressed, blue					
28	Is relaxed, handles stress well					
29	Can be tense					
30	Worries a lot					
31	Is emotionally stable, not easily upset					
32	Can be moody					
33	Remains calm in tense situations					
34	Gets nervous easily					
	Openness to experience					
35	Is original, comes up with new ideas					
36	Is curious about many different things					
37	Is ingenious, a deep thinker					
38	Has an active imagination					
39	Is inventive					
40	Values artistic, aesthetic experiences					
41	Prefers work that is routine					
42	Likes to reflect, play with ideas					
43	Has few artistic interests					
44	Is sophisticated in art, music or literature					

Developed by John OP, Donahue EM, Kentle RL. (1991).

The Hazardous Use Scale of Psychoactive Substances

Instruction: Read them carefully and for each sentence mark one answer with a cross, that best describes your drinking or substance use in the last 12 months. 0=Never, 1 =Less than once a month, 2 = Once a month, 3 = Once a week, 4 = Every day or almost every day.

S/N	Items	1	2	3	4	5
1	I happen to be drunk or strongly influenced by substances.					
2	In situations of nervousness, anxiety, joy, social gatherings or rest, I reach for alcohol or other substances.					
3	Under the influence of alcohol or other substances, I sometimes engage myself in risky behaviours, e.g. driving a vehicle, fights, destroying objects, careless sex, excessive spending of money.					

4	I was reminded that under the influence of alcohol or other substances, I behave in a way that is dangerous to my or other people's health.					
5	After drinking alcohol or using other substances, I had done things which I later regretted or felt ashamed of.					
6	I am having difficulty with fulfilling my obligations at work because of drinking alcohol or using other substances.					
7	I neglect my housework because of drinking alcohol or using other substances.					
8	I continue to drink or continue to use the substance even though it worsens my relationships with other people.					
9	My previous interests, pleasures, health or self-care are set aside because of me drinking alcohol or using other substances.					
10	When I "recover" from drinking or taking other substances, I feel physically or mentally unwell, for example I suffer from anxiety, irritability, mood swings, sleep problems, nausea					

Developed by Modrzynski, R., Pisarska, A., & Malecka-Kostrubiec, I. (2022).

Scale for Adult Children from Dysfunctional Families (ACDF)

Instruction: In the following statements, please indicate how you would react, in particular situations: Point system: 0 - definitely no, 1 - rather no, 2 - rather yes, 3 - yes, 4 - definitely yes

S/N	Items	1	2	3	4	5
	Emotional problems: oversensitivity or feeling of numbness					
1	It is very easy to hurt or offend me					
2	Sometimes I sense an overwhelming sadness, even though there is no reason for it at that moment					
3	Mental anguish and a superficial calmness are my responses to painful experiences					
4	I cannot be happy, even if others think that I have reasons to be happy					
5	Often, I react impulsively					
6	I am in a sad mood, often					
	Low Self-Esteem					
7	Most of the time, I poorly tolerate criticism towards me					
8	Despite of my achievements, I am not happy with myself					
9	I do not wait for anything positive to take in my life in order not to be disappointed					
10	I feel it would be better if I never lived					
11	I often think of myself as worthless					
12	I believe I am unattractive to others					
	Danger					
13	I hate radical changes, even if they are changes for the better					
14	If my life goes on too peacefully, I fear that „peace” precedes a storm in my life					
15	Even if I do not meet any obstacles, I feel threatened					
16	Even on my time off, I cannot stop worrying about something					
17	Continuously, I worry and I am fearful about my future					
18	I am terrified when I think of my situation and life					
	Hero Feeling					
19	I accept more responsibilities than I can bear					
20	If someone asks me to do something, I often „Yes”, even if it means carrying on too many commitments					
21	I work a lot, much more than anyone else in my family					
22	I sacrifice myself for others much more often than others do so for me					
23	In difficult situations, I assume responsibility for other adults					
24	In difficult situations, I continue to go on even if others have already stepped back					
	Victim Feeling					
25	If others manifest their anger or rage, I feel helpless and unloved					
	It is easy to induce a sense of guilt in me					
	Often, I fear of losing love of those dear to me					
	I feel guilt, if I put my needs in front of the needs of my loved ones					
	I cannot say „No” to a person who asks me for a favor, even if the request is too difficult for me to meet					
	When I think about my life in the past, I experience those past hurts again.					

