

THE INFLUENCE OF FAMILY FUNCTIONING, MORAL DISENGAGEMENT ON RISK-TAKING BEHAVIOR AMONG METHAMPHETAMINE (ICE) ADDICTS

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Abstract

The present study aimed to investigate the Influence of Family Functioning and Moral Disengagement on Risk-Taking Behavior in Methamphetamine (Ice) Addict. It was hypothesized that (1)- there will be a significant correlation between family functioning and moral disengagement and Risk-Taking Behavior in Methamphetamine (Ice) Addict. (2)- Higher levels of moral disengagement are positively associated with increased risk-taking behavior in methamphetamine addicts. 150 Ice addicts, aged 18 to 55 years (M=29.73, SD=9.02) selected from different clinics and rehabilitation centers of Lahore, Pakistan. Participants responded to demographic information form, The McMaster Family Functioning Scale (Epstein et al., 1983), Moral Disengagement Scale (Bandura, 1996), and Risk-Taking Questionnaire de Haan et al. (2011). Results of Pearson's product moment correlation showed that there is likely to be statistically significant relationship between moral disengagement and risk-taking behaviour. The study is significant in addressing the increasing concern of family functioning and moral disengagement and Risk-Taking Behavior in Methamphetamine (Ice) Addict. Future research should position family functioning as a transformative agent in disrupting the cognitive patterns that fuel moral disengagement and risk-taking in ice addicts. Emotionally connected and ethically grounded families can weaken the psychological justifications for harmful behaviors. Culturally sensitive, longitudinal studies are needed to explore how relational restructuring fosters long-term recovery

Keywords: Methamphetamine, (Ice) Addict, Family Functioning Moral disengagement, Risk-Taking Behaviors.

Introduction

Methamphetamine is harmful and strong drug and it is also famously referred as ice in the country of Pakistan. The qualitative research conducted in the Province of Khyber Pakhtunkhwa showed that the user of methamphetamine (ice) shares a strong stigma in society, an economic burden, and risky activities such as theft and drug trade to maintain their habit of using methamphetamine (ice) (Jan et al., 2023). The research indicates the significance of family support in the prevention of meth-taking, which favors the correlation between family functioning and

risk-taking behaviors in addicts. Social interaction and human development are closely connected to risk taking behavior, moral disengagement and functioning of families. Family functioning is described as the dynamic interactions among the members of a family that help in maintaining the physical, emotional, and mental well beings of each member. The connections within the family system may be investigated with references to the category of family functioning, which can be defined as patterns of relationship among the members of the family Moisă, V. B. (2022). The way the family system is functioning today in the society a social crisis and transitions processes are also characteristic of context in conjunction with the internal change of each family. The transitions may occur externally and internally. is harmful to the working of the family system as the crisis provided exists. Family functioning is often reflected in the society in such burdensome and complicated the families have in some cases sufficient capacity to grow and develop under circumstances. but a great number of them act in pathological homeostasis, having not enough capacity change and do not have proper backing to counter the issues they have to cope with. (Yılmaz, A., & Özmen, N., 2023) The McMaster Model of Family Functioning offers a systems-based perspective and considers behavior control, communication, problem-solving, the role performance, and emotional responsiveness to have great value (Wan, X. et al, 2022).

Nevertheless, the moral disengagement mechanism that allows humans to rationalize the horrors of immorality may be part of self-control barriers and promote an individual to engage in unconstructive acts even among individuals who grow up in a structured environment. Emotional problems, peer pressure and development factors lead people to be more prone to risk behavior, particularly during adolescence and early adulthood. To take care of behaviors which can have social, legal and health consequences in the long term, it is better to understand these concepts and learn their interrelationships. Family offers emotional, influential and large support to the members. It is perceived to be a societal factor that facilitates the appropriate functioning of people and the society (Zhou, M., & Guo, W. 2021). The interactions between families also influence the well-being of people. Family functioning is the capacity of the family to handle the ups and downs of life and adjust to problems and crisis. The organization and composition of the family is known as family structure. The quality of life of members of the family is indicated by the degree at which a family functions well. The quality of life of members of the family is indicated by the degree at which a family functions well. Family function means the capacity of families to organize and adjust variations that take place during existence, solve the dispute, participate inside the mainstream members and accomplish in characteristics of discipline, regard restricted to individuals, and regard rules and conceptions that assist the group to safeguard the whole network of the family. Morality is a key part of sustaining social harmony. Successful socialization as revealed by the implementation of the moral norms by children at an early age leads to acquisition of the ability to adopt behavior in ways acceptable to the society (Day, L. L. 2021).

Individuals also become motivated to comply with moral standards; going against any principle of morality agreed upon in the communities may usually result in a punishment, and going against their personal moral principles will bring about an unpleasant feeling of morality i.e. shame or guilt (Dempsey, E. 2022). Moral disengagement can be defined as the process of a human being convince oneself that moral rules cannot be applied to a particular situation or environment (Bandura, 1990). Individuals can also withdraw ethically as a teenager to gain acceptance and avoid marginalization because the norms of the group promoted aggression or deviance (Thornberg & Jungert, 2013). The teens who have the tendency to engage in risky behavior,

especially when encouraged to do so by fellow teenagers are particularly vulnerable to these activities since they are more often interested in being members of the majority rather than concerned about the consequences of their actions (Steinberg and Monahan, 2007). High levels of stress, limited access to recreational and educational opportunities, exposure to criminality and substance use are some of the reasons why the chances of indulging in risky behaviors are elevated among the youth experiencing underprivileged families (Evans & Kim, 2013). In addition, it is possible to translate the practice into exposure to media, including music, television, and social media, which can make it normal and glamorous to take risks, especially when the outcomes are not accurately portrayed. Reyna and Farley (2006) state that the concept of Risk-taking is very complex as it is influenced by social factors, the environment, emotional conditions, as well as long-term cognitive progression. Risk-taking behaviors are particularly high in adolescence and early adulthood due to high levels of reward sensitivity and immature self-regulation habits. Identification of patterns of susceptibility and development of the targeted interventions necessitate the knowledge of types of risk-taking behavior

Moral disengagement is a sequence of thinking progression that enables people to excuse unethical conduct by slowly losing touch with their internal ethics. Knoll et al. (2016) note that such a process is carried out in four stages. To start with, people change the meaning of their actions to sound acceptable morally and can rationalize it by saying that everybody is doing or that it is not against the law. Second, they focus on the external, so they should blame other people, organizations, or circumstances. Third, they choose to reduce or overlook the ramification of their actions. In conclusion, they dehumanize or victimize the victims and this lowers empathy and legitimizes the unethical actions. This gradual withdrawal helps one to do something which goes against his/her moral principles, without feeling guilty or condemning oneself. (Knoll et al., 2016). Moral concepts are learnt when we watch other people, the reactions, and the advice of other strong influence such as parents and the society. These ethical standards inform us on how to act, by assisting us to co-exist and foster in our societies. (Yufei He, 2022). According to Problem behavior theory, the personality and environment of an individual are more likely to be in conflict with one another in a manner that diminishes tradition and inhibition (poor parental guidance or peer pressure) and makes delicate or risk-taking actions easier (Di Castri, 2023; Jessor, 1977).

Methodology

Sample Design

A Correlational research design was used in the present study to assess the relationship among Family Functioning Moral Disengagement and Risk-taking behavior in Methamphetamine (Ice) Addict

Participants and Sampling strategy

A sample of 150 Ice addicts, aged 18 to 55 years ($M=29.73$, $SD=9.02$) were selected. This sample was collected through the convenient sampling technique. The participants' demographics are mentioned (See Table1). Ice addicts included in this study if they are diagnosed with Ice addiction and currently undergoing treatment or rehabilitation. Those ice addicts were excluded with any type of physical disability and not willing to provide informed consent.

Table 1

Participants' Demographics Characteristics

Variables	Frequency	Percentage
<i>Gender</i>		
Male	125	83.3
Female	25	16.7
<i>Number of siblings</i>		
1-3	60	40.0
4-6	48	32.0
Above 6	42	28.0
<i>Birth order</i>		
1 st born	38	25.3
Middle born	82	54.7
Last born	30	20.0
<i>Marital Status</i>		
Single	48	32.0
Married	90	60.0
Divorced	12	8.0
<i>Family Structure</i>		
Joint	89	59.3
Nuclear	61	40.7
<i>Monthly Income</i>		
30-60k	86	57.3
60-90k	44	29.3
90-120k	20	13.3

Measures

Informed Consent Form

The participants were explained about the purpose behind the conduction of the study in the informed consent form, and they were asked for their voluntary participation. Moreover, their signature for their participation was also be included in this form.

Demographic Information Form

Demographic form included age, gender, no of siblings, birth order, monthly income, family structure, marital status.

The McMaster Family Functioning Scale (MFFS)

To measure general family functioning across various domains such as communication, problem-solving, affective responsiveness, and roles. Typically, a short version with 12 items, each rated on a 4-point Likert scale (from *strongly agree* to *strongly disagree*). Higher scores indicate worse family functioning, while lower scores reflect healthier family dynamics. The 12-

item version focuses primarily on general family functioning, making it practical for research and clinical settings where time is limited. Cronbach's alpha values typically range from 0.85 to 0.92.

The Moral Disengagement Scale (MDS)

The Moral Disengagement Scale (MDS) developed by Bandura et al. (1996), which measures eight mechanisms of disengagement through 32 self-report items rated on a 5-point Likert scale. It has high internal consistency, with Cronbach's alpha typically reported around .82 to .87.

Risk Taking Questionnaire (RT18)

The RT-18 developed by de Haan et al. (2011) is a standardized self-report instrument designed to assess the tendency toward risk-taking behavior, particularly in young adults. The scale includes 18 yes/no questions. Each "yes" response is scored as 1, and each "no" as 0. The RT-18 demonstrates good reliability (Cronbach's alpha = 0.81) and construct validity, effectively identifying varying levels of risk-taking behavior among young adults.

Procedure

First of all, consent was taken from HODs of related centers. After this approval, permission was taken from authors of the scales. Consent was taken from the participants. A general overview of the research purpose was briefly described to the participants. Instructions regarding the questionnaire was provided to the participants. Participants were informed about the ethical rights that they can use during the research. After that appropriate statistics were applied and result were extracted.

Statistical Analysis

Pearson Product Movement Correlation Analysis was applied to find out the nature of association between family functioning moral disengagement and risk-taking behavior in Methamphetamine (Ice) Addict. Linear regression and independent t test were used for prediction and gender difference respectively.

Ethical Considerations

Ethical Guidance by APA provided were followed for the research. To initiate study, permission was taken from the scale's authors. Participants were assured about the confidentiality of the personal information. Participants were assured that their anonymity was maintained. Participant were assured that is no potential form of any physical, social, or psychological harm in this research. There were no prejudice and biasness; participants were treated equally irrespective of their demographic variables. And the research was conducted by the approval from the Institute. Results were reported and analyzed accurately.

Results

Table 2

Descriptive Statistical and Result of Independent t test of mean difference of Gender (men and

Variable	Male	Female	t(df)	p	Cohen's <i>d</i>
	<i>M(SD)</i>	<i>M(SD)</i>			
FFS	29.3(4.6)	29.3(3.8)	.027	.978	0.
MD	92.0(22.4)	87.7(12.5)	.924	.357	0.
RT	25.5(3.72)	25.3(2.55)	.246	.806	0.

women) family functioning, moral disengagement and risk-taking behavior among ice addict.

Note M=mean, SD=, standard deviation

It is shown that, the gender differences in family functioning are significant and show that gender is significant in the perception of family functioning. The effect size of the family functioning is also denoted by Cohen *d*. Such results indicate that male ice addicts along with female share the similar moral disengagement and risky behaviors.

Table 2

Descriptive Statistics and Correlations for study variables

Variable	<i>n</i>	<i>M</i>	<i>SD</i>	1	2
FFS	150	29.3	4.01	-	
RT	150	25.5	3.55	.128	-

Note. N=150, M=mean, SD=standard deviation, $p > 0.05$.

The results revealed that there is no significant relation between family functioning and risk-taking behaviour $r = .128$, $p > .05$.

Table 3

Relation between Moral disengagement and Risk-taking behaviour among Methamphetamine ice addicts

Variable	<i>n</i>	<i>M</i>	<i>SD</i>	1	2
MD	150	91.2	21.1	-	
RT	150	25.5	3.55	-.224**	-

Note. N=200, $p < .01$ **

It is shown that a strong negative relation between moral disengagement and risk-taking behaviour $r = -.224$, $p < .01$ **. It suggested that higher level of is moral disengagement associated with greater level of risk-taking behaviours.

Table 4

Linear regression showing predicting effect of Family Functioning, Moral Disengagement and Risk-Taking Behavior among Ice Addicts.

Predictors	Risk Taking Behavior		
	B	B	SE
Family Functioning	.113	.128	.072

Moral Disengagement	-.043	.179	.014
ΔR^2	.068		

Table 4 shows the overall regression model is significant with R^2 value of .068 revealed that the predictor variable explained 6.8% variance in the outcome variable with $F(10.30)$ $p < 0.001^{***}$. The standardized beta coefficient for moral disengagement predicting risk taking behaviour was $\beta = .179$. Multiple linear regression was used to find out the predictor of Risk-Taking Behavior among Ice Addicts. Table reveals that poor family functioning was the predictor of risk-taking behaviour at $p < .001^{***}$.

Discussion

The purpose of the study was to examine the influence of family functioning, moral disengagement on risk taking behavior among methamphetamine (Ice) addicts. It was hypothesized that there is statistically significant gender differences exist between family functioning, moral disengagement and risk-taking behavior among ice addicts. Studies have shown that to be often true with females reporting greater cohesion and functioning within the family than males. This could happen because women usually show more emotional interest in their family roles and family relationships. Women were more prone to report positive attitudes on family functioning especially areas that touch on emotional responsiveness and communication (Olson, D. H., 2003).

It was hypothesized that there is likely to be a significant relationship between poor family functioning and moral disengagement together significantly predict risk taking behaviour in methamphetamine addicts. Nisa, Aziz U., et al. (2022), attempted to establish the connection between bullying activity among teens, self-control, and moral disengagement. The findings revealed that there is no relationship between the moral disengagement and self-control. This study can be used as a guide by other scholars who aim to develop culturally relevant interventional techniques and control policies that can be used to prevent bullying among the teenagers.

It was hypothesized that poor family functioning and moral disengagement together significantly predict risk taking behaviour in methamphetamine addicts. The present research indicated that moral disengagement as well as poor family functioning also were significant predictors of risk-taking behavior among people addicted to ice and they explained 6.8 percent still the total variance. These data can be compared to the past studies. According to Shulman et al. (2011), the greater the moral disengagement, the more prone one can be in accessing risky and antisocial behavior.

It was hypothesized that there is likely to be a positive significant relationship between family functioning, moral disengagement and risk-taking behavior among ice addicts. The researchers concluded that there was a negative correlation between moral disengagement and risk-taking behavior in the study ($r = -.224$, $p < .01$), indicating that those individuals who had a higher degree of moral disengagement would not turn into risk-taking behavior. Although this is opposite to what is depicted in most of the literature, the same phenomenon has been found to occur in some regulated or cultural settings (Pelton et al., 2004; Detert et al., 2008). Gini et al. (2014) also state that relations between moral disengagement and deviant behavior are complicated, and they could also be dependent on features such as demography and psychosocial peculiarities.

At the end it can be concluded that the present study explored the relationship between family functioning, moral disengagement, and risk-taking behavior among ice addicts. The findings highlighted that poor family functioning and higher levels of moral disengagement are significant predictors of increased risk-taking behavior. These results underscore the importance of addressing both family dynamics and cognitive processes in understanding and managing addictive behaviors. The study contributes valuable insights for developing more effective, family-centered, and cognitive-behavioral interventions tailored to individuals struggling with ice addiction.

This research has significant practical and investigational value because its findings can be used as an influential tool in clinical practice as well as in future addictions psychology studies. On the one hand, a family functioning can be considered a crucial factor that influences the risk-taking behavior and might take place under the contribution of supporting family systems and the improvement of communication patterns in order to mitigate the risk-taking aspect of an ice-addicted person.

Secondly the relationship between morally disengaged behavior and risk behavior though against popular belief presents the importance of knowing how decisions are made by drug users, i.e. the cognitive processes that guide the decision-making process of a drug user. The future intervention could be improved with facilities of cognitive-behavioral approaches which deal with morality, justification, conscience, and personal responsibility to minimize risky behavioral traits.

Also, the study determines the need to take cultural and contextual considerations into account, especially in areas where behavior and the manifestation of addiction concerns are guided by family expectations, social norms, and stigma. The findings can be used to instruct the formation of focused repressive interventions, feed into the comprehension of policy advocates, and inspire scholars to investigate these factors in various populaces and cross-sectional time intervals to gain extensive knowledge of the addiction enactment.

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