

## The Effect of Anger and Family Functions on Bullying Behavior in Individuals with Substance Use Disorder between the Ages of 15 and 25

### ABSTRACT

**Objective:** This study aimed to investigate the effects of anger and family functions on bullying behavior in adolescents and young adults who are followed up with the diagnosis of substance use disorder.

**Methods:** A total of 100 patients, whose ages were between 15 and 25 years and who were diagnosed as having substance use disorder, were included as study participants. All participants were subjected to the Sociodemographic Data Form, Family Assessment Device, Trait Anger-Anger Expression Scale, and Bullying Tendency Scale.

**Results:** It was found that there was a positive relationship between bullying tendency scores and trait anger and anger expression outward scores and a negative relationship with anger control scores. It was observed that there was a positive correlation between subdimension scores of problem solving, roles, and showing necessary attention with respect to family function dimensions and bullying tendency scores. In the multivariate regression model evaluating the predictive power of independent factors associated with bullying tendency, it was observed that anger control from anger subdimensions and problem solving from family function subdimensions had a predictive effect on bullying tendency, and the combination of these 2 factors explained 26% of bullying tendency scores.

**Conclusion:** In this study, it was observed that most of the anger and family function dimensions were related to bullying tendency; in particular, the anger control difficulties and the problem-solving skills in the family were the factors that predicted bullying behavior. We think that addressing these factors that have an impact on bullying behavior in the treatment process will be important to regulate the relations with the outside world in this age group.

**Keywords:** Anger, bullying, family, problem solving

### Introduction

The first definition of the concept of bullying was formed in Scandinavian schools in the 1970s. Olweus described bullying as a person's exposure to the inappropriate behaviors of one other person or a group in a deliberate and prolonged manner.<sup>1</sup> In addition, the literature contains the concept of bully victims besides the concept of bullying. This definition has actually emerged to examine the characteristics of people who engage in bullying behavior. These people have been described as individuals who have been bullied themselves in their family environment and then tried to compensate for this experience by showing bullying behaviors in their social environment. They have also been reported to have low self-esteem and poor problem-solving abilities.<sup>1</sup> In the literature, there are studies that examine the relationship between being bullied and exhibiting bullying behaviors and substance use in adolescents.<sup>2,3</sup> For instance, Kelly et al<sup>4</sup> investigated the relationship between bullying and substance use among adolescents in a 24-month period; although no relationship between



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bullying and substance use was found at the beginning, there was increased problematic alcohol and marijuana consumption in the bully-victims group by the end of the 24 months. Similarly, another study that was conducted with 809 adolescents identified alcohol use in the bully-victims group and alcohol use, smoking, and volatile substance use in the only-bully group.<sup>5</sup>

Despite the suggestion that bullying is a subcategory of aggressive and angry behavior, few studies have addressed the relationship between bullying and aggression. In some studies examining the relationship between anger and violent behavior, it has been suggested that anger is an important mediator of criminal acts, such as theft, vandalism, and violence.<sup>6</sup> In one of the first studies investigating anger and bullying among middle-school students, anger was found to account for a significant part of variance in bullying. It was observed that students with better anger management skills and those using nonviolent strategies were less involved in bullying.<sup>7</sup> In addition, within the framework of the social information processing theory, the effect of anger on aggression and bullying was discussed, and it was argued that errors or deficiencies at any stage of cognitive processing could cause maladaptive behaviors.<sup>8</sup>

Bullying victimization has been interpreted as stress with a potential adverse effect on mental health owing to causing discomfort and disappointment.<sup>9</sup> However, stress is not interpreted in the same way for bullies. It is believed that bullies are often aggressive and self-confident individuals, unlike their victims,<sup>9</sup> and are spiritually stronger than their victims.<sup>10</sup> However, this does not mean that the bullying behavior does not involve any general background that causes the disappointment and anger leading to these behaviors. Studies have shown that family dynamics and intrafamilial relationships play a key role in the behaviors of children and adolescents toward their peers.<sup>11</sup> Considering the relationship of bullying behaviors with family attitudes, it was argued that low parental warmth and lack of monitoring, harsh physical discipline, and the absence of environmental safety concerns explain bullying behavior.<sup>12</sup>

It has been observed that studies conducted so far have investigated the difficulties experienced by individuals who have been victimized by bullying. In the literature, factors related to bullying behavior have been examined but with less focus on bullies than victims. This study aimed to investigate the anger-related problems and family func-

tions that we believed played a role in the background of bullying behaviors in a group of adolescent and young-adult patients with substance use disorder and known to have behavioral problems in particular. We believe that examining factors that may cause bullying behavior in this age group with a diagnosis of substance use disorder will be important in the follow-up and treatment process of individuals.

## Methods

This study included 100 patients aged 15-25 years and diagnosed as having substance use disorder. Participants, whose informed consents were obtained, were asked to complete the evaluation forms. This study was conducted in accordance with the Declaration of Helsinki and approved by the Ethics Committee of Üsküdar University (Approval Date: April 10, 2017; Approval Number: 4). The Sociodemographic Data Form was prepared for the purpose of this study, Family Assessment Device (FAD), Trait Anger-Anger Expressions Scale, and Bullying Tendency Scale were used as data collection tools. Family functions were assessed with the FAD, anger dimensions with the Trait Anger-Anger Expression Scale, and bullying behaviors with the Bullying Tendency Scale.

### Data Collection Tools

**Sociodemographic Data Form:** It was prepared by the researchers in line with the purposes of the study. The form requests for demographic data, such as age, marital status, educational status, place of residence, employment status, family type, parents' employment status and economic status, and clinical evaluation questions, such as psychiatric treatment history of the participant and participant's family, age at which substance use was initiated, age of first treatment, and number of lapses.

**Family Assessment Device:** It was developed by Brown University and Butler Hospital in the United States as part of the Family Research Program. FAD is a measurement tool that determines which family functions can or cannot be fulfilled. It was obtained by clinically applying the McMaster Model of Family Functioning to families, and it consists of 60 items with 7 subscales (problem solving, communication, roles, affective responsiveness, affective involvement, behavioral control, and general functioning). For the items in the scale, 1 point indicates a healthy response and 4 points an unhealthy response. The reliability study of FAD in Turkey established significant results ( $P < 0.001$ ) both for internal consistency and measurement invariance. The Cronbach's alpha internal consistency coefficients were calculated and found to be between 0.44 and 0.89 for the subscales.<sup>13</sup>

**Trait Anger-Anger Expression Scale:** It was developed by Spielberger et al<sup>14</sup> to determine anger expression styles of individuals and can be administered to adolescents and adults; there is no time limit. It consists of 34 items rated on a 4-point Likert scale (almost never [1 point], sometimes [2 points], often [3 points], and almost always [4 points]). The first 10 items of the scale measure trait anger, and the next 24 items measure anger expression styles. Trait anger expresses how the person generally feels himself and what level of anger he experiences. The score that can be obtained from the trait anger subscale ranges from 10 to 40. The anger expression subscale comprises 3 dimensions: anger expression inward (items 13, 15, 16, 20, 23, 26, 27, and 31), anger expression outward (items 12, 17, 19, 22, 24, 29, 32,

## MAIN POINTS

- *Our findings revealed the impact of the anger dimensions and family functions on bullying behaviour.*
- *When examining the bullying that emerges as a behavioral pattern, it is seen that most of the dimensions of anger and family functions are associated with this behavior.*
- *Furthermore, in particular, more anger control difficulties among anger dimensions and poor problem-solving skills in the family were identified as predictors of bullying behavior.*
- *In the case of substance use disorder especially in the adolescent and young-adult groups, the assessment of bullying behaviour during the treatment process, supporting treatment with therapeutic approaches related to anger control, and including family functions in the treatment steps would significantly contribute to the development of follow-up programs.*

and 33), and anger control (items 11, 14, 18, 21, 25, 28, 30, and 34). Scores that can be obtained from the subscales of anger expression inward, anger expression outward, and anger control range from 8 to 32. The Cronbach's alpha value of the original scale is between 0.77 and 0.88. The scale was adapted into Turkish by Özer<sup>15</sup>, and the Cronbach's alpha values were 0.84 for anger control, 0.78 for anger expression outward, and 0.62 for anger expression inward.

**Bullying Tendency Scale:** The Tendency for Bullying Scale was developed by Dölek.<sup>16</sup> It consists of 26 items with 6 subscales (lack of emotional sharing, justification, upsetting others, using power, not being disturbed, and negative reflection). The Cronbach's alpha internal consistency-reliability coefficient of the scale is 0.67, and the Cronbach's alpha coefficients of all subscales are above 0.50. The one-way *t* test was used to calculate upper and lower quartiles to determine the internal consistency; all subscales were found to be distinguishing between students in the upper and lower quartiles. To determine the reliability of the scale, the scale was administered to 24 people 2 weeks apart, and Pearson's correlation coefficient between the 2 measurements was examined. Except for "lack of emotional sharing," "upsetting," and "being powerful," all subscales were found to be reliable.

### Statistical Analysis

Data were analyzed with the IBM Statistical Package for the Social Sciences software version 22.0 (IBM Corp.; Armonk, NY, USA). Mean, standard deviation, median, minimum and maximum, frequency, and percentage were used for the descriptive statistics of the data. The distribution of variables was analyzed using the Kolmogorov-Smirnov test. The analysis of variance and Student *t* test were used to compare personal and demographic variables. Pearson's correlation tests were used to analyze correlations, and regression analysis was performed to examine the explanatory role of the research variables that were found to be correlated. Significance was evaluated at the  $P < 0.05$  level.

### Results

The study included 100 patients under follow-up with a diagnosis of substance use disorder. The mean age of the patients was 21.6 (SD = 2.6) years. The sociodemographic data and clinical variables of the patients are presented in Table 1. The comparative analyses for the sociodemographic variables of the participants revealed that the bullying scores did not significantly differ by the place of residence (city/district) ( $P = 0.34$ ), history of psychiatric treatment ( $P = 0.13$ ), employment status ( $P = 0.38$ ), and income levels ( $P = 0.58$ ). There was no significant difference in bullying scores between the groups based on family-related variables, the employment status of parents ( $P = 0.58$ ), parents' history of psychiatric treatment ( $P = 0.34$ ), and the family type ( $P = 0.21$ ). When the participants were examined in 2 groups based on probation tracking, it was found that there was a significant difference in the bullying scores, with a higher tendency for bullying scores in participants with probation tracking ( $P = 0.04$ ) (Table 2).

A correlation analysis was conducted to evaluate the relationship between the characteristics of the patients and the tendency for bullying. No significant correlation was found between age ( $P = 0.21$ ), years of education ( $P = 0.28$ ), age at which substance use was initiated ( $P = 0.21$ ), years of substance use ( $P = 0.21$ ), age for first treatment

( $P = 0.07$ ), number of lapses ( $P = 0.56$ ), age of parents ( $P = 0.59$ ), and education year of parents ( $P = 0.15$ ) and bullying behavior. The tendency for bullying scores was positively correlated with trait anger ( $r = 0.21$ ,  $P = 0.33$ ) and anger expression outward scores ( $r = 0.38$ ,  $P < 0.01$ ) and negatively correlated with anger control scores ( $r = -0.24$ ,  $P = 0.02$ ). There was a positive correlation between the scores for problem solving ( $r = 0.34$ ,  $P < 0.01$ ), roles ( $r = 0.27$ ,  $P = 0.01$ ), and affective involvement ( $r = 0.25$ ,  $P = 0.01$ ) from family function subscales and tendency for bullying scores. No significant correlation was found between the tendency for bullying scores and the anger expression inward scores from anger subscales ( $P = 0.39$ ), communication ( $P = 0.26$ ), affective responsiveness ( $P = 0.9$ ), behavioral control ( $P = 0.43$ ), and general functioning ( $P = 0.63$ ) scores from the family functions subscales (Table 3).

**Table 1. Sociodemographic and Clinical Characteristics (n = 100)**

	%	
Marital status		
Single/separated	82	
Married/engaged	17	
Employments status		
Regular working or student	33	
Does not work or works irregularly	67	
Place of residence		
City	74	
District	26	
Income level		
Low/medium	70	
Good	24	
Very good	6	
Psychiatric treatment history		
No treatment applications	60	
There is an outpatient application	40	
Probation tracking		
Yes	52	
No	48	
Family history of psychiatric illness		
Diagnosed as having addiction	33	
Diagnosed as having a psychiatric disease other than addiction	25	
No	42	
Parental employment status		
Regular working	62	
Does not work or works irregularly	38	
Family type		
Nuclear family	64	
Extended family	15	
Broken family	21	
	Mean (SD)	Median (Min-max)
Age	21.6 (2.6)	22 (15-25)
Years of education	8.7 (1.8)	9 (5-15)
Age at which substance use was initiated	15.1 (1.9)	15 (10-20)
Age for first treatment	18.6 (2.7)	19 (14-24)
Number of lapses to substance use	2.7 (1.5)	3 (0-7)

Abbreviation: SD, standard deviation.

The predictive power of the independent factors associated with tendency for bullying was analyzed using a multivariate regression model. The model revealed that anger control from anger subscales ( $\beta = 0.73, P < 0.01$ ) and problem solving from family functions subscales

( $\beta = 3.11, P = 0.01$ ) had a predictive effect on tendency for bullying, and the combination of these 2 factors explained 26% of tendency for bullying scores (Table 4).

**Table 2. Comparison of Bullying Tendency According to Sociodemographic Variables**

Bullying Tendency Scale	Mean (SD)	P
Marital status		0.96 <sup>a</sup>
Single/separated	72.6 (5.1)	
Married/engaged	72.7 (5.4)	
Employment status		0.38
Regular working or student	73.2 (4.4)	
Does not work or works irregularly	72.3 (5.5)	
Place of residence		0.34 <sup>a</sup>
City	72.3 (5.5)	
District	73.4 (3.9)	
Income level		0.58 <sup>b</sup>
Low/medium	72.9 (4.9)	
Good	71.8 (5.7)	
Very good	73.4 (3.7)	
Psychiatric treatment history		0.13 <sup>a</sup>
No treatment applications	72.0 (4.5)	
There is an outpatient application	73.6 (5.9)	
Probation tracking		0.04 <sup>a</sup>
Yes	73.6 (4.8)	
No	71.5 (5.4)	
Family history of psychiatric illness		0.34 <sup>b</sup>
Diagnosed as having addiction	73.3 (5.1)	
Diagnosed as having a psychiatric disease other than addiction	73.3 (3.4)	
No	71.8 (5.9)	
Parental employment status		0.58 <sup>a</sup>
Regular working	72.5 (5.2)	
Does not work or works irregularly	73.0 (5.2)	
Family type		0.21 <sup>b</sup>
Nuclear family	72.2 (5.6)	
Extended family	71.7 (4.5)	
Broken family	74.3 (3.5)	

Abbreviation: ANOVA, analysis of variance.

<sup>a</sup>Student t test.

<sup>b</sup>ANOVA.

**Table 3. Relationship of Bullying Tendency with Trait Anger/Anger Expression Styles and Family Functions (n=100)**

	Bullying tendency
Trait anger	0.21 <sup>a</sup>
Anger control	-0.24 <sup>a</sup>
Anger expression outward	0.38 <sup>b</sup>
Anger expression inward	0.09
Problem solving	0.34 <sup>b</sup>
Communication	0.11
Roles	0.27 <sup>b</sup>
Affective responsiveness	0.17
Affective involvement	0.24 <sup>a</sup>
Behavior control	0.08
General functioning	0.05

Pearson correlation analysis; <sup>a</sup> $P < 0.05$ ; <sup>b</sup> $P < 0.001$ .

## Discussion

This study examined anger dimensions and family functions, which we believe may be related to the tendency of bullying, among young adults and adolescents who were under follow-up with a diagnosis of substance use disorder and the relationship of these variables with the tendency for bullying and their predictive effect on the tendency for bullying. The findings of the study revealed that most of the dimensions of anger and family functions were associated with tendency for bullying, and the sociodemographic data of patients and their families had no effect on the tendency for bullying. In particular, more anger control difficulties among anger dimensions and poor problem-solving skills in the family were identified as predictors of bullying behavior.

This study differs from some data in the literature, especially in terms of not determining the relationship between sociodemographic variables of patients and their family with the tendency for bullying. Previous studies have shown that demographic variables in both children and adults, such as age, gender, educational level, and ethnic origin, are associated with bullying behavior.<sup>17, 18</sup> In addition, it has been established that the socioeconomic, educational, and employment status of parents are likely to affect children's aggressive behavior.<sup>19</sup> However, a study examining the bullying behaviors of 500 children identified, using a regression analysis, that trait anger and moral detachment were predictors of bullying behavior rather than demographic variables.<sup>20</sup> In the literature, a cross-sectional, population-based study examining the relationship between anger, bullying, and crime in the adolescent age group, in parallel with the abovementioned study, observed that there was a relationship between bullying and anger and that anger had an indirect effect on the relationship between bullying and crime.<sup>6</sup> Espelage et al<sup>21</sup> and Stockdale et al<sup>22</sup> demonstrated that the level of bullying had a positive relationship with the level of anger. The tendency for bullying is a violent or controlling behavior directed at another person whom the person finds weaker than themselves and can occur by expressing the person's anger. It is believed that the aggression involved in tendency for bullying is consistent with the expression of anger and that people express their anger through bullying instead of controlling their anger. An individual's behavior is particularly influenced by his emotions originating from his thoughts.<sup>23, 24</sup> It has been found that children who are extremely intense at emotional expression and have poor emotional regulation skills are at risk of displaying prob-

**Table 4. Multiple Regression Analysis Results of Variables Predicting Bullying Behavior ( $P < 0.05$ )**

	Bullying tendency			
	B	Beta	P	SE
Trait anger	-0.06	-0.04	0.77	0.21
Anger control	-0.02	-0.01	0.92	0.22
Anger expression outward	0.73	0.36	0.00	0.25
Problem solving	3.11	0.28	0.01	1.16
Roles	1.42	0.09	0.34	1.49
Affective involvement	0.13	0.01	0.92	1.39

Abbreviation: SE, standard error.

$R = 0.51, R^2 = 0.26, F = 5.35, P < 0.001$ .

lematic behaviors and social maladjustment.<sup>25, 26</sup> It has been argued that negative emotions found in both bullies and victims reduce the likelihood of appropriate behavioral responses and limit the capacity to solve problems.<sup>25, 27</sup> According to this information, we believe that the predictive effect of anger control difficulty on bullying behavior is likely to be related to the person's emotional intensity and difficulty in controlling his emotions and that uncontrolled intense emotions can be presented as inappropriate behavior.

Parental attitudes are known to affect substance use. Öngel Atar et al<sup>28</sup> reported that the perceived family functions and the levels of parents' adjustment to the situation of adolescents with substance use were unhealthy. According to Olweus<sup>29</sup>, learning of aggression in the family occurs very early in a child's development and can last for 3 generations. Olweus<sup>30</sup> found a positive correlation between a child's aggression and his mother's consent for aggressive behaviors, the use of power assertive disciplinary methods, corporal punishment, and strong threats. Studies have shown that parenting styles, disciplinary approaches, parent/child communication, closeness of relationships, parental control, problem-solving skills, abuse, and neglect are risky and protective factors for bullying behaviors.<sup>31-33</sup> In this study, impaired problem-solving ability, especially in the family, was found to be a predictor of bullying behavior. Problem-solving capacity is one of the most important family functions, and it refers to the ability to effectively solve problems encountered.<sup>34</sup> Families who recognize their problem, put forward solution-related options, choose one and apply, and evaluate this solution are better at problem solving. In these families, the level of harmony within the family and between the family and society is also high.<sup>35</sup> Avoiding the use of aggression and bullying in the family, solving problems without force, and talking to children about problems help children avoid succumbing to bullying.<sup>36</sup> Children take their family members as models and develop behavioral patterns by applying behaviors observed in the family to their friends since the first years of life and continue this for the rest of their lives. Therefore, showing inappropriateness in solving problems within the family and using aggression and bullying can cause children to use the same behaviors toward their peers.

This study has certain limitations. First, the group that constituted the study sample consisted of individuals diagnosed as having substance use disorder. It was stated that there might be some mistakes in reporting behaviors in the group with substance abuse. These errors were identified as difficulties experienced by the participants in understanding the questionnaire questions, problems with remembering the information required to answer these questions correctly, and social pressures that deter correct reporting.<sup>37</sup> In this context, although the participants' responses to the surveys in this study are assumed to be correct answers for them, it is possible that they may have hidden the truth and had trust issues. Second, considering that the patients included in the study were individuals who had applied for treatment and were seeking help, this situation prevents the generalization of the results of the study; we believe that the results may be insufficient to represent all individuals with substance use disorders.

In conclusion, when examining the bullying behavior that emerges as a behavioral pattern, it is seen that especially anger-related problems and family functions are determinants of this behavior. We believe that the factors underlying this behavior should be examined during the treatment process, especially in the adolescent and young-adult

groups that are under follow-up with a diagnosis of substance use disorder. We also believe that addressing the factors that affect bullying behavior during the treatment process, supporting treatment with therapeutic approaches related to anger control, and including family functions in the treatment steps will be important in terms of managing relations with the outside world for this age group.

**Ethics Committee Approval:** Ethics committee approval was received for this study from the Ethical Committee of Üsküdar University (Approval Date: April 10, 2017; Approval Number: 4).

**Informed Consent:** Informed consent was obtained from the patients who participated in this study.

**Peer-review:** Externally peer-reviewed.

**Author Contributions:** Concept - T.H., Ö.K.K., N.D.; Design - T.H.; Data Collection and/or Processing - T.H., Ö.K.K., N.D.; Analysis and/or Interpretation - T.H., Ö.K.K., N.D.; Literature Search - T.H.; Writing - Ö.K.K.; Critical Review - N.D.

**Conflict of Interest:** The authors have no conflict of interest to declare.

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