IJBMC
International Journal of Body, Mind and Culture

Volume 13, Issue 9, Article e2026-1202
DOI: 10.61838/ijbmc.v13i9.1202

Article type:
Qualitative Research

Emotional Climate of the Family and Youth Addiction Tendency: A Phenomenological Study of Lived Experiences

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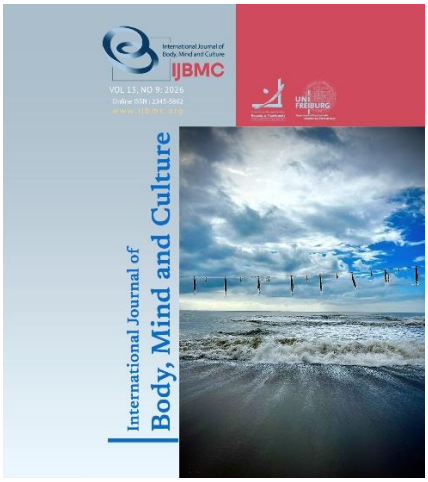

Article history:

Received 06 Feb 2026
Revised 17 Apr 2026
Accepted 09 Aug 2026
Published online 01 Sep 2026

How to cite this article:
Ahaki, M. H., & Hajhoseini, M. (2026). Emotional Climate of the Family and Youth Addiction Tendency: A Phenomenological Study of Lived Experiences. International Journal of Body, Mind and Culture, 13(9), Article e2026-1202. https://doi.org/10.61838/ijbmc.v13i9.1202

ABSTRACT

Objective: This study aimed to explore the phenomenological aspects of family emotional atmosphere and its impact on addiction proneness among youth by analyzing their lived experiences.

Methods and Materials: Using a qualitative and phenomenological approach, data were collected through semi-structured interviews with 15 young individuals undergoing treatment at the Yaran Addiction Rehabilitation Center in Yazd, Iran. Participants were selected via purposive sampling based on maximum variation and data saturation. Interviews were analyzed using the Strauss and Glaser method with thematic coding and interpretive analysis.

Findings: Four primary themes emerged from the data: Emotional insecurity due to unmet emotional needs and rejection, Ineffective parenting styles including authoritarian or neglectful behaviors, Identification with addicted parents as behavioral models, and Dysfunctional family dynamics marked by conflict, infidelity, favoritism, and lack of autonomy. These conditions contributed to persistent feelings of inferiority, identity failure, and ultimately, maladaptive coping behaviors such as substance use.

Conclusion: A dysfunctional family emotional atmosphere significantly contributes to youth vulnerability to addiction. Addressing emotional deprivation, poor communication, and ineffective parenting strategies in family environments is crucial in prevention and rehabilitation programs.

Keywords: Family Emotional Climate, Addiction Proneness, Phenomenology, Substance Use, Parenting Style.

Introduction

Substance abuse among adolescents and young adults remains one of the most critical public health challenges worldwide. As the World Health Organization (2022) has consistently reported, the initiation of drug use often begins in adolescence and is influenced by a complex interplay of psychological, social, and environmental factors (World Health Organization, 2022). While biological and peer-related variables have garnered significant attention, the role of the family—particularly the emotional climate within the family environment—has emerged as a core determinant in shaping youth behavior, identity, and risk-taking patterns, including the tendency toward substance abuse (Yap et al., 2017).

Family, as the primary microsystem in Bronfenbrenner's ecological model, is the first and most enduring context in which children learn emotional regulation, interpersonal skills, values, and coping strategies (Pirzadeh & Parsakia, 2023; Shariat et al., 2023). The emotional climate of the family encompasses patterns of emotional expression, support, communication, affection, conflict management, and responsiveness to individual needs. These affective interactions between family members, particularly between parents and children, shape the child's internal working models—core beliefs about self-worth, trust, and the predictability of relationships (Azaditalab et al., 2025)

Extensive empirical research has shown that a warm, supportive, and cohesive family emotional atmosphere is associated with lower rates of adolescent substance use, while environments characterized by neglect, hostility, emotional coldness, or inconsistency increase vulnerability to drug experimentation and dependency (Osarhiaekhimen et al., 2025). Emotional deprivation in childhood—such as feeling unloved, unseen, or emotionally rejected—has been linked to long-term psychological distress, including depressive symptoms, anxiety, attachment insecurity, and substance use as a maladaptive coping mechanism (Bergin, 2023; Wadsworth, 1976).

Theoretical Frameworks Linking Family Climate to Addiction

From a developmental psychology perspective, several foundational theories explain how emotional dynamics within the family contribute to substance-related risk. Bowlby's attachment theory posits that early affective bonds with caregivers form the blueprint for future emotional regulation and interpersonal behavior (Bowlby, 1982). Children raised in emotionally unresponsive or inconsistent families often develop insecure attachment styles—either avoidant or ambivalent—which have been associated with higher rates of substance use and behavioral dysregulation in adolescence (Bergin, 2023).

Similarly, Glasser (1982) Choice Theory emphasizes the role of unmet basic psychological needs—particularly love, power, and freedom—in the development of a "failure identity." Adolescents growing up in families that fail to meet these needs may seek alternative forms of gratification, including drug use, to alleviate internal distress and assert autonomy. According to social learning theory (Baumrind, 1971), parental modeling of drug use—whether direct or symbolic—further normalizes and reinforces such behaviors, especially when accompanied by emotional detachment or parental permissiveness.

Baumrind's typology of parenting styles also provides insight into the relational context that may foster or inhibit addiction tendencies. Authoritative parenting—marked by high warmth and high control—has been consistently associated with positive youth outcomes, including lower substance use rates (Baumrind, 1971). In contrast, authoritarian (high control, low warmth) and neglectful (low warmth, low control) parenting styles correlate with higher levels of risk behaviors, emotional detachment, and poor impulse control (Montgomery et al., 2008).

Emotional Insecurity and Vulnerability to Substance Use

Research on emotional insecurity theory highlights how repeated exposure to parental conflict, emotional neglect, or rejection contributes to children's vulnerability to maladaptive coping. Davies et al. (2019) argue that children in emotionally volatile homes internalize a sense of fear, unpredictability, and worthlessness. These internalized insecurities often remain latent until adolescence, when emotional distress increases and external coping resources are limited. At this juncture, substances may offer temporary relief from emotional pain or a way to construct an alternative identity (McHugh & Kneeland, 2019; Shalchi et al., 2024).

Emotional dysregulation, a hallmark consequence of insecure attachment and adverse family experiences, is

both a predictor and consequence of substance use. Adolescents who cannot identify, tolerate, or express emotions in healthy ways often turn to substances as emotional anesthetics. This aligns with the self-medication hypothesis, which posits that substance use serves as a compensatory response to unmanageable affective states (Khantzian, 2017).

Empirical Evidence Supporting Family Influence

Recent large-scale studies have underscored the importance of family emotional climate in predicting substance use. In a meta-analysis by Yap et al. (2017), parental warmth and emotional support emerged as the strongest protective factors against adolescent alcohol and drug use, while parental rejection, criticism, and emotional distance were among the strongest risk factors. Similarly, a study by Hummel et al. (2013) found that poor-quality emotional relationships within families, especially between mothers and sons, significantly predicted the early onset of drug use.

A longitudinal study by Garcia-Cerde et al. (2023) in Spain revealed that adolescents who reported feeling emotionally neglected by their parents were nearly three times more likely to initiate drug use before the age of 16. Notably, emotional neglect was a stronger predictor than parental education level, socioeconomic status, or peer influence—highlighting the primacy of affective dynamics over structural variables. Another critical component is family cohesion and expressiveness. Adolescents from families that encourage open emotional dialogue, mutual respect, and conflict resolution are less likely to turn to substances as coping mechanisms (Barber & Buehler, 1996; Goudarzi et al., 2025). In contrast, families characterized by emotional enmeshment or disengagement often struggle to provide the affective scaffolding necessary for resilience during stress.

Cultural Context and Relevance

In Middle Eastern and collectivist societies such as Iran, family holds a central role in identity formation, moral development, and behavioral regulation (Khosravi et al., 2023). However, cultural norms that discourage emotional expression, paternal warmth, or open parent-child dialogue may inadvertently contribute to emotional deprivation. In these contexts, authoritarian parenting is often culturally legitimized as discipline, yet its emotional costs are profound and under-researched.

Studies in Iranian populations have confirmed the link between dysfunctional family climates and substance use. For instance, Pirzadeh & Parsakia (2023) found that youths with substance use disorders reported significantly lower levels of family cohesion, emotional warmth, and parental responsiveness compared to healthy peers. Similarly, Arghabaei et al. (2018) identified emotional coldness and religious disengagement within families as predictive of youth addiction tendencies. These findings underscore the need for culturally sensitive frameworks that acknowledge both the protective and risk-laden elements of family emotional dynamics. They also reinforce the importance of shifting prevention and intervention strategies from merely punitive or behavioral approaches toward emotionally informed, family-centered models.

Gaps in the Literature and Need for Phenomenological Inquiry

Despite growing awareness of the emotional dimensions of addiction risk, few studies have deeply explored how individuals *experience* family emotional climate subjectively, particularly in non-Western settings. Quantitative methods, while valuable, often fail to capture the nuanced, lived realities of those who grow up in emotionally deficient homes. Phenomenological research—centered on personal narratives and meaning-making—offers an ideal approach to understanding how emotional deprivation, rejection, and family dysfunction are internalized and translated into behavior over time (Smith & Nizza, 2025). Such inquiry is essential not only for theory-building but also for informing tailored interventions. By giving voice to individuals with lived experience of both addiction and family emotional hardship, researchers can identify patterns, metaphors, and meaning structures that are otherwise inaccessible. These insights can inform psychoeducational programs for parents, therapeutic models for youth, and community-level prevention policies.

In summary, the emotional climate of the family represents a powerful but often underappreciated force in shaping youth behavior and vulnerability to substance use. Drawing upon decades of psychological theory and recent empirical research, it is evident that emotional neglect, poor parental modeling, inconsistent caregiving, and a lack of affective support are central contributors to

addiction proneness. This study, through a phenomenological lens, seeks to illuminate how these family dynamics are perceived and internalized by young individuals with a history of substance abuse. Such understanding is vital in designing effective, emotionally intelligent interventions that move beyond punishment and toward healing.

Methods and Materials

Study Design

This study employed a qualitative, phenomenological approach to explore the lived experiences of young individuals with substance use disorders concerning their family's emotional climate. Phenomenology was selected as it allows the researcher to gain in-depth insights into how individuals perceive, interpret, and assign meaning to their emotional and relational experiences within the familial context (Smith & Nizza, 2025).

Research Design

We adopted Interpretative Phenomenological Analysis (IPA) as the guiding methodological framework. IPA emphasizes both phenomenological inquiry—understanding subjective lived experience—and hermeneutic interpretation—making sense of participants' meaning-making processes (Smith & Nizza, 2025). This approach was chosen over descriptive phenomenology to allow for deeper interpretive engagement with participants' narratives, especially as emotional and identity-related themes are inherently complex.

Participants

The study was conducted at the Yaran Addiction Rehabilitation Center in Yazd, Iran. Participants were 15 young adults (ages 20–35) undergoing treatment for substance use disorders. Inclusion criteria were: A minimum of three years of continuous substance use; No current severe withdrawal symptoms at the time of interview; Ability to provide informed consent; Variation in educational, socioeconomic, and substance use backgrounds. Maximum variation purposive sampling was employed to ensure diversity in demographic variables (age, education, family background, substance type), enhancing the richness of data (Patton, 2014). Sampling continued until thematic saturation was achieved—that is, no new themes emerged from additional interviews.

Data Collection

Data were collected using semi-structured interviews—a flexible, exploratory method that addresses the research questions and objectives while providing an open framework for participants to express their views (Galletta & Cross, 2013). Interviews continued until data saturation was reached, at which point no new themes emerged; this occurred with 15 participants.

Interviews were conducted by one of the researchers, with durations ranging from 40 to 60 minutes, depending on participants' circumstances. In accordance with Patton's semi-structured interview model, the researcher used an interview guide—a list of predefined key topics to ensure structural consistency across all participants—while retaining flexibility to probe further when needed to explore participants' feelings and perceptions in depth.

All interviews were audio-recorded with consent and subsequently transcribed for analysis.

Data Analysis

Data were analyzed according to the Strauss and Glaser approach, employing interpretive analysis (Gall et al., 2016). The process began with a careful, word-by-word review of the transcripts to extract relevant concepts from each response.

Initial coding: Primary codes were derived from participants' statements and checked against the text to ensure consistency.

Category development: Concepts were grouped based on frequency and similarity to form initial core categories.

Refinement: Additional responses were reviewed, and data fitting each category were assigned accordingly. New categories were created if novel concepts emerged.

Final review: All categories were compared, revised, and assessed for comprehensiveness and thematic coherence.

Trustworthiness

To ensure the validity and credibility of findings, the study adhered to Patton's criteria for phenomenological research. Measures included:

Confirmability: Efforts were made to avoid bias during interviews and analysis. The research team's feedback was incorporated to enhance reliability.

Bracketing: The researcher set aside personal views by documenting them separately, approaching the data as an external evaluator.

Continuous comparison: Ongoing analysis and cross-checking of data throughout the study.

Prolonged engagement: Sustained interaction with participants in their preferred settings helped create a trusting and open environment, enriching the data quality.

Findings and Results

Participant demographics are presented in Table 1. The findings of the present study emerged in four dimensions: 1) emotional insecurity, 2) ineffective parenting style: authoritarian/rejecting, 3) identification with addicted parents, and 4) dysfunctional family environment. A defective emotional atmosphere and family conflicts lead to repeated feelings of frustration, which result in a lifestyle marked by feelings of inferiority, negative confrontational behaviors, and regression. Additionally, the family's inability to meet basic needs and a strict or rejecting parenting style impose persistent frustration, culminating in a failed identity. In an attempt to alleviate the pain and suffering of imposed failure, young people often break rules and resort to destructive behaviors such as substance abuse (Table 2).

Table 1

Participant Demographics

Participant ID	Age	Education Level	Substance Used	Duration of Use (Years)	Birth Order	Marital Status
P1	23	Primary (5th Grade)	Heroin	4	First	Single
P2	22	Primary (2nd Grade)	Methamphetamine	4	First	Single
P3	25	Middle School	Heroin	7	Second	Single
P4	24	Middle School (Grade 3)	Methamphetamine	5	First	Single
P5	22	Primary (4th Grade)	Heroin	5	Youngest	Single
P6	24	Middle School (Grade 1)	Alcohol	4	First	Single
P7	25	High School Diploma	Heroin	4	First	Single
P8	24	High School Diploma	Methadone	4	First	Single
P9	23	High School (Grade 3)	Alcohol	5	Second	Single
P10	20	Primary (4th Grade)	Alcohol	4	First	Single
P11	23	Middle School	Heroin	4	Second	Single
P12	25	Middle School (Grade 2)	Heroin	5	First	Single
P13	23	Pre-University	Methadone	4	First	Single
P14	25	High School Diploma	Methamphetamine	7	First	Single
P15	22	Middle School	Alcohol	4	First	Single

Table 2

Study Findings

Sample Responses	Subtheme	Main Theme
"They never hugged me" (P2) / "Affection meant nothing to them" (P5) / "I wanted them to caress me, kiss me" (P7) / "Expecting affection from an addicted father is foolish" (P5) / "I needed affection" (P14) / "There was no love or care" (P15)	Unmet emotional needs	Emotional insecurity / Weak family bonds
"My father was very cold and emotionless" (P4) / "He never once said he loved me" (P2) / "He didn't know how to love" (P5) / "I needed to hear 'I love you'" (P12) / "Nobody loved me" (P13)	Feeling rejected	Emotional insecurity / Weak family bonds
"I always wondered if they understood my feelings" (P6) / "No feelings were exchanged between us" (P9) / "I swallowed my tears and cried in solitude" (P7) / "I had many unspoken problems I couldn't share" (P13) / "It was hard to talk about my feelings because they didn't care" (P15)	Insecure attachment	Emotional insecurity / Weak family bonds
"When he drank too much, we got beaten" (P4) / "He humiliated me in front of everyone" (P7) / "His tongue was sharper than a snake's" (P8) / "They always blamed me" (P9) / "He beat me and my mother with a belt" (P13) / "When he ran out of heroin, we were guaranteed a beating" (P15)	Punishment and aggression	Authoritarian / rejecting parenting style
"He didn't care who I hung out with" (P2) / "No rules in our family" (P8) / "They paid no attention to my upbringing" (P10) / "He only cared about drugs and acted like I didn't exist" (P15)	Neglect and lack of supervision	Authoritarian / rejecting parenting style

"He strictly monitored everything I did" (P4) / "It felt like we were prisoners" (P6) / "Severe restrictions" (P11) / "I had no freedom" (P12) / "I developed resentments over simple things like clothes or toys" (P13)	Unresponsiveness / strictness	Authoritarian / rejecting parenting style
"He used drugs openly in front of us" (P5) / "If he read books instead of using, I'd be a doctor" (P10) / "I grew up curious about what he was doing" (P15)	Modeling parental drug use	Identification with addicted parent
"They fought and shouted" (P1) / "They hit each other like wild animals" (P4) / "They disrespected each other" (P5) / "Fights were always over drugs" (P8)	Parental conflict	Dysfunctional / negative family climate
"They had no love" (P7) / "They didn't show affection" (P8) / "I never saw them hug" (P9)	Lack of emotional intimacy	Dysfunctional / negative family climate
"My father had an affair" (P4) / "My mother cheated" (P10, P11)	Parental infidelity	Dysfunctional / negative family climate
"My father favored my sibling" (P2, P3, P7, P9, P11, P14)	Favoritism among children	Dysfunctional / negative family climate
"Parents disagreed on how to raise us" (P4, P8, P11, P15)	Parenting disagreement	Dysfunctional / negative family climate
"Sibling jealousy and competition" (P5, P9, P11, P14)	Sibling rivalry	Dysfunctional / negative family climate
"Fighting with siblings" (P3, P5, P6, P9, P10, P14)	Sibling conflict	Dysfunctional / negative family climate
"Family interference in my life" (P5, P9, P11)	Lack of autonomy	Dysfunctional / negative family climate

Based on the results from participant responses and the discussion thereof, it can be inferred that the family can be a crucial environment for the development and emergence of substance abuse in individuals. In other words, one of the supportive and influential factors in an individual's readiness and inclination towards addiction is the emotional atmosphere and the nature of interactions and communications within the family.

Discussion and Conclusion

Emotional Insecurity / Weak Family Bonds

Regarding the emotional atmosphere of the family during childhood, participants' emphasis on deficiencies and negative emotional experiences in their childhood and adolescence indicates the impact of emotional insecurity on young people's tendency toward drug abuse.

Unmet emotional needs: Participants' statements regarding their unpleasant childhood experiences—particularly the lack of affection through physical contact and caressing—reflect their negative perceptions of parental acceptance and trust in parental love: *"They never hugged me," "Affection meant nothing to them," "I wanted them to caress me, kiss me," "Expecting love from an addicted father is foolish."* These accounts confirm Bowlby's view on the critical role of early emotional experiences with parents. Bowlby (1982), emphasizing the necessity of attachment for normal development, described deprivation of acceptance and emotional belonging in the family as a deficiency experience linked to emotional immaturity in adulthood. Erikson (1994) similarly considered the establishment of basic trust dependent on adequate care from parents, regarding it as the core of a strong ego, enabling resilience against adversity. In his view, trust in parental love and care forms the foundation of self-confidence.

Feelings of rejection: Based on participants' accounts of emotional interactions within their families, they did not regard their families as a safe haven for fulfilling emotional needs. Their perception of insufficient attention indicated feelings of neglect and even rejection by parents: *"My father was very cold and unemotional," "He never once said he loved me," "A father who beats his son every day doesn't understand love."* According to (Brook et al., 1990) theory of emotional interactions, a child must feel that family members love and accept them as they are. Such feelings promote self-worth and emotional security. Individuals emotionally neglected in childhood—whose emotional needs were unmet—may later struggle to make decisions about their feelings and actions in adulthood, facing irreversible psychological and personality consequences.

Insecure attachment: Participants' remarks about emotional exchange with parents revealed their doubt about parental love and lack of trust: *"I always wondered if they understood my feelings," "No emotions were ever exchanged between us," "I swallowed my tears and cried in solitude."* These statements point to a dysfunctional emotional climate that hindered healthy parent–child communication, fostering distrust, loneliness, and confusion in emotional exchanges. Ainsworth (1982) emphasized the role of secure attachment in developing

a healthy, adaptive personality, asserting that unmet emotional needs and inconsistent parental responsiveness contribute to ambivalent and avoidant insecure attachment. Such insecure bonds can lead to multiple emotional and behavioral problems in adulthood. In this regard, Bergin (2023) found a positive correlation between addiction proneness and ambivalent/avoidant attachment styles.

In sum, unmet emotional needs, feelings of rejection, and avoidance or doubt in forming attachments contribute to emotional insecurity. These findings align with (Hummel et al., 2013; Sale et al., 2005); and (Fish et al., 2015), all of whom confirmed the role of negative family emotional climates and unmet emotional needs in children's inclination toward drug abuse. Glasser, (1982) Choice Theory is relevant here: since the family emotional climate forms the foundation of one's quality world, failure to meet the basic need for love imposes frustration, creates an undesirable quality world, and fosters a "failure identity." Consequently, individuals may lack self-responsibility and, in an attempt to ease the pain of failure, break rules and engage in destructive behaviors such as drug use.

Authoritarian / Rejecting Parenting Style

Punishment and aggression: Participants described frequent corporal punishment, humiliation, and verbal abuse, especially from fathers: *"He beat me a lot," "When he drank too much alcohol, he lost control and we got beaten," "My dad belittled me in front of everyone and insulted me."* These experiences reflect feelings of humiliation resulting from repeated punishment and criticism.

Neglect and lack of parental supervision: Some participants reported parental indifference and lack of monitoring—especially from fathers—regarding their behaviors: *"He didn't care about where I went or who my friends were," "My father set no rules for us—we were completely free," "He never had any control or supervision over me."* Such accounts reflect ineffective, permissive parenting resulting from neglect and inattention. This aligns with (Montgomery et al., 2008), who found that drug users more often described their parents' style as neglectful and permissive compared to non-users.

Unresponsiveness under strict control: Participants also expressed feelings of pressure and lack of freedom under strict and authoritarian parenting: *"He monitored everything I did," "It felt like we were prisoners," "Maybe if he had been kinder, I wouldn't have become addicted."* They also noted unmet needs and repeated frustration: *"I developed many resentments—like wanting a new dress, shoes, or toys," "I wished he'd take us out and have fun together," "My idea of fun as a child was escaping from my father to avoid a beating."* Excessive control without attending to children's needs created an authoritarian parenting style that fostered frustration and humiliation.

These findings are consistent with Becoña et al. (2012), who confirmed that neglectful yet controlling parenting increases the risk of substance use. Patock-Peckham et al. (2011) found that permissive and indifferent parents indirectly influence addiction by fostering drug initiation and increased use. Baumrind (1971) theory posits that authoritarian parents impose rigid rules and severe restrictions without regard for children's needs, fostering rebellion, delinquency, and attraction to prohibited behaviors. Glasser (1982) similarly argued that extreme restrictions prevent need satisfaction, creating an undesirable quality world and a "failure identity," which in turn leads to negative lifestyle choices and delinquent behavior, including drug abuse.

Identification with Addicted Parents

Participants' narratives indicated that beyond inadequate support and supervision, modeling of destructive behaviors—specifically drug use—by parents led them toward substance use: *"They used drugs openly in front of us," "Maybe if he read books instead of using drugs, I would have become a doctor," "I grew up in this environment—my father used in front of us, and I was always curious about what he was doing," "My father was addicted, all his friends and everyone around us were connected to drugs—I had no choice but to learn."*

These accounts highlight parents as primary role models in children's lives. Bandura et al., (1963) social learning theory suggests that if parents model drug use, vicarious reinforcement may foster positive perceptions of drug use in children. Beyond verbal approval, parents serve as direct behavioral models, normalizing deviant behaviors. Moreover, family networks—including parents, friends, and relatives—may integrate drug use into family culture, shifting it from a deviant act to a normalized behavior. This aligns with (Seldin, 1972), who found that addicted parents, especially fathers, pass on their lifestyle patterns to their children. Adler, (1970) individual psychology also holds that core family experiences shape self-concept, ideal self, and personal

values, and under an addicted parental model, this may result in an irresponsible lifestyle toward oneself.

Dysfunctional Family Climate

Eight subthemes emerged from participants' accounts of family interactions:

Parental conflict and arguments: "They fought and shouted at each other—I hated it," "They hit each other like wild animals," "They disrespected each other in fights."

Lack of emotional intimacy between parents: "They had no romantic relationship," "The love between them was gone," "They didn't show affection."

Parental infidelity: "Everything seemed fine, but then my mother started a relationship with a younger man," "My father was involved with another drug-using woman," "My mother had a relationship with her cousin."

Favoritism among children: "My dad clearly preferred him because he earned more and contributed financially," "Mahsa was always more cherished than me," "When he bought something once a year, it was for everyone except me."

Disagreement in parenting approaches: "My dad interfered too much in my upbringing, and my mom opposed him," "My dad didn't supervise me at all and even told my mom to just let us grow up on our own," "They never agreed on how to raise me."

Jealousy and competition among siblings: "She cried and accused me of hitting her to get attention," "She acted coquettish to draw attention," "My sister became more cherished because she cared for my dad."

Sibling conflicts: "When my parents weren't home, I hit my younger sister," "We fought to the point of injury," "My brother used to hit me a lot when I was younger, but I stopped him when I grew older."

Family interference in each other's affairs: "I could have continued my education, but my brother thought I couldn't and interfered in all my decisions," "They opposed everything I wanted to do," "I had no independence or freedom."

These findings align with Pinheiro et al. (2006) and Ezatpour et al. (2018), who confirmed the influence of family climate and structure on children's inclination toward drug use. The dysfunctional interactions described—lack of emotional bonds, inconsistent parenting, violence, and infidelity—create an unhealthy upbringing environment. Shulman & Mosak (2015) note that family climate—across the dimensions of emotional style, order/structure, and relational patterns—shapes children's behavior and lifestyle. Negative emotional styles, such as anger and aggression, foster feelings of victimization and helplessness, as well as defiance and destructive behaviors. Brook et al., (1990) similarly emphasize that low-quality family emotional relationships, lack of trust, and disrespect contribute to deviant outcomes, including addiction. Adler, (1970) also identified early family experiences as the source of behavioral disorders and neuroses, arguing that neglect, ridicule, abuse, and violence convey to children that they are bad, unworthy, and burdensome—leading to despair, regression, and destructive behaviors such as drug use.

Limitations of the Study

Limited literature specifically examining emotional family interactions and youth addiction; most studies address family and addiction separately. Conducted in one rehabilitation center in Yazd Province; findings may differ in other regions. Building trust with participants with active or recent drug use was challenging; fear of disclosure may have influenced interview responses.

Recommendations

Future studies should collect data primarily from rehabilitation centers where participants are more likely to cooperate and speak honestly, free from immediate intoxication or withdrawal effects. Researchers should avoid providing or facilitating access to drugs for participants under any circumstances due to ethical and safety concerns. Replicating this study in other regions and rehabilitation centers could broaden understanding of family dynamics and youth addiction, informing prevention and intervention strategies.

Identifying risk factors for drug use can guide targeted prevention and intervention. Addiction treatment should not rely solely on prohibition, punishment, or shaming. As addiction is a disease, treatment must address both physical and psychological dependence, followed by reintegration into healthy work, social, and physical activities. Changing environments that trigger cravings is essential. Continuous family, social worker, and community support is critical post-treatment, as relapse risk is high when individuals face rejection, neglect, or humiliation.

Acknowledgments

The authors express their gratitude and appreciation to all participants.

Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants. Ethical considerations in this study were that participation was entirely optional.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

Funding

This research was carried out independently with personal funding and without the financial support of any governmental or private institution or organization.

Authors' Contributions

All authors equally contribute to this study.

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