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# Family Environment and Personality Characteristics among Rehabilitation Patients: A Comparative Study of Joint and Nuclear Families

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**ABSTRACT**

In Pakistan many families are moving from joint to nuclear system, but in rehabilitation centres we still know little about how the family system and the home environment is related with personality of patients. The present study compared the family environment (cohesion, expressiveness and conflict) and Big Five personality traits of rehabilitation patients coming from joint and nuclear families. A cross-sectional comparative design was used. The sample was 200 male inpatients (joint family $n$ = 100, nuclear family $n$ = 100) taken from drug rehabilitation centres of Lahore. Urdu versions of the Family Environment Scale and the Big Five Inventory were used along with a demographic sheet. Results showed that family system had a significant overall effect on family environment, Wilks' $\Lambda = .91$, $F(3, 196) = 6.34$, $p < .001$, partial $\eta^2 = .09$. Patients of joint families reported more cohesion than patients of nuclear families ($M$ = 45.93 vs. 43.27, $d = 0.42$, $p = .004$), and this difference remained after controlling age, family income and duration of drug use. Expressiveness was a little lower in joint families ($p = .081$) and conflict did not differ ($p = .467$). Personality traits were not different in the two groups, Wilks' $\Lambda = .99$, $F(5, 194) = 0.27$, $p = .929$. In the whole sample, cohesion was related positively with agreeableness ($r = .29$) and conscientiousness ($r = .28$) and negatively with neuroticism ($r = -.26$), while conflict was related positively with neuroticism ($r = .27$). It is concluded that the type of family alone does not tell much about personality of patients, but the relations inside the home do. Rehab centres should assess cohesion and conflict of the family directly and not only note whether the patient lives in joint or nuclear family.

## Introduction

Drug use is a serious problem in Pakistan. According to the national survey, around 6% of people aged 15 to 64 years, that is 6.7 million, used some controlled substance in the last year and about 4.25 million of them were thought to be dependent on drugs (United Nations Office on Drugs and Crime [UNODC], 2013). The treatment facilities are few and many patients relapse

after they leave the centre (Batool et al., 2017; Jan et al., 2023). So it is needed to understand what kind of family the patient belongs to and how he is as a person.

In our society family is the main unit of life. Mostly two types of families are seen. In joint family two or more nuclear units live in one house and share one budget, usually more than one generation lives together. Nuclear family is parents with their dependent children (Itrat et al., 2007). Both types are common but people feel that the trend is shifting from joint to nuclear system (Itrat et al., 2007; Khalid et al., 2021). Generally it is believed that joint family protects its members because there is more support and more elders to keep an eye. But this belief is not much tested on patients of addiction.

**Family Environment and Drug Use**

Family environment means how a person sees the relations in his home. Moos and Moos (1994) described its relationship side in terms of cohesion, which is the support and commitment family members give to each other, expressiveness, which is how freely members can share their feelings and views, and conflict, which is the open anger and fighting in the family. Low family bonding and high family conflict are known risk factors for alcohol and drug problems (Hawkins et al., 1992). In treatment samples, family conflict and cohesion predicted later drug use through the recovery environment of the patient (Godley et al., 2005). Crack cocaine users reported less family cohesion than alcohol users (Marchi et al., 2017), and patients with poor family function showed more tendency of relapse, partly because of low self-esteem and low resilience (Xia et al., 2022).

Findings about family *type* are not so clear. In an addiction centre of India, patients from nuclear families had more relapse episodes as compared to patients of joint families (Sau et al., 2013). In Pakistan, Jan et al. (2023) found that inpatients from joint families had more psychological capital, but their family functioning and relapse warning signs were not significantly different from nuclear family patients. Another multicentre study from Pakistan did not find any association of family type with heroin addiction (Mansoori et al., 2018). It shows that structure of the house and quality of relations are two separate things, and the second one may be more important.

Joint family also has some negative side. Young people in Karachi said that in joint family there is more expectation to agree with the head of the family and less freedom (Khalid et al., 2021). Married women living in nuclear set up described themselves as more independent than women in joint set up (Ashfaq, 2024). So a joint family may give closeness but at the same time it can stop the person from speaking openly.

**Personality and Drug Use**

The Five-Factor Model explains personality with five traits, extraversion, agreeableness, conscientiousness, neuroticism and openness, and this structure is found in many cultures (McCrae & Costa, 1997). A meta-analysis of 175 studies linked substance use disorders with high disinhibition and low conscientiousness, and neuroticism was high in most of the disorders (Kotov et al., 2010). In case of alcohol, people low in conscientiousness and agreeableness drank more, and people high in neuroticism faced more negative consequences of drinking (Lui et al., 2022). So personality has a role in the start of drug use, in treatment and in relapse.

## Theoretical Framework

This study is based on family systems theory. According to Kerr and Bowen (1988), family works as one emotional unit and the closeness, conflict and emotional reactions in the family shape how each member functions. If this is true then the emotional climate of home should be linked with how a person controls his emotions and deals with others, and these things are part of personality. The house structure is expected to matter only through the climate it creates. The present study checks both, whether the family type is linked with family climate and personality, and whether the climate is linked with personality.

**Rationale of the Study**

Most Pakistani studies on rehab patients reported demographic factors or relapse. Very few compared joint and nuclear families on separate dimensions of family environment, and almost none studied personality in the same sample. If we know these links, the clinician can decide whether the family type is enough for screening or the relations in family should be assessed separately.

**Objectives**

1. To compare family cohesion, expressiveness and conflict of rehab patients from joint and nuclear families.
2. To compare Big Five personality traits of both groups.
3. To find the relationship of family environment with personality traits.

4. To explore whether family system moderates this relationship.

**Hypotheses**

1. Patients from joint families will report more cohesion and less conflict than patients from nuclear families.
2. Patients from nuclear families will report more expressiveness than patients from joint families.
3. Cohesion will be positively related with agreeableness and conscientiousness and negatively related with neuroticism; conflict will be positively related with neuroticism and negatively with agreeableness.

**Research question 1.** Are Big Five traits different in patients from joint and nuclear families?

**Research question 2.** Does family system moderate the relationship of family environment with personality?

## Method

### Research Design

Cross-sectional comparative design was used. Family system (joint or nuclear) was the grouping variable, and family environment and personality traits were the outcome variables.

### Participants

Sample consisted of 200 adult male inpatients from drug rehabilitation centres of Lahore, 100 from joint families and 100 from nuclear families. Purposive sampling was used and data collection went on till each group completed 100 cases. Only male patients were taken because very few female patients are admitted in these centres.

Sample size was decided through G*Power 3 (Faul et al., 2007). For comparison of two independent means with two-tailed test, $\alpha = .05$, power = .80 and effect size $d = 0.40$, it required 100 participants in each group.

**Inclusion criteria.** Male patients of 18 to 45 years, diagnosed with substance use disorder by the clinician of the centre according to DSM-5-TR (American Psychiatric Association, 2022), at least two weeks in treatment after detoxification, able to read Urdu, and living with family in the last 12 months before admission.

**Exclusion criteria.** Patients having psychotic symptoms or intellectual disability in their file, patients in active withdrawal, and those who were living alone or in hostel before admission.

**Family system.** Participants told who was living in their house in the 12 months before admission. On the basis of Itrat et al. (2007), joint family was taken as two or more related nuclear units living in one house with one budget (for example grandparents, parents and uncles' families), and nuclear family was taken as parents with their unmarried children, or husband, wife and their children, living separately.

### Instruments

**Demographic sheet.** It asked about age, education, marital status, monthly family income (in PKR), main drug of use, duration of drug use in years and number of admissions.

**Family Environment Scale – Urdu version.** Family environment was measured with the Family Environment Scale developed by Bhatia and Chadha (1993) on the model of Moos. The full scale has 69 items in eight subscales. The Urdu version of this scale has been used with Pakistani samples by Irfan and Kausar (2020). For the present study only the three relationship subscales were used, cohesion (13 items), expressiveness (9 items) and conflict (12 items), so the total items were 34. Each item is rated on five-point scale, so the possible score range is 13–65 for cohesion, 9–45 for expressiveness and 12–60 for conflict. Higher score shows more of that dimension, that is higher conflict score means more conflict in family. In the Pakistani study the alpha values were .74 for cohesion, .54 for expressiveness and .69 for conflict (Irfan & Kausar, 2020).

**Big Five Inventory – Urdu version.** Personality was measured with the Urdu translation of the 44-item Big Five Inventory (Zia et al., 2025). It measures extraversion (8 items), agreeableness (9 items), conscientiousness (9 items), neuroticism (8 items) and openness (10 items) on a five-point scale from 1 (*disagree strongly*) to 5 (*agree strongly*) (John & Srivastava, 1999). In the Urdu validation study the five-factor structure was confirmed through CFA (CFI = .94, RMSEA = .06) and the reliability ranged from .86 to .91 (Zia et al., 2025).

### Procedure

Permission was taken from the administration of each centre. The centre psychologists helped to identify the eligible patients. Each patient was met individually and the purpose of the study was told to him. Those who were willing filled the questionnaires in a separate room in one sitting of about 30 minutes. First the demographic sheet was given, then the Family Environment Scale and in the end the Big Five Inventory. Staff of the centre was not present at that time. If a patient did not understand an item, only the meaning of the word was explained to him.

### Statistical Analysis

Data were analysed in Python 3 (SciPy and statsmodels). First the data were checked for missing values, outliers and normality, and Cronbach's alpha was computed for each scale. Chi-square and Welch *t* test were used to compare the groups on demographic variables. Welch *t* test with Cohen's *d* and 95% confidence interval was used to compare the groups on each scale. Holm correction was applied separately on the three family environment tests and the five personality tests. Two one-way MANOVAs were run to see the overall effect of family system on family environment and on personality. ANCOVA was used to control age, monthly family income and duration of drug use. Pearson correlation was used to see the relationship of family environment with personality. For moderation, OLS regression with family environment × family system interaction was run, using mean-centred predictors and HC3 robust standard errors.

## Results

### Preliminary Analyses

There were no missing data. Skewness (−0.22 to 0.21) and kurtosis (−0.49 to 0.02) values were within acceptable limits, and Levene's tests were nonsignificant for all group comparisons (*p*s > .05). Patients from joint families were younger, $t(196.4) = -1.99$, $p = .048$, and reported lower monthly family income, $t(196.2) = -3.12$, $p = .002$, than patients from nuclear families; therefore, age, income, and duration of drug use were entered as covariates in subsequent analyses. The groups did not differ on the remaining demographic variables (Table 1). Internal consistency was acceptable for all scales (α = .70–.78) except expressiveness (α = .61; Table 2).

**Table 1**

**Demographic Characteristics of Participants by Family System**

| Variable | Joint (*n* = 100) | Nuclear (*n* = 100) | Total (*N* = 200) | Test |
|---|---|---|---|---|
| Age (years), *M* (*SD*) | 29.52 (6.11) | 31.32 (6.69) | 30.42 (6.45) | $t(196.4) = -1.99$* |
| Monthly income (PKR thousands), *M* (*SD*) | 67.10 (28.08) | 80.12 (30.89) | 73.61 (30.16) | $t(196.2) = -3.12$** |
| Duration of drug use (years), *M* (*SD*) | 6.66 (3.97) | 6.89 (3.77) | 6.77 (3.86) | $t(197.4) = -0.41$ |
| Education, *n* (%) | | | | $\chi^2(3) = 1.78$ |
| Up to middle | 26 (26.0) | 29 (29.0) | 55 (27.5) | |
| Matric | 35 (35.0) | 35 (35.0) | 70 (35.0) | |
| Intermediate | 28 (28.0) | 21 (21.0) | 49 (24.5) | |
| Graduate or above | 11 (11.0) | 15 (15.0) | 26 (13.0) | |
| Marital status, *n* (%) | | | | $\chi^2(2) = 0.37$ |
| Single | 44 (44.0) | 44 (44.0) | 88 (44.0) | |
| Married | 51 (51.0) | 49 (49.0) | 100 (50.0) | |
| Divorced/separated | 5 (5.0) | 7 (7.0) | 12 (6.0) | |

| Variable | Joint (*n* = 100) | Nuclear (*n* = 100) | Total (*N* = 200) | Test |
|---|---|---|---|---|
| Primary substance, *n* (%) | | | | $\chi^2(4) = 2.06$ |
| Heroin | 45 (45.0) | 41 (41.0) | 86 (43.0) | |
| Cannabis | 19 (19.0) | 22 (22.0) | 41 (20.5) | |
| Methamphetamine (ice) | 13 (13.0) | 18 (18.0) | 31 (15.5) | |
| Polysubstance | 16 (16.0) | 15 (15.0) | 31 (15.5) | |
| Alcohol | 7 (7.0) | 4 (4.0) | 11 (5.5) | |
| Readmission, *n* (%) | 47 (47.0) | 43 (43.0) | 90 (45.0) | $\chi^2(1) = 0.18$ |

*Note.* Welch's *t* tests were used for continuous variables. PKR = Pakistani rupees. **p* < .05. ***p* < .01.

**Table 2**

**Descriptive Statistics and Internal Consistency of Study Scales (N = 200)**

| Scale | *k* | *M* | *SD* | Range | α |
|---|---|---|---|---|---|
| *Family environment* | | | | | |
| Cohesion | 13 | 44.60 | 6.51 | 25–61 | .78 |
| Expressiveness | 9 | 26.92 | 4.17 | 16–37 | .61 |
| Conflict | 12 | 36.53 | 5.23 | 24–50 | .70 |
| *Personality traits* | | | | | |
| Extraversion | 8 | 24.72 | 4.26 | 15–36 | .73 |
| Agreeableness | 9 | 28.36 | 4.94 | 15–43 | .76 |
| Conscientiousness | 9 | 25.37 | 4.92 | 13–38 | .78 |
| Neuroticism | 8 | 26.98 | 4.71 | 13–38 | .77 |
| Openness | 10 | 30.52 | 5.62 | 17–44 | .78 |

*Note.* *k* = number of items. Range = observed range. Higher conflict scores indicate greater family conflict.

**Correlations**

As hypothesized (H3), cohesion correlated positively with agreeableness, $r(198) = .29$, $p < .01$, and conscientiousness, $r(198) = .28$, $p < .01$, and negatively with neuroticism, $r(198) = -.26$, $p < .01$. Conflict correlated positively with neuroticism, $r(198) = .27$, $p < .01$, and negatively with agreeableness, $r(198) = -.17$, $p < .05$ (Table 3).

**Table 3**

**Pearson Correlations among Study Variables (N = 200)**

| Variable | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|---|
| 1. Cohesion | — | | | | | | |
| 2. Expressiveness | .21** | — | | | | | |
| 3. Conflict | −.36** | −.09 | — | | | | |
| 4. Extraversion | .12 | .27** | .03 | — | | | |

| Variable | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|---|
| 5. Agreeableness | .29** | .23** | −.17* | .15* | — | | |
| 6. Conscientiousness | .28** | .01 | −.06 | .17* | .24** | — | |
| 7. Neuroticism | −.26** | −.11 | .27** | −.12 | −.29** | −.37** | — |
| 8. Openness | .06 | .19** | −.05 | .25** | .17* | .17* | −.15* |

*Note.* *$p$ < .05. **$p$ < .01.

**Differences Between Joint and Nuclear Families**

A one-way MANOVA showed a significant multivariate effect of family system on family environment, Wilks' Λ = .91, $F(3, 196) = 6.34$, $p < .001$, partial $\eta^2 = .09$. Patients from joint families reported higher cohesion than patients from nuclear families, $t(197.5) = 2.94$, $p = .004$, $d = 0.42$; this difference remained significant after Holm correction and after controlling for age, income, and duration of drug use, $F(1, 195) = 6.58$, $p = .011$, partial $\eta^2 = .03$. Differences in expressiveness, $t(193.3) = -1.75$, $p = .081$, and conflict, $t(198.0) = 0.73$, $p = .467$, were not significant (Table 4). Thus, H1 was supported for cohesion only, and H2 was not supported. Family system had no multivariate effect on personality traits, Wilks' Λ = .99, $F(5, 194) = 0.27$, $p = .929$, partial $\eta^2 = .01$ (RQ1), and no other outcome differed after covariate adjustment ($p$s ≥ .070).

**Table 4**

**Comparison of Joint and Nuclear Family Patients on Family Environment and Personality Traits**

| Variable | Joint *M* (*SD*) | Nuclear *M* (*SD*) | *t* | *p* | *d* [95% CI] |
|---|---|---|---|---|---|
| *Family environment* | | | | | |
| Cohesion | 45.93 (6.23) | 43.27 (6.55) | 2.94 | .004 | 0.42 [0.14, 0.70] |
| Expressiveness | 26.40 (4.46) | 27.43 (3.81) | −1.75 | .081 | −0.25 [−0.53, 0.03] |
| Conflict | 36.80 (5.22) | 36.26 (5.25) | 0.73 | .467 | 0.10 [−0.17, 0.38] |
| *Personality traits* | | | | | |
| Extraversion | 24.56 (3.97) | 24.89 (4.54) | −0.55 | .585 | −0.08 [−0.35, 0.20] |
| Agreeableness | 28.41 (5.11) | 28.32 (4.80) | 0.13 | .898 | 0.02 [−0.26, 0.30] |
| Conscientiousness | 25.69 (5.07) | 25.05 (4.77) | 0.92 | .359 | 0.13 [−0.15, 0.41] |
| Neuroticism | 26.89 (4.85) | 27.07 (4.59) | −0.27 | .788 | −0.04 [−0.32, 0.24] |
| Openness | 30.57 (5.54) | 30.46 (5.73) | 0.14 | .890 | 0.02 [−0.26, 0.30] |

*Note.* Welch's *t* tests (*df* = 193.3–198.0). Positive *d* values indicate higher scores in joint families. After Holm correction within each set, only cohesion remained significant (adjusted $p = .011$; other adjusted $p$s ≥ .162). CI = confidence interval.

**Moderation by Family System**

Family system did not moderate the association of conflict with neuroticism, $b = 0.14$, $SE = 0.12$, $p = .236$, of cohesion with conscientiousness, $b = 0.15$, $SE = 0.10$, $p = .128$, or of cohesion with agreeableness, $b = 0.04$, $SE = 0.12$, $p = .710$ (RQ2).

## Discussion

The present study compared rehab patients of joint and nuclear families on family environment and personality. The main finding is that family type made some difference in family environment, mostly in cohesion, but it did not make any difference in personality. On the other side, the relations inside the family were linked with personality in both groups.

### Family System and Family Environment

Patients from joint families felt more cohesion in their homes, and the difference stayed even when age, income and duration of drug use were controlled. This supports the common idea that joint family gives more closeness and support. But conflict was not less in joint families. When more adults live in one house and share money and decisions, chances of disagreement also increase, so this result is not surprising. Our finding is near to Jan et al. (2023), who also did not find significant difference in family functioning of joint and nuclear family patients, although they found more psychological capital in joint family patients. Mansoori et al. (2018) also did not find any link of family type with heroin addiction. The Indian study of Sau et al. (2013) found more relapse in nuclear families, but that study looked at relapse and not at the family climate.

The overall MANOVA gives a more complete picture than single tests. Joint families were different mainly by a mix of more cohesion and less expressiveness. It means closeness is there but freedom to speak openly is less. This matches with the views of young people in Karachi that in joint family one is expected to agree with the head of the family (Khalid et al., 2021), and with women in nuclear families who described more independence (Ashfaq, 2024). For a patient in recovery, such a home may give supervision, but he may not be able to talk openly about his craving, shame or stress, and these are the things which are needed in relapse prevention. Since expressiveness difference was not significant and its alpha was low, this point needs more testing.

### Family Environment and Personality

All the five expected relationships were found. Patients who saw their families as more cohesive were more agreeable and conscientious and less neurotic. Patients who reported more conflict were more neurotic and less agreeable. These results are in line with family systems theory, which says that the emotional climate of the family shapes how members handle emotions and relationships (Kerr & Bowen, 1988). They are also important for treatment, because low conscientiousness and high neuroticism are among the traits most linked with drug problems (Kotov et al., 2010; Lui et al., 2022).

Still, we cannot say what causes what. A home with more conflict may make a person more neurotic, but a neurotic person may also see the same home as more hostile. Also, years of addiction themselves damage the family relations. These relationships were nearly same in joint and nuclear families, so it appears that the link between family climate and personality holds in both types of families.

### Family System and Personality

Personality traits were not different in the two groups and all effect sizes were very small. Personality is shaped by many things other than who lives in the house, and the joint or nuclear label seems too broad to show these effects.

## Implications

In many rehab centres of Pakistan the intake form only notes the family type. This study suggests that a short assessment of cohesion, expressiveness and conflict will give more useful information to the therapist. It should also not be assumed that a joint family is always protective. In joint households, family sessions may need to include the elders or head of the family so the patient can talk openly about his recovery needs. As conflict was linked with neuroticism, working on the emotional control of the patient and on reducing conflict in the family at the same time may help each other. Most patients in Lahore centres already have some family involvement in treatment (Batool et al., 2017), so the centres already have a way to start this work.

### Limitations and Suggestions

The design was cross-sectional, so cause and effect cannot be said. All data were self-reported by patients while they were in the centre, so social desirability and memory bias may be present, and the family members were not asked. The sample was only male, only from Lahore and taken through purposive sampling, so results may not apply to female patients, rural patients or outpatients. Joint and nuclear categories are also very broad and do not show who is the head of the house, how many generations live there or if the family has recently shifted from one type to the other. The expressiveness subscale had low reliability, in this study as well as in the earlier Pakistani study. There was no non-clinical group, so we cannot say whether these patterns are special for drug patients. Future studies should follow patients after discharge to see if family climate predicts relapse, include family members as informants, take female patients also, and check the factor structure of the Urdu Family Environment Scale in adult clinical samples.

## Conclusion

In rehab patients, the family type told us a little and the family relations told us more. Joint families had more cohesion but somewhat less openness, and conflict was same in both types. Cohesion and conflict were linked with personality traits that

are important in addiction. So rehabilitation programmes in Pakistan should assess and work on the relationship climate of the family directly and not depend only on the joint or nuclear label.

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