



The Psychological Condition of Parents with Children Addicted to Glue: Emotional Tension and Parental Guilt

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Abstract

Parental glue addiction in adolescents induces significant psychological distress in their parents. This qualitative narrative study explores the resultant psychological conditions, focusing on emotional strain and parental guilt. Data were collected via semi-structured interviews with four parents in Kerinci Regency, Jambi, and analyzed using thematic analysis. The findings indicate that parents endure substantial emotional tension, characterized by anxiety, stress, sleep disturbances, and hopelessness. Concurrently, they experience profound parental guilt, manifesting as self-blame, perceptions of parenting failure, and persistent internal conflict. These challenges detrimentally affect daily functioning and parent-child relationships. The study concludes that targeted psychological support, such as family counseling integrating supportive and narrative techniques, is essential to facilitate emotional regulation, improve communication, and restore parental self-efficacy. These findings provide a foundation for developing family-centered interventions within guidance and counseling programs for adolescent addiction.

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INTRODUCTION

Adolescence is a critical developmental period characterized by identity exploration and a heightened susceptibility to risky behaviours (Nayak et al., 2022; Sujadi, 2022). This quest for autonomy can manifest as deviant behaviour, which contravenes established social norms and carries significant negative consequences. A prominent form of such behaviour is substance abuse, including the volatile solvent addiction known as glue sniffing (Gouwy et al., 2025). Established risk factors include inadequate parental interaction, familial instability such as divorce or bereavement, economic disadvantage, and peer pressure (Irna & Simamora, 2024).). Consequently, parents of adolescents with glue addiction often experience profound emotional distress and pervasive guilt, a psychological burden that remains critically under-examined in the literature.

Glue addiction, specifically the deliberate inhalation of adhesives known colloquially as "ngelem," presents a significant public health concern, particularly among adolescents (Pransisca & Arieta, 2024; Mongi et al., 2024). This practice is facilitated by the widespread availability and low cost of these products. Predisposing factors include peer pressure, familial conflict, and adolescent curiosity (Irna & Simamora, 2024). While inhalation induces transient euphoric effects, the acute and chronic consequences are severely detrimental, encompassing profound physical, psychological, and social deterioration.

Inhalant abuse, specifically glue addiction, represents a significant global public health challenge. Recent evidence from Indonesia illustrates the pervasiveness of this issue, with documented cases in regions including South Jakarta (Fellycianio et al., 2024), Kampung Bugis Tanjungpinang City, Riau Islands (Pransisca & Arieta, 2024), Makassar, South Sulawesi (Sahiru et al., 2023), South Tinggede Village, Marawola District, Sigi Regency, Central Sulawesi (Ramdhani et al., 2024), and various other regions in Indonesia. This phenomenon extends beyond Indonesia, with substantial prevalence reported in other nations across Asia and beyond, such as South Korea (Kim & Park, 2024), India (Kumar, 2024), Turkey (Karabacak et al., 2022), Sudan (Elsheikh et al., 2023), Nigeria (Haladu, 2023), and Trinidad and Tobago (Julien, 2022). Thus, glue addiction constitutes a widespread international issue, necessitating a global research and policy response.

The abuse of volatile solvents, specifically glue, is associated with severe and multifaceted health consequences. Acute and chronic inhalation can lead to significant neurological impairment, including dependence, hallucinations, and sensory disturbances, as well as physical sequelae (Sahiru et al., 2023) such as respiratory distress and damage to vital organs (Agatha & Belekubun, 2024). Furthermore, this addiction frequently manifests in pronounced psychosocial and behavioral changes, notably increased aggression and social withdrawal (Ramdhani et al., 2024). These direct effects on the adolescent create a profoundly challenging home environment, which subsequently forms the context for the emotional tension and profound guilt experienced by their parents.

Parents of children with glue addiction are tasked with providing intensive

support, which involves fostering a healthy home environment, securing professional rehabilitation, and offering consistent emotional attention. A critical protective factor against substance abuse is the early moral development of the child, as a strong ethical foundation can reduce susceptibility to deviant behaviors like glue addiction (Dandi & Novebri, 2024). Specific parental strategies include dedicated time for the child despite work commitments, open communication to build trust, and structuring daily schedules with positive activities (Anita et al., 2023). Furthermore, character formation through religious values, monitoring peer associations, and limiting discretionary income to prevent access to glue are also recommended interventions (Riska et al., 2023).

However, many parents report being unprepared for this challenge. A lack of knowledge, inadequate resources, and competing problems often lead to parental impatience and ineffectiveness. For instance, Hasanah et al. (2024) demonstrate a correlation between parental education levels and effective communication, with higher education facilitating more open dialogue. Concurrently, economic hardship forces parents to prioritize labor-intensive work, which subsequently diverts their attention away from necessary child monitoring and support.

Parents of children with substance use disorders (SUD) face significant psychological challenges. Research indicates that these parents experience profound emotional distress (Monari et al., 2024), including feelings of guilt, shame (Flensburg et al., 2023), and social stigma, alongside considerable physical exhaustion and economic burden (Ritanti et al., 2011). This complex pressure often triggers diverse coping mechanisms. As Ritanti et al. (2011) documented, these range from adaptive strategies, such as self-soothing and spiritual support, to maladaptive ones, such as problem avoidance. Consequently, the chronic stress of a child's SUD necessitates clinical attention to the family system, focusing on both emotional tension and the development of effective parental coping skills.

Parents of children with glue addiction frequently experience profound emotional tension as an immediate consequence of their child's condition. This aversive psychological state, characterized by mental, emotional, and physical strain (Ginata et al., 2023; Sujadi, 2023), stems from persistent concerns for the child's health and safety. Prolonged exposure to this stressor can precipitate significant health issues, including somatic manifestations such as insomnia, irritability, and headaches (Saliano et al., 2020), as well as psychological sequelae like anxiety and depression (Nur & Mugi, 2021). The unpredictable nature of their child's behaviour, coupled with the potential for legal repercussions, compounds this psychological burden. Furthermore, perceived inadequacy in providing effective support often engenders feelings of powerlessness, frustration, and despair. This dynamic can erode the parent-child relationship, as diminished communication—often a result of the child feeling judged or misunderstood—fosters relational distance.

Additionally, parental guilt constitutes a significant component of this experience. It arises from the belief that a child's deviant behavior, such as glue addiction, is a direct consequence of parental failings (Ratriningsy, 2024). Parents may perceive their own

actions as constituting toxic parenting—a maladaptive pattern of negative parenting practices that can impair child development and contribute to psychological distress (Ersami & Wardana, 2023). This framework often leads parents to assume that greater vigilance, proactivity, or involvement could have prevented the child's addiction.

This study investigates the psychological condition of parents of adolescents addicted to glue, with a specific focus on their emotional tension and experiences of parental guilt. While existing literature documents the significant distress, social stigma, and adaptive coping strategies of parents facing substance use disorders in their children (Flensburg et al., 2023; Monari et al., 2024; Ritanti et al., 2011), research has predominantly centered on alcohol and opioids. The distinct psychological sequelae for parents of adolescents who abuse inhalants, such as glue, remain largely unexamined, despite their prevalence in lower-income communities. Furthermore, prior studies often treat emotional and socio-cultural challenges as discrete domains, rather than examining their interconnected impact on parental mental health. To address these gaps, this research provides a focused exploration of the mental health of parents coping with adolescent glue addiction in Indonesia. By adopting an integrated framework that synthesizes emotional, social, and cultural factors, this study offers a comprehensive perspective on parental psychological experience. The findings aim to inform more nuanced, context-specific interventions and support systems for this underserved population.

METHOD

This study used a qualitative narrative methodology. Narrative research aims to holistically interpret individuals' lives and experiences through the stories told by participants (Pyo et al., 2023). Participants were purposefully selected from parents in Jambi Province based on their accessibility and direct relevance to the research focus—specifically, having a child exhibiting glue addiction, a form of deviant behavior. The sample comprised four parents from distinct villages: A (father of X), J (mother of X), J (father of X), and S (mother of X). To protect confidentiality, all informants were assigned pseudonyms.

This study employed intensive semi-structured interviews and observations for data collection. Interviews, conducted face-to-face in February 2025, explored participants' narratives concerning their emotional experiences related to their child's glue addiction, with a specific focus on emotional tension and parental guilt. Each semi-structured interview lasted 50 to 60 minutes. All interviews were audio-recorded, transcribed verbatim, and subsequently subjected to systematic analysis and thematic categorization.

The data were analyzed through thematic analysis, a canonical qualitative method used to identify, analyze, and interpret patterns of meaning (themes) within qualitative data (Clarke & Braun, 2017). This approach provides analytical tools not bound by a specific theoretical framework, distinguishing it from theoretically grounded methodologies. To enhance trustworthiness and reliability, data triangulation was

employed, drawing on multiple sources, methods, and theoretical perspectives to validate the findings.

RESULTS AND DISCUSSION

Analysis of qualitative interviews with four parents revealed significant emotional tension, characterized by persistent anxiety, helplessness, and frustration. Participants articulated this distress through narratives of their lived experiences caring for a child addicted to inhalants.

1. Feelings in Overcoming Difficult Situations

Informant 1 (A, 45 years): *"It was a total shock. I feel like I have failed as a father. I get very frustrated with myself and find it hard to calm down. It feels difficult to help him because his addiction is so strong."* Informant 2 (J, 41 years): *"It is very hard to put into words. I felt panic and shock. I cry often and have trouble sleeping. But I still try to be strong because he needs my support."* Informant 3 (J, 42 years): *"I was furious and blamed myself. I felt like a complete failure. It is very hard to calm myself, and sometimes I feel like just giving up."* Informant 4 (S, 39 years): *"I felt deep sadness. I sometimes cry quietly in the kitchen, feeling helpless. I am trying my best to learn how to understand and treat his condition."*

2. Response to the Child's Condition

Informant 1 (A, 45 years): *"I was so angry that I hit him. But I later realized that hitting would not solve anything. So, I changed my approach. I started talking to him and asking for things nicely."* Informant 2 (J, 41 years): *"I got frustrated and made him leave the room. Afterward, I cried because I knew that would only make him afraid of me. Instead, I began speaking to him kindly and offering encouragement."* Informant 3 (J, 42 years): *"In my anger, I kicked his bedroom door and yelled at him. I knew that scolding would not make things better. So, I started talking to him calmly and even joking with him to lighten the mood."* Informant 4 (S, 39 years): *"I slapped him in the moment. I felt so embarrassed afterward and could not stop thinking about it. Finally, we sat down, had a chat, and I calmly asked him to stop his behaviour."*

3. Energy Drains Due to Psychological Pressure

Informant 1 (A, 45 years): *"I feel very exhausted and lose my focus at work. It also disrupts my sleep. I get together with friends and watch educational lectures on TV."* Informant 2 (J, 41 years): *"I feel a heavy burden, lose my appetite, and often daydream. I usually pray to calm myself down."* Informant 3 (J, 42 years): *"I am just tired of scolding him. My work and daily activities are going smoothly otherwise. If he does it again, he will have to bear the consequences."* Informant 4 (S, 39 years): *"I spend a lot of energy worrying, cannot sleep well, and sometimes neglect housework. To cope, I keep busy with housework, spend time with friends, and go to karaoke."*

4. Feel Anxiety About Child's Glue Addiction

Informant 1 (A, 45 years): *"I often feel anxious, especially at night or when my child leaves the house. I take deep breaths, talk to my wife, and look for information on how to help a child with addiction."* Informant 2 (J, 41 years): *"I get anxious when my child stays shut in their room too long or leaves the house suddenly. To cope, I keep busy with housework and share my worries with my husband or friends."* Informant 3 (J, 42 years): *"I feel anxious when my child is not nearby or when they look very sad. I use meditation, listen to calming music, and have heart-to-heart talks with my child."* Informant 4 (S, 39 years): *"Anxiety comes when my child meets with friends I fear. To cope, I garden, read, and focus on building better communication with my child."*

5. Difficult to Relax When Dealing with a Child Addicted to Glue.

Informant 1 (A, 45 years) & Informant 3 (J, 42 years): *"It is hardest to relax when I see my child getting restless or angry for no reason—signs he might want to sniff glue again. The worst is when he shuts down or runs away to find it. To stay calm, I distract myself. I visit neighbors, play games like dominoes or chess with friends, or just go for a walk. I remind myself that getting angry will not help."*

Informant 2 (J, 41 years) & Informant 4 (S, 39 years): *"It is hard to relax when my child is upset, crying, or cannot sit still because they need their medication. I feel tense, anxious, and helpless in those moments. To cope, I might drink coffee, step outside for a moment, cook a favorite meal, watch a movie, or speak to my child in a soft voice. I just focus on staying patient and getting through it."*

6. Frustration and Helplessness of Parents in Situations that Hinder Recovery

Informant 1 (A, 45 years) & Informant 3 (J, 42 years): *"It is so frustrating and heart-breaking. Even when we try everything—getting professional help or keeping him away from bad situations—he goes back to sniffing glue. He might even lie or steal to get it. The worst is when he runs away or will not listen to us. In those moments, it is hard not to lose hope. But we try to remember that getting better is a long journey, and we have to be patient."*

Informant 2 (J, 41 years) & Informant 4 (S, 39 years): *"I have very mixed feelings—sadness, anger, and disappointment. This is especially true when my child refuses help, locks themselves in their room, or just wants to be alone. In those moments, I feel completely drained and helpless. To cope, I lean on my husband, family, or friends who have been through similar things. Their advice and understanding give me strength."*

Parents of children with glue addiction experience significant emotional distress, characterized by profound sadness, anger, disappointment, and frustration (Author, Year). This distress is frequently accompanied by intense parental guilt and perceived failure. The resulting emotional strain manifests in daily life through insomnia, loss of appetite, and impaired concentration, and can escalate to somatic symptoms such as tachycardia. Despite this burden, parents often employ adaptive coping strategies—including spousal communication, spiritual practices, and engaging in hobbies—to cultivate resilience and

emotional regulation. While persistent caregiving efforts are frequently met with exhaustion and child resistance, external support from family, peers, and mental health professionals appears critical in mitigating parental distress and sustaining caregiving capacity.

Parental Guilt

This study examined parental guilt through three key indicators: intensity, reparation, and internal reaction. Data from qualitative interviews with four participants demonstrate that the expression of this guilt is fundamentally shaped by personal experience and subjective interpretation.

1. Intensity

Based on the findings, parental guilt manifests with significant intensity. It primarily stems from perceived failures in caregiving roles and a sense of responsibility for the child's solvent abuse. This guilt constitutes a persistent emotional burden that adversely impacts parental cognition and affect.

Informant 1 (A, 45 years): *"I carry a lot of guilt. Since separating from his mother, I have not been able to focus on my son as I should. I feel like I have failed as a father."* Informant 2 (J, 41 years): *"The guilt feels like a constant companion. I did not give enough attention, and the feeling of failing as a parent is very strong."* Informant 3 (J, 42 years): *"I feel guilty almost every day. I think I have not been strict enough. My son is the main reason I feel I have failed as a father."* Informant 4 (S, 39 years): *"The guilt is constant and haunting. It is especially hard when I see other children his age going to school. Sometimes his behavior makes me cry alone."*

Parents of children with inhalant addiction experience profound parental guilt, characterized by pervasive self-blame for perceived failures in providing adequate attention, support, and nurturing. This guilt is often exacerbated by direct exposure to the child's substance use and by unfavorable social comparisons with peers whose children exhibit more normative development. Informants described this guilt as a persistent "daily companion," manifesting in frequent distress, anxiety, and a diminished sense of parental efficacy. Despite this significant emotional burden, such guilt can also function as a motivational catalyst, prompting continued efforts to seek treatment and provide supportive care for their children.

2. Reparations

The findings indicate that parental reparation constitutes a proactive response to guilt, characterized by concrete actions intended to rectify past mistakes and address the child's solvent misuse. These reparative steps aim to rebuild the parent-child relationship and establish a supportive environment conducive to the child's recovery.

Informant 1 (A, 45 years): *"I pay more attention to my child. I have heart-to-heart talks with them and spend more time together, like playing games or going to religious gatherings."* Informant 2 (J, 41 years): *"I try to be more patient and have gentle conversations. I show my care by cooking their favorite food or inviting them to do fun activities together."* Informant 3 (J, 42 years): *"I have become stricter, but*

I make sure it is still loving. I set clear rules. I also take them out for positive activities, like going for walks or playing badminton.” Informant 4 (S, 39 years): *“I pay closer attention to my child. I have gentle conversations and invite them to activities they enjoy or buy small gifts. I also look for information on how to help a child struggling with addiction.”*

The findings indicate that parental guilt manifests in reparative actions aimed at improving the family dynamic and supporting recovery. To mend and nurture the parent-child relationship, parents employ increased affection, understanding, and more open communication. Specific strategies include providing greater attention through heart-to-heart conversations, shared activities, and fulfilling preferred requests. Concurrently, parents set firm yet caring boundaries—such as prohibiting the use of glue or setting curfews—while clearly explaining the rationale for these rules. Furthermore, they actively redirect their children toward positive alternatives, including physical exercise, and seek external information on addiction recovery. Collectively, these actions are intended to establish a structured and supportive environment conducive to the child’s rehabilitation.

3. Internal Reactions

This study defines internal reactions as the psychological processes comprising the emotional, cognitive, and conflictual responses parents experience when feeling guilty. These processes are predominantly intrapersonal and often remain unobserved by others. The findings indicate that such internal reactions are characterized by significant emotional distress and pervasive self-critical thoughts. Research demonstrates that these reactions can exacerbate parental guilt and impede adaptive coping strategies (Author et al., Year; Author et al., Year). Consequently, addressing these internal processes in therapeutic settings may facilitate more effective guilt management and improve parental well-being.

Informant 1 (A, 45 years): *“I felt sorrowful and angry with myself. I would withdraw to reflect and talk to my wife for support. I was stressed at first, but I gradually tried to find a solution.”* Informant 2 (J, 41 years): *“I felt sorrowful and anxious. I would cry and reflect, then talk to my husband or close friends. I was stressed initially, but I gradually became more patient.”* Informant 3 (J, 42 years): *“I felt very frustrated and upset. I would search for a quiet place, then talk to my child and apologize. I was anxious at first, but I gradually began to look for solutions.”* Informant 4 (S, 39 years): *“I felt sorrowful and helpless. I would cry and reflect, and talk to my neighbors or close friends. I was anxious at the beginning, but I slowly calmed down.”*

Parents of children with glue addiction frequently experience significant emotional tension—a physiological and psychological reaction to demands that exceed their coping capacities (Fajarwati et al., 2023). This state is often characterized by fear, anxiety, irritability, and frustration (Suryaman et al., 2024). Such tension can profoundly disrupt parental well-being, manifesting not only in psychological distress but also through somatic symptoms such as sleep disturbances, appetite loss, and autonomic arousal. Critically, this distress extends beyond the individual, adversely

affecting overall family functioning and dynamics (Moscardino et al., 2021). Within the family system, parents are pivotal in shaping their child's development and behavior; inadequate parental support may inadvertently contribute to maladaptive outcomes (Nova et al., 2024). Consequently, understanding parental emotional tension is essential for comprehending how families react to and navigate the challenges of adolescent substance use. Addressing this tension is therefore a crucial component of interventions aimed at supporting both the affected child and the family unit.

Parental guilt, defined as the distress arising from perceived failure in one's parental role—particularly in protecting children from harms such as glue addiction (Anugrah et al., 2023)—often stems from beliefs that one should have prevented or addressed the issue earlier. This sentiment is especially pronounced among parents whose occupational obligations limit their availability for supervision (Ratriningtyas, 2024). Such guilt frequently co-occurs with intense emotional states, including fear, anxiety, and depression. For instance, Kasenda et al. (2024) observed that parental guilt is commonly accompanied by excessive worry and rumination over past events, which can contribute to clinically significant distress. Given its profound impact on parents' emotional responses and behavioral strategies in managing a child's addiction, parental guilt represents a critical focus of investigation. Rather than an episodic experience, it often manifests as a persistent emotional burden, shaping parents' self-perception and their relational dynamics with their children. Understanding the etiology and management of this guilt is therefore essential for supporting parental well-being and effective family intervention.

Interview data reveal that parental emotional tension manifests in several key dimensions. Prominently, parents report heightened anxiety, particularly when their children exhibit withdrawal symptoms or aggressive behaviors. As one participant described, "I feel utterly exhausted because I constantly think about my child, to the point it disrupts my sleep" (Informant 1, 45 years). This subjective experience aligns with clinical observations that emotional strain can precipitate significant physical fatigue (Pebrianti & Sari, 2024). Furthermore, chronic stress related to caregiving burdens often compromises psychological rest and sleep quality (Saroinsong et al., 2023). Such sustained anxiety can impair daily functioning, as parents become hypervigilant regarding their child's condition, resulting in increased irritability, sleep disturbances, and emotional lability (Kurniawan, 2022).

Second, prolonged emotional tension engenders significant anxiety in parents, complicating their ability to relax even in mundane circumstances (Septia et al., 2023). As reported by one parent, persistent worry leads to loss of appetite, sleep disturbances, and intrusive rumination about the child (Informant 2, J, 41 years). Unaddressed, such tension can manifest in somatic symptoms—including headaches, nausea, elevated heart rate, and appetite loss—while also impairing concentration and daily functioning (Sridevi et al., 2024). Compounding these effects, limited social support (Vitoasmara et al., 2024) and experiences of stigma heighten parental distress and isolation (Nurfallah & Nadirah,

2024). Nevertheless, many parents mitigate this tension through purposeful coping strategies and support-seeking. Empirical studies indicate that familial (Pangestu & Tohari, 2024) and peer support can buffer emotional strain (Rahman et al., 2024), while structured relaxation practices—such as meditation, yoga, and light exercise—also demonstrate efficacy in reducing tension (Nasution et al., 2025). These adaptive approaches, reflected in accounts such as one parent’s use of chess and socializing to redirect attention (Informant 3, J, 42 years), underscore the role of proactive coping in preserving parental well-being..

Parental guilt, manifested in varying forms and severity, is a prominent theme emerging from the data. This guilt frequently stems from a perceived failure in educating or protecting their children from substance use. Consistent with existing literature, parents often internalize responsibility for their children's adversities, including addiction (Simanjuntak et al., 2025). For instance, one informant (father, 45 years old) described persistent guilt over his perceived inadequacy in care and guidance, particularly when reflecting on past instances of inattentiveness. Such recollections of insufficient emotional presence or excessively harsh discipline commonly trigger profound self-reproach. Critically, this guilt carries significant functional consequences; it not only compromises parental mental health but may also impede effective intervention, as energy is directed toward self-blame rather than problem-solving (Pellupesi et al., 2023). Furthermore, social comparison exacerbates this distress, as parents report heightened guilt when measuring their child’s outcomes against those of more accomplished peers or children without addiction. These findings underscore the central role of parental presence, affection, and attentive guidance in fostering child psychological well-being and resilience against behaviors such as glue-sniffing (Sagala & Zuhriah, 2024).

The emotional tension and profound guilt experienced by parents of children with inhalant addiction are significantly shaped by socio-cultural norms defining parental responsibility. Simanjuntak et al. (2025) emphasize that child-rearing practices are fundamentally mediated by localized cultural knowledge, situating a child’s addiction within a framework of perceived parental failure. This perception can exacerbate stress, which in turn may impair the quality of parent-child interactions and undermine consistent guidance and moral modeling (Nurlita, 2024). Nevertheless, parental guilt is not invariably debilitating. As evidenced in the present study, some parents successfully mitigate these feelings through self-education about addiction; one informant (S, 39 years old) reported actively seeking information to understand better and address their child’s condition. Professional support from counselors or therapists further facilitates this process by helping parents manage distress and refocus on recovery-oriented strategies. Concurrently, many parents deliberately cultivate a more nurturing and attentive home environment, striving to provide deeper emotional support.

This aligns with findings that sustained parental engagement and a positive family atmosphere are protective factors against adolescent substance use (Ahmady et al., 2024) and are critical components in both prevention and recovery frameworks (Mauritania et al., 2025). Ultimately, transforming guilt into constructive action—through education,

professional support, and deliberate relational investment—can foster a family context conducive to rehabilitation

Although this study provides key insights into parental emotional tension and guilt, several limitations must be acknowledged. First, participant availability was constrained by demanding work schedules, complicating interview arrangements. Second, the data rely on subjective self-reports, which may be affected by recall bias or participants' difficulty articulating complex emotions. Third, the sensitivity of the topic occasionally elicited resistance during disclosure. Future research should incorporate preliminary assessments to anticipate scheduling constraints and to foster a more open interview climate. Such methodological refinements would enhance the validity and representativeness of findings, enabling a more comprehensive understanding of this critical issue.

CONCLUSION

This study demonstrates that parents of children with glue addiction endure substantial psychological distress, characterized by severe emotional tension and pronounced parental guilt. Emotional tension manifests as chronic stress, sleep disturbances, diminished appetite, and pervasive feelings of frustration and hopelessness. Concurrently, parental guilt is expressed through perceived role failure, persistent self-blame, and protracted internal conflict. Such psychological strain adversely impacts parental well-being, disrupts family functioning, and impairs daily living. These findings underscore the necessity for family-centered interventions that address both the child's addiction and the associated caregiver burden, thereby facilitating more comprehensive support and improved therapeutic outcomes.

This study underscores the need to enhance family-based counseling interventions for parents of children with inhalant addiction. Effective support services should directly address the significant emotional tension and profound parental guilt identified in this population. Specifically, interventions can be structured around core manifestations of these states, including chronic hyperarousal, pervasive worry, self-attributions of parental failure, and social isolation. A comprehensive assessment protocol is essential to guide appropriate therapeutic approaches. Subsequent counseling should aim to equip parents with adaptive problem-solving strategies, empathetic communication skills, and a psychoeducational understanding of intrafamilial emotional dynamics, thereby fostering resilience and more functional family processes.

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