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THE ROLE OF THE FAMILY IN THE INSTALLATION OF DRUG-ADDICTION: AN ATTEMPT TO EXPLORE THE RELATIONSHIP.

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Summary

Drug addiction is a multifactorial phenomenon which is determined by a large number of biological, psychological and social parameters. The role of the family in the installation and reproduction of addiction on each different individual seems to be of extreme importance. Many researches have shown a large number of repeated dysfunctional patterns in the history of the family of drug-addicted people. The aim of this article is the presentation of the main features of the profile of the family of those people.

Starting from the definition of the content of drug addiction, some basic concepts will be shown. Afterwards, a report of the basic structural elements of the family as a "system" will be made. Then, basic characteristics of families of drug addicted people will be presented. Finally, an attempt to highlight the importance of targeted interventions in the fields of prevention, treatment and social reintegration will be made.

Key Words : Addiction, Drugs, Family

Introduction – Basic Concepts

Drug addiction is a bio-psychosocial, multidimensional and multifactorial phenomenon[1-2]. Its expansion seems to be strongly associated with the modern developmental model and the conditions that it causes in the everyday life of individuals, while for many centuries the coexistence of man and substances hadn't led to the current unverifiable situation[3].

According to the World Health Organization, the term implies a need for continuous growth of substance taking, whose cessation is extremely painful, difficult, or impossible[4]. The addiction's main features can be summarized as follows: a) a need for continuous use of a substance, the supply of which is made in any possible way, b) excessive neglection of all other interests c) acceptance of a typical social role (addict) and the adoption of behaviors that respond to this role[5].

Drug addiction differs from drug use, which refers to experimental and occasional use[6]. The path from simple substance taking to the installation of addictive behavior passes through three stages[6]. In the first stage (early stage addiction), there is a process of experimentation that leads to pumping pleasure. In the second stage (intermediate stage addiction), drug use takes place more frequently, more time spent on finding the substance, while the social activity of the individual is focused on the substance, provoking problems with the others. In the third stage (advance addiction), where the addiction has been installed , the individual seems to be unable to control his behavior, although unpleasant consequences tend to get out of control[6].

Therefore, experimentation with substances and drug use do not inevitably lead to addiction. According to Olievenstein, addiction is the encounter between a substance and a personality in a given socio-cultural moment[7]. It is the result of the encounter of an individual's personal psychological crisis with social crisis.

The personality of the individual, the family and wider social environment play an important role in the installation of addiction[8]. The person may either use the substance as a means of euphoria, or as a means of avoiding mental suffering[9]. In both cases the substance mediates between himself and his emotions, and himself and others[10].

The factors that create the conditions for the expression of addiction, to a significant extent appear and are reproduced during the period of childhood and adolescence[11].

The existence of a weak psychological substrate, largely determines one's personal vulnerability. However, it is not enough for the appearance of addiction which is determined by a wide range of factors[10].

The family plays a crucial role in the installation and maintenance of drug addiction. As a primary social group, as a "system", the family functions as a mirror of the external contrasts and reproduces operating conditions and contradictions of social life[12].

Without being the only factor, the family serves as a catalyst in the development and compilation of personality and identity. Through its internal developmental processes, it enhances or blocks the emotional growth and contributes to the development of positive or negative ways of problem management[13]. For this reason, the study of its characteristics as a "system", contributes to the clarification of its active role in causing addictive personalities[14].

Family as a "System"

The family is a dynamic and complex system of ideas, emotions and behaviors, whose parts interact and have a great hold on each other. Its internal changes have a great impact both on the individual as on the entire family, while going through its life-circle[15].

Different members must find a way of harmonious

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coexistence, making the whole system functional ,while their interaction provokes the intervention of each different member in the course of the other's life[16].

The family system is differentiated and executes its operations through its sub-systems, which are shaped by generations (parents-child), by sex (mother-daughter, father-son) and by the roles that the individuals undertake[15].

The place of children in the system is determined by its form, cohesion and interior values. The development of the child is closely connected with all sides of family operation[14].

The family's primary duty is to create an environment that will offer a primal sense of security and possibilities for creative development for children. The confusion of roles, the absence of values, the unstable parental presence and the inconsistent behavior of parents, lead children to a developmental course without constant standards, that restrict the necessary care of the child, resulting in a number of negative effects on its psychosocial development[17].

The knowledge of the hallmarks of the family is necessary, if we want to make clear the breadth of its function or dysfunction, in order to comprehend the impacts on cognitive, mental and emotional development of its members[16].

In the family, as in any other human system, there are boundaries. These boundaries are related to the particular way that its members share information and experiences, both among themselves as with other people out outside family[18]. Operating as a filter, they retain some elements within the system, protecting its autonomy, while at the same time allowing the free transmission of information and messages out of the system, facilitating the relationship with others.

A family with total open boundaries accepts all members who want to get into the system, and each new idea. Although this fact widens the context and the potentials for mental, emotional and social development, in its hypertrophic version leaves the members unprotected and carries the risk of confusion and lack of understanding of roles[19].

On the other hand is the closed family system, which suffers from lack of ideas and prevents the provision of impulses. The closed family system is rigid, blocks everything different and rejects every idea and value which is different[19].

Of course different types of family are not restricted to these two shapes that define the two ends of a continuum. The extent of the function of the family as a closed or open system varies considerably[19].

In any case, the clarity of the boundaries between the generations is of great importance. This component is a prerequisite for the insuring of the functionality of the framework, effective communication and emotional handling[15].

At the same time within the family, consciously or subconsciously, particular roles (traditional or not, formal or informal), like the peacemaker or the problems resolver, are attributed to people. In several cases these roles are negative. In these cases it is important to identify the specific dynamics which support and reproduce negative roles and to understand the mechanisms that lead to a pathological balance[15].

In general terms, the evaluation of the functioning of the family system is based on the ongoing assessment of the parameters of the quality of contact between its members, like emotional climate, communication quality, boundaries, alliances between family members, stability, adequacy and relationships with the external environment[17].

In order for the positive process that will color the future of a child to be accomplished, first and foremost parents must have made clear their own boundaries. Parents who feel secure in their identity and can continuously determine their boundaries, can create relationships through which children can define themselves in their turn, so that their independence can be facilitated[14].

The existence of an adequate framework of communication and cooperation between the two parents, as well as their common attitude towards the events is also of great importance. Contradictory messages lead essentially to the creation of two different families within the same system, causing children to experience a lack of a unique common attitude on behalf of parents[20].

Parents must provide freedom, space and stability, in order to enable children to develop personal identity, as well as to acquire initiatives and self-regulation. Care deficiencies and communication disorders have a major effect on the mental health and on the development of personality and behavior of the children[14].

So, the family as a dynamic system has to accomplish goals and objectives, to perform tasks, to create templates, to form personalities and to maintain the proportion between the sense of "belonging" and autonomy. The above create the conditions for its members to live and grow healthily, while each different member matures independently[21].

Characteristics of the Family of Drug Addicted People

The significant role that the family plays in the installation and maintenance of addiction has been the subject of many researches. Most of them appear to converge in the ascertainment that drug addicted personalities can be found even in the most different types of familial structure[22].

However, certain traits seem to be common in the function of families of addicted individuals[23-24]. And in spite of the fact that there are traits that can be found in many other families in our case they are excessively expressed[25].

Without therefore overlooking that each family, as each personality, is unique, it is of importance to focus on the elements that characterize the families of drug addicted people, without falling into the trap of a typological perception of inflexible models.

What is intensively observed is the frequency of mental disorders in the history of the family members[26]. Depression seems to be the most frequent dissorder[10].

Substance abuse from parents is frequent, as is alcohol abuse, especially from the father[23,26,28-29]. In the case of alcoholism, abuse from the previous generations seems to have even greater importance[30-31].

Simultaneously, with substance abuse, many times in parents there seem to be present other behaviors, of no chemical addiction, like gambling[23].

Interfamilial conflict is high and many times is expressed in an intensive and violent manner. The strained

familial atmosphere is reflected in the frequency of divorces[22,32-33].

Something which also frequently characterizes a lot of families of addicted people, is the existence of early and unexpected deaths of beloved persons in the past. Often there are events that are accompanied by unfinished grief processes, nailing the circle of familial life at a point of its growth and giving central place to the theme of death[34].

Besides, physical and sexual abuse incidents are often in the history of addicted people, especially as far as women are concerned. For many researchers drug abuse consists of an attempt to self-cure of the individual, in order to confront emotional pain that has been provoked in the past[35].

As far as family members are concerned, the father usually seems to be sentimentally distant and indifferent[36-37]. He communicates with the others only on the surface, while the easy guidance of the mother (even if it does not happen evidently), makes him resemble a "figurehead"[25,38].

The mother on the other hand, is usually overprotective, developing extremely tight relationships with her children, especially with her son[23]. She is emotionally over-involved, she has a strong influence, and she intervenes a lot in the life of her children[25].

However, a family's' profile, with the deeply attached parent on the one hand and the distanced one on the other, does not always take the above form. Sometimes the overprotective parent is the father. But even on these occasions the addict is often of the opposite gender[12,23].

Interfamilial communication is not direct and substantial, while many times contact is made in a negative way (blame, complaints etc.)[10]. There are often shaped triangular relationships, where the alliance of two members of different generations leads to the exclusion of another[10]. Among those who interact, there is usually someone who intermediates (e.g. son speaks to mother so as father can hear him), while parents, not having a common stance towards the child, give contradictory messages[2].

The contradictions which lead to these "double messages" are related to the fact that many times the addict's family functions with minimal or no rules, while boundaries are not clear, both among the parents-children's subsystems and across different generations (e.g. the grandmother comes to take the role of the mother)[12,39].

However, although the communication between the members is not essential, their relationships are paradoxically close in a way that they perpetuate the material and emotional dependence of the child[23]. Even if, through the frequent escapes of the addict, family bonds seem to be interrupted, in time the individual continues to be attached to the familial home, maintaining intense, but disturbed relationships[10,23].

The addict's family system could be classified as "closed", with impenetrable boundaries, while its internal interaction is characterized by inflexibility, with not responding to changing requirements[10]. It is a system that, because of the lack of essential communication, fails in the two basic tasks which it is responsible for: to impart the feeling of "belonging" to a safe primary group and to contribute to the socialization of the individual under such conditions, that they will empower it to establish a self-reliant and independent personality10.

In such a family the symptom of addiction appears as "paradox solution" in the racking dilemma of staying or leaving the parental home[10,23]. Drug addiction comes to perpetuate the complete dependence (economic, emotional) on the family[10,23].

Such a solution distracts the parent's attention from the real problems, which are connected to the lack of essential communication. It counterbalances their emotional distance by "linking" them in the effort to save the child[38]. Distracting the family's attention from the other problems, the addict becomes himself the only problem, entering the centre of interest and keeping the family united[2]. So, drug addiction becomes a paradox strategy of answering the dilemma of maintenance or not of the family[2,10,40].

As a "closed" system, the family of the addict constantly reproduces the same dynamics and refuses to see the reality, as expressed in a number of real problems. It resists any change that can disturb its pathological balance[10,23].

Summarizing the above, we could say that in an addict's family we often see three key features: a low degree of cohesion, a small degree of expressiveness and a very high degree of conflict[41]. The inner life of the family is often chaotic, random, unpredictable and unreliable, while the relations between parents and children is intensely dysfunctional[42].

Certainly the phenomenon of drug addiction is not associated with a particular type of family with a stable profile[22]. The features that seem to be common in most of the families of addicted people can be found in a large number of other families. However, in our case we locate them in extreme pathological forms.

Nevertheless, the approach of this data is particularly useful for the development of the theory, in an attempt to understand the particular role that family plays in the installation of addiction. Above all, it is useful towards defining specific interventions focusing on the family, both in terms of prevention, treatment and social reintegration.

Conclusions

The theoretical discussion of a phychosocial phenomenon aims at understanding its causes and intervening, in order to develop an effective psychosocial care policy and health care policy, generally. In our case, discussing the role of the family in the installation of addiction, should aim at formulating specific interventions, both in the field of prevention and treatment.

The policy against drug addiction is distinguished into three levels. The primary sector which refers to interventions occurring before the onset of the phenomenon (prevention), the secondary that aims to reduce the prevalence of the problem (treatment) and tertiary that aims to reduce the consequences (social reintegration, relapse prevention)[43].

Drug prevention programs are aimed at facing factors that increase a person's vulnerability and strengthening those that help in his protection by preventing or delaying substance use and abuse[44].

It has been shown that the family's function which is characterized by strong emotional bonds, quality commu-

nication between its members and operation under rules and fixed boundaries, can significantly contribute to the reduction of probability for adolescent's substance use[45].

So, prevention policies in the field of the family must contribute to the improvement of the parental role, through focused counseling and training in specific social skills[46].

In our country prevention interventions and parental counseling are made through Parent Education Groups by prevention centers[47]. Two types of interventions for parents are implemented : information and awareness interventions (brief, open one-off sessions or cycles of sessions for parents with subjects relevant to psychosocial development and child upbringing) and training interventions (parents education groups, typically of an experiential nature, chiefly aiming at improving communication in the family and supporting parents in their role)[48].

Parent Education Groups are focused in the general population (general-universal primary prevention) or target specific groups and parental issues (special-selective primary prevention)[49]. Since in our country most of the interventions are targeted to the general population, it would be better to focus on selective interventions in specific populations with special traits (single-parent families, immigrants etch.).

Family intervention in therapeutic context can contribute significantly to the motivation, participation in the treatment process and rehabilitation of addicted people. Family involvement in therapy implies larger percentages of user's remaining in this[50]. Especially for teenagers, the lack of family intervention leads to poor results[51].

The co-operation with the family in the treatment process should primarily aim at the following : avoiding feeling guilt so as to face the problem openly, exploring the nature of relationships between the different members in order to eliminate secret alliances and to seek new ways of interaction, searching for alternative methods of conflict management, encouraging the expression of feelings and conquering on the one hand the possibility of parents to separate from their children, and on the other the capacity for children to organize their new life on new bases, standing on their own two feet[10].

This last point is of great importance for the success in the field of social reintegration and relapse prevention. Research in the treatment unit of the Psychiatric Hospital of Athens showed that the combination of unemployment, economic dependency on parents and staying in the homestead after the completion of treatment often leads to relapse[52].

So, even after the completion of the therapeutic process, the family must continue the efforts for change, reinforcing the positive results of the previous phase[42].

Certainly family therapy is not enough to change the behavior of the addicted person, since it is under the effect of a multitude of factors, psychological, social, economic etc. However, the intervention in the family is essential for three reasons: firstly, for causing changes in drug-users behavior, secondly, for bringing changes to the behavior of the rest of the members of the family as well as for interrupting behaviors that directly or indirectly enhance dependence and thirdly, for amending the overall dynamic that had been developed within the family, which has brought negative effects on all of its members[42].

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