

Patterns of Interactions between Family Members and Drug Addicts

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Abstract

The patterns of interactions between drug addicts and their respective family members can potentially affect their physical and emotional status. Interactions can either function as stimulus or inhibitors for addicts to fully recover from their negative behaviour. Data for this study was obtained from interview session conducted with 10 families who had members within the unit with drug addictive or abusive problems ongoing rehabilitative process in Besut, Terengganu, Malaysia. This study finds that families with healthier interactions often communicate better with drug addicted member of the family. Conclusion: This positive form of interaction helps drug addicts to react better towards their environment thus helping them with the recovery process.

Keywords: Family Interactions, Pattern of Interaction, Drug Addicts, Family, Drug in family

INTRODUCTION

Interactions between family members is a form of relationship reinforcement apart from being a channelling instrument of community values and norm within a family unit. It also serve as barrier for any negative influences from seeping in the family unit and avoiding the members to be caught up with immoral behaviours. Drug addicts often finds themselves avoiding or straying apart from family members due to low self-esteem factor (Ibrahim, Abu Samah, Abu Talib & Shabran, 2012). Thus it is imperative that these interactions between family members need to be supportive to ensure that drug addicts does not feel left behind and abandoned.

According to Mallick (2003), interactions is an important form of control for a family. Furthermore, family interactions helps drug addicts in a supportive way by channelling emotional, instrumental and informational support to them. Failure doing so results in a breakdown of the channels creating a void within the family relationship. This would prevent the family towards achieving an optimum level of harmony between the units within the family.

The void would also affect drug addicted member within the family by deteriorating their self-esteem and confidence levels preventing them to recover from their problems (Schafer, 2011). Therefore, this study is conducted to investigate the forms of interaction within families with drug related problems and to see how these interactions act as form of social support.

LITERATURE REVIEW

Individuals with drug related problems possess various internal and external conflicts which would disrupt their daily life. According to a research by Ibrahim, Abu Samah, Abu Talib and Sabran (2012), relapse often happens to an individual due to high risk factors such as a negative emotional individual, interpersonal conflicted individual or individual who are pressurised by external social channels. The research found out that negative emotions such as anger, angst and depression were the main factor for drug abuse problems followed by social pressure and interpersonal conflict. These individual negative emotions could be suppressed through ongoing positive family interactions which forms as support for drug addicts.

Schafer (2011) discusses that negative surroundings and experiences during childhood have significant impact towards individual lives. His work finds four themes that serve as factors towards opiate based drug addiction. Traumatized childhood, poor living standard as an adult, presence of conflict with both parents, psychological disturbance within marital relationship as well as disturbance in performing necessary parenting duties. In general, all opiate based addicts failed to bond well with their families at an early stage which pushes them to be involved with drug abusing activities as well as other related crimes.

A closely bonded family that takes good care of one another could effectively help addicts to overcome negative aspects of their emotions as per discussed in a study by A. Ghani, Ahmad Zamani, Ab. Rahman, Zainal and Wan Sulaiman (2008) where the findings are indicative of the importance of family interference and influence in teenagers at an early age where they are most vulnerable to be involved with drug abuse problems. A rigid and problematic family structure could amplify the problem further. Thus it is imperative that family interactions especially between both parents are present during the mentioned time to avoid these teenagers being influenced by unhealthy activities and behaviours.

A study by Klostermann and O'Farrel (2013) views that effective role could be implemented by spouses or families of alcohol and drug addicts on their way to recovery. This is made possible by the presence of a reciprocal factor between addicts and their families or spouses. This study suggested four approach to family based recovery namely the family disease approach, family system approach, behavioural approach and the partner approach all of which highlights the importance of family involvement in planning and strategizing the overall recovery process. It also emphasizes the importance of family involvement in behavioural approach in which the interaction within the family is able to strengthen the addict's behaviour through learning from observation and providing them protection from experiencing negative effects and criminal sentencing as a result of drug abuse and addiction.

The importance of interaction as support was also discussed in a study by Groh, Jason, Davis, Olson and Ferrari (2007) where the support of friends living together in rehabilitation centres is an effective addiction recovery agent. Interaction with friends by means of sharing experiences and supporting each other could result in a successful recovery. Similar concept can be implemented by families where a family member's willingness to listen, to share stories and support creates a positive environment for addicts to change.

The effect of family support and communication involving families with teenage drug abuser was discussed by Masood and Sahar (2014) in which cold relationship between the abuser and the father causes relapse in their behaviour. The mother is usually the closest person to the addicts and often act as intermediaries in communication with the father. There exist barriers to communication such as a parent's refusal to communicate, refusal to implement a stricter family rules and regulations as well as parents that are authoritarian but insensitive to the needs of children. The study ultimately found that communication is the key to finding out the existence of drug problems within the family unit as well as means for rehabilitation and recovery.

Mallick (2003) also discovered the importance of effective communication between parents and children in drug education. Most parents have hurdles to communicate openly because of the stigma from society, considers drugs as taboo to talk about, guilt feeling from failing to educate their children properly, the influence of media such as television which often associate young people with drug problems, delaying and waiting for the right time to discuss in addition to parent's lack of knowledge regarding the types of drugs that are illegal or unjustified. The problem faced by teenagers when parents adopt a one-way communication is that it discourages them from discussing problems with their parents in fear of extreme reaction and leading them to demand autonomy to manage their own lives.

Farhana et.al (2012) looked at the experience of family support received by drug addicts during their rehabilitation process. Reception family helped change the perception of the addict to overcome their problem and prevent relapse. Advice and guidance are perceived as support to encourage addicts to change. This explains that positive interactions can be implemented allowing addicts to realize that they are still loved by their families resulting in an internal effort to change.

OBJECTIVE

The objective of this study is to identify forms of family interaction within family units dealing with drug addicted member.

METHODOLOGY

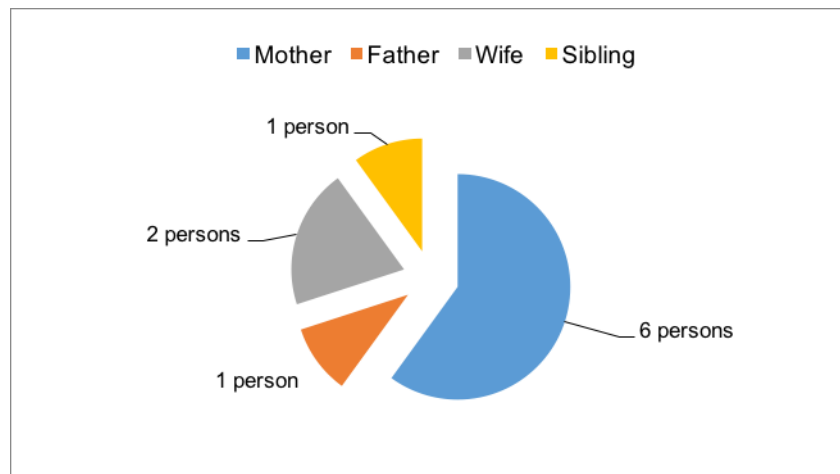
This study uses qualitative methods in a case study design, namely the collection and presentation of detailed information about a case (Bryman, 2012). It does not focus on generalizations and associations but emphasises more on exploration and explanation. Data

was collected using the method of group interviews (Focus Group Discussion, FGD), where the information collected is in form of personal experience of the candidates, and understanding of certain issues related to the study (Bryman, 2012). Interviews were conducted with semi-structured questions to obtain data associated with the study. Respondents consisted of 10 family members of addicts in Besut, Terengganu, which consists of parents, spouses and siblings. The selection of respondents is done by sample selection methods where respondents were selected based on their ability to provide information to researchers (Matthews & Ross, 2010). Analysis of data was done according to the method introduced by Miles and Huberman (1992) in Augusta (2003) where there are three levels of classification of data, data presentation and conclusion. The data collected are classified according to the themes of responses, presented in accordance with the form of order that can be understood and eventually analysed descriptively.

FINDINGS

Through interviews conducted with 10 family members, the findings are discussed according to the themes of responses from respondents. Respondents consisted of a mother, father, wife and siblings to drug addicts. The breakdown of respondents are illustrated in the chart below.

Chart 1: Breakdown of Respondents by Relationship to Addicts



Forms of interaction between family members and addicts

There are three forms of interaction with family members of addicts who have been identified. According to the four respondents R1, R2, R3, and R10, interactions within the family remains good even with members involved with drugs. R1 indicates that her son is well behaved because all his daily life needs is well looked after by himself. For R2 and R3 addicts within the family never lashed out even when reprimanded.

For two respondents, R5 and R6, improvement in the relationship with the addicts could be seen after accepting the fact of their problems. The reception is to help addicts recover and don the fact that a family member should never be set aside.

Four respondents, R4, R7, R8 and R9 said that good family relationship are present at first but turned out cold after a member was involved with drugs. R4, a wife says that their marriage relationship is still decent but the relationship with the parents of R4 turned sour. Her parents did not like the drug addicted husband and took their only child to live with them in fear of adverse effects on the child. R7 expressed her anger because her child was a relapsed drug addict. Several times she tried to help but her son kept coming back to the bad habit. R8 indicated that he is disappointed with his brother's relapse behaviour despite several times he tried to help thus leading to a cold relationship. R9 said relations became strained after the addict in her family isolated himself, however she is trying her best to rectify the situation and make the relationship better. The family interaction form summary is as shown in Table 1.

Respondent (R)	Relationship with Addict	Form of interaction post addictive behaviour
R1	Mother	Stays healthy
R2	Father	Stays healthy
R3	Mother	Stays healthy
R4	Wife	Turned cold
R5	Wife	Improved
R6	Mother	Improved
R7	Mother	Frustrated
R8	Siblings	Disappointed
R9	Mother	Turned cold due to addict isolates himself
R10	Mother	Stays healthy

Table 1: Respondents Relationship with Addicts and Forms of Interaction

Communication Form of Family Members with Addicts

Form of communication between family members could be divided into two themes. For R1, R3, R4, R5 and R6 means of communication with the addict remains the same prior to drug related involvement of the member. R1, R4 and R5 started to communicate in a supportive way by giving more advice and listening to the addict's problems. R6's way to

communicate remains unchanged however she stayed closer to the addict as a way to control his behaviour.

Another group of five respondents however, namely R2, R7, R8, R9 and R10 indicated that their form of communication had changed significantly. According to R2, communication with his son who he worked together with lessens after the drug related problems.

R7's communication with her son changed due to her frustration and anger with her son drug addiction relapse. R8 is similar due to being disappointed with his sibling's problem. R9 however is a bit different where she highlighted that she is more emotional and could easily flip out while communicating with her son after his drug problems. R10 chooses a more direct and strong communication method to ensure her son did not lash out should a disagreement occur. Table 2 shows the difference in form of communication with the addicts.

Respondent (R)	Difference in for of communication
R1, R3, R4, R5, R6	Unchanged, remains the same
R2, R7, R8, R9,R10	Changed, turned cold

Table 2: change in form of communication with addicts

How Families Treat Drug Addicted Members

How a family treated their drug addicted member could be classified into three themes of response. For four respondents R1, R4, R5, R9 and R10 they accepted the addicts as who they are and treated them as they would normally.

R2, R3 and R6 expressed their disappointment upon the knowledge of their family member being involved with drug abuse problems. For R2 and R3, although disappointed they put the blame on themselves for giving their children too much freedom without check. The realisation made them determined to help their children to recover. R6 on the other hand accepts it as her fate and viewed it as a test put on her family despite her disappointment on the matter.

Two remaining respondents (R7 and R8) initially rejected drug addicts within their family but in the end accepted them. R7 said that when the addict experiences relapse, she felt regret and took the action of ignoring the addict but upon advice from concerned neighbours she finally accepted the addict back. However, the relationship between the addict and the older sibling remains cold. R8 is similar in case but finally accepted when the addict shows sign and willingness to recover.

Closest Family Member

Closest family member refers to the person most referred to within the family unit by a drug addict to share their problems. 7 respondents (R1, R2, R3, R6, R8, R9 and R10) admitted that addicts within their family are closest to the mother. According to R9 and R10, addicts are closer to them although they are fairly strict mothers. However, being mothers, they did not have the heart to refuse their child’s request and furthermore the addict’s lack of communication with the father are out of respect. R2 and R3 informed that the reason addict are closer to the mother was due to fear from a strict and stern father. For R1, the reason addict are close to the mother is because there is no father and they only live the two of them together. Other siblings within the family lives separately. In addition R1 said that the addict is the only one child that takes care of her in comparison to the other siblings.

In the case of 3 remaining respondents (R4, R5 and R7), they indicated that addicts are more close to the wife. R4 said that her drug addicted husband shares and discusses his problems on a regular basis. For R5, she was glad that her husband listened to her advices for his recovery. Finally R7, who noted that her drug addicted son was closest to his wife as he thinks it is easier to share problems with the wife. Table 4 illustrates closest family members to the addicts.

Respondent (R)	Closest individual
R1, R2, R3, R6, R8, R9, 10	Mother
R4, R5, R7	Wife

Table 4: Individual closest to drug addicts within the family

DISCUSSION

Interactions within a family is one of the connective links between family members. However, in the event of disruption in the family system, the network of connection is disrupted or interrupted reversing the family to a state of disharmony. When one or more family members involved with drug addiction it will cause disturbance within family interaction.

Forms of interaction that does not change is driven by the acceptance and willingness to help addicts change for the better. Some family believes that a positive family environment could deter the occurrence of relapse. This creates a positive reciprocal effect in form of healthy interaction which in turn makes addicts closer to their families (Klostermann & O’Farrell, 2013). Forms of interaction such as giving advice, listening to issues and control are some of the approaches used by family members to ensure that addicts continue to recover.

However, there is also interaction in families that have changed after the addict relapses. This could be due to the sense of frustration towards the addicts who are not serious to fully recover. The reluctance of families to continue providing support after a relapse puts an

addict to an even higher chances of not recovering and would even make them addicted for life. According to Sobia and Sahar (2014) barriers in interaction would lead to strained relations with addicts which puts them at a higher risk of relapse.

Communication is one of many forms of interaction to convey or share something between family members. Good communication that stems from a good reception by family members of drug addicts make them more open to share the stress and problems. The situation makes it easier for family members to reach out and help addicts to start or continue the rehabilitative process. Behavioural approach (Klosternmann & O'Farrell, 2013) is a process in which addicts are approached through positive example and guidance by a family members in order to facilitate them to recover.

Failure in communicating could pose families and addicts with more burden and conflict thus making the recovery process tougher. These arising conflicts would act as barriers for family members to assist each other and accepting the addict into the family for support. This study however finds that forms of communication does not affect the way addicts are treated within a family. Strong family bonds and love is recognised as factors leading to families to assume addicts are still part of the unit and needs to be helped to recover. These are the factors that need to be emphasized in every family with a drug addicted member because ultimately these addicts only have their family to depend on to help them in a better life free from drug addiction.

Mothers and wives are recognized as individuals closest to the addicts compared to other family members. They are the most powerful agent of support for drug addicts to recover. This finding is consistent with Masood and Sahar (2014) who found that mothers are often the closest person to addicts. The mother plays a very important role in influencing the addict to abandon their habit of addiction. A mother-child relationship is a special one not only because it was established on the basis of biological sense but also on the emotional connection during pregnancy. This potential should be utilized to ensure that the interaction with addicts remain tight and makes the family as the main reference to addicts in any given situation. However, some mothers have to adopt a more aggressive communication style in order to control their drug addicted children from deteriorating further. The change should be considered positive if the previous method of educating are ineffective or without good results.

CONCLUSION

Positive interaction from family members have a substantial impact in boosting the motivation for addicts to depend on their family for support. To summarize, individuals with drug related problems will feel more confident to recover when they feel welcomed and appreciated. Positive interactions should be maintained to ensure that drug related problems could be overcome by the strength of the relationship that each family member have in taking care and protecting each other guaranteeing the welfare of the family as one complete unit.

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