



FAMILY FUNCTIONING AND FAMILY RESILIENCE AMONG SUBSTANCE ABUSERS IN DE-ADDICTION CENTRES IN AIZAWL, MIZORAM: A CASE STUDY

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ABSTRACT

The paper explores family functioning and family resilience among families that are living with substance abusers through select case studies using a qualitative approach. While substance abuse has traditionally been viewed as an individual problem, it frequently affects the entire family. It is critical to consider how the roles of family and family relationships affect the incidence and occurrence of substance abuse. Family frequently affects the start of alcohol or other drug use, the frequency of usage, and the substance of choice. The study covers aspect related to family functioning and family resilience among substance users in De-addiction Centres in Aizawl, This study is exploratory in design and cross-sectional in nature. The present study is based on individual experiences; participants were selected using systematic sampling. The paper makes an attempt to study the families who have drug abuser(s) within the family and those who are experiencing the impact of addiction in their lives and to provide intervention skills to address the issues of drug abusers in the context of Mizoram.

Keywords: *Family functioning, family resilience, substance abuse.*

Introduction

The paper explores family functioning and family resilience among families that are living with substance abusers through select case studies using a qualitative approach.

While substance abuse has traditionally been viewed as an individual problem, it frequently affects the entire family. It is critical to consider how the roles of family and family relationships affect the incidence and occurrence of substance abuse. Family frequently affects the start of

alcohol or other drug use, the frequency of usage, and the substance of choice. Notwithstanding the image of the "loner" alcoholic or drug addict, the majority of substance abusers reside in family homes. The decision to use or abstain is often dependent on an individual's relationship status with the family, the family coping mechanisms, and other family members' substance use (Freeman, 1993).

Although family has been viewed as an important factor in a rehabilitation process, there is limited research in the family functioning and family resilience and of substance abusers. The struggle to deal with a family member's severe and ongoing drug issue seems to seriously skew the traditional duties of family members. The drug issues start to take control of the family dynamic and heavily interfere with every element of family life. The severe stress that families experience in the lurch from crisis to crisis both cause and contribute to the fractured family response to the drug problem (Chowdhuri & Chodhuri, 1990).

The study covered aspects related to family functioning and family resilience among substance users in De-addiction Centres in Aizawl. This study is exploratory in design and cross-sectional in nature. The number of substance abusers is not clearly recorded and often there is no recording of substance abusers due to the fact that there is unreliable data. The issue of substance abuse and in particular its relationship with family is very sensitive; hence the methodology used in this study further lent itself well to qualitative approaches. The present study is

based on individual experiences; participants were selected using systematic sampling.

For the purpose of this study, families who have drug abuser(s) within the family are included. Those who are experiencing the impact of addiction in their lives are selected.

Drug abuse is a global phenomenon. The use of substances, in some form or the other is universal. Alcohol and drug abuse has emerged as a serious concern in India North eastern states of India, due to their geographic positioning among other several factors were vulnerable to high patterns of substance abuse (Chawnglungmuana, 2002). It is difficult to pin point the exact time when drug abuse entered Mizoram but it has been observed that in 2013, a total of 10,750 injecting drug users were validated by MSD & RD, 2015.

Family Functioning

A healthy family offers a setting that supports the successful growth and protection of each of its members. This result represents a family environment that is safe, harmonious, and mutually supportive; one that is defined by appropriate roles, efficient communication, regular display of good affect, and one that is founded on a common set of cultural norms and values. Family members must be emotionally involved with each other and able to influence each other's behaviour as it relates to the functioning of the family (Moss, Lynch, Hardie, & Baron, 2002).

Families with drug abuse issues frequently have distorted or absent functional family roles. For example,

children of alcoholic parents may be parentified and take on parenting and adult responsibilities that may preclude them from age appropriate activities or peer group socialization experiences (Haber, 2000).

A family can be thought of as a system with interdependencies between its members. This viewpoint implies that when one component of the system changes or is "damaged," it affects the other components as well. Another implication is that the family may change as a unit in order to protect and support the substance user, which would enable dysfunctional family dynamics to be tolerated. This adaptation often includes denial and subterfuge to avoid addressing the issue, and the implementation of family rules and behaviors that mask family member dependency behavior (Stevens-Smith, 1998).

A systemic perspective also implies the possibility of a reciprocal relationship between drug use and abuse and other family member conduct. Stewart and Brown (1993), for example, suggest that adolescent problem behavior may be both a cause and a reaction to family drug use. As a result, ending adolescent drug use can enhance family relationships, as well as communication and support within the family. The onset of substance abuse is frequently associated with stress and may be precipitated by family disruptions, control or management issues, or losses (Bennett, 1995). Accordingly, it has been well established that family members often have a central role in the course of alcohol or drug addiction (Liddle & Dakof, 1995; Margolis & Zweben, 1998; Moore & Fraser,

2006; Moos, Finney, & Cronkite, 1990; O'Farrell & Fals-Stewart, 2000) and its treatment (Edwards & Steinglass, 1995; cf. O'Farrell; 1993). For the course of treatment and its results, this role has both adverse and favourable effects. Problems that may have been masked by substance abuse may become evident when substance abuse is no longer an issue (Haber, 2000).

Steinglass and others (Steinglass et al., 1987) found that the status of alcohol use (abuse, transition to recovery, recovery) affects family interaction patterns and their adaptive responses to situations and conditions associated with the family's use status.

Family Resilience

McCubbin and McCubbin (1988) define family resilience as family characteristics, dimensions and abilities in helping families to solve problems by finding solution and increasing the adaptability of family members with the crisis situations. Family resilience is a collective effort that results in flexibility and pressure-coping success; issues might arise in the present as well as the future. Resilient families can respond positively to these conditions in a way that is typical, context dependent, developmental level, the interaction between protection and risk factors and the family's perspective on the problem (Hawley et al., 1995).

In order to slow down the development and recurrence of teenage substance misuse, there has been an increased focus on family resilience elements. The presumption is that by

increasing family action factors, such as bonding in the family, involvement of the family in community activities with their children, and use of community services to address family or youth problems, substance use among youths can be reduced or avoided (Johnson et al., 1998). Hawkins, Catalano, and Miller (1992) in a review of risk and protective factors for alcohol and other drug problems in adolescence and early adulthood concluded that family and family environment related factors, such as (a) family alcohol and drug use and attitudes toward/ permissiveness of use, (b) family behavior and activity management practices, (c) family conflict, and (d) low family bonding, contributed to youth substance use. On the other hand, they identified protective characteristics for families and family environments, such as: (a) high levels of parental attachment and family ties; (b) stable family environments; and (c) encouraging family environments. The means, by which family characteristics might serve as protective factors, at least for children and adolescents, are suggested by Brooks and others (Brooks et al., 1994).

Methodology

The study is exploratory in design and cross-sectional in nature. Multi-stage sampling was adopted. In the first stage, Aizawl was purposively selected due to the fact that it records the highest number of De-Addiction Centres in Mizoram (MSD & RD, 2015). In the next stage, three de-addiction centres with highest number of bed capacities were selected. In the third stage of sampling, a final sample was selected using

proportionate sampling to keep gender and the centers represented.

The family members of the identified substance abusers were contacted. Consent was sought for the study after the purpose of the study was explained and one or more family member each (spouse/parent/sibling or adult son or daughter of substance abuser) were selected as respondents based on their voluntary participation. In all, a total of 15 in-depth interviews were conducted for the four case studies that are presented to understand the nature of reality surrounding substance abusers and their families in Mizoram.

A guide for case studies was constructed to develop an understanding of the family functioning. Help was sought from Family Adaptability and Cohesion Scale-II (FACES-II) to guide the issues to be raised and the findings of the case study conducted may be further qualitatively presented in the following paragraphs.

Four case studies have been conducted with respondents' age varying from 28 to 56 years to understand the experiences of living with a substance abuser in the family. One or more family members were interviewed for one case. The cases are presented in narrative manner in first person account.

Case Interpretation

A mother who had shared about the story of finding her son's addiction said that the development of a drug problem was an insidious process. There were small, but significant, changes in manner, behaviour and appearance. They did not realize for a year that drug use was behind these

behaviour changes. He started acting defiant, withdrawing and secretive, being easily agitated and annoyed, having "funny" eyes and slurred speech, departing without a trace, missing money and goods—all of these signs added up to raise the impression that drugs were to blame for the observed behavioural changes. As she observed his physical, social, and emotional changes—becoming pale and drawn, unyieldingly combative, and self-obsessed—she felt helpless to stop the tragedy that was developing in their family.

Case-2 was shared by a sister of a substance abuser, who stated that living near a son or daughter, brother or sister with a drug problem is similar to living in the eye of a storm. And that his brother's addiction destroys their family like a spiral thing that goes round and round. His addiction splits up his own marriage and ruins his life as a parent. As a result of the split up his children suffer terribly because they don't have their mother anymore. His son is using drugs and stealing from his parents all the time, which causes his parents endless suffering. The third case study tells the tale of a father who has two drug-abusing children and describes how he and their mother disagree over how to handle the issue. In a perfect world, he and their mother would decide on a course of action to address their family issue. But that is not the case with them. In addition, he acknowledged that he was neglecting the other two sons in the household who did not use drugs. In the fourth case study, the woman talked about how she tried to prevent any further tension by concealing their daughter's wrongdoings from her husband and the rest of the family. Also, she

disclosed that she would give her daughter cash covertly. With this in mind, she frequently chose a course of action that kept her kid as near to her as possible in the hopes that it would give her some control over the situation. Her daughter's drug use was something she wanted to address for her; if she could, she would stop it, but if not, she would try to keep her safe.

Conclusion

The respondents admit that they felt anger and difficulty in sleeping, loss of appetite and difficulty in keeping up with normal activities in the beginning. They also shared that addiction impacts a family's finances, physical health, and psychological wellbeing. It was contributed that humor has been used as a coping mechanism. In an effort to promote harmony and comfort in the home, a family member will try to make jokes in the hopes that they will temporarily relieve the family. They will continue to play this role. The parents all concurred that learning that your children have a problem with addiction may be a jarring, unpleasant realisation, regardless of your age. Parents could begin to doubt their capacity to be good parents or their judgement in parenting. The development of the substance use disorder is frequently blamed on parents of addicts, just like it is on their offspring.

Summarily, families of substance abusers shared that they face challenges due to lack of strong relationship and solidarity during times of crisis and hardship. They often find it difficult to come together and work through these tough times as a unit. A sense of distrust is a common sentiment between members of the families and the

substance abusers. This adds to the challenges they face as a family resulting to lack of collaborative and collective efforts to find a reasonable and effective solution to their problems.

The families, dealing with substance abuse highlighted that they find it difficult to adjust and adapt to change when their environment gets disrupted by the effects of addiction. They find it difficult to cope with the sudden and unpredictable changes and unable to maintain stability and continuity within the family's functioning.

This rigidity to change often cause stress and poor crisis responses, therefore makes it almost impossible for them to have any long term proper planning because their focus is mainly on present needs. Most families of substance abusers expressed that, due to resentment and blame, avoid open and constructive communication.

Individual needs are neglected and often unattended, support therefore, are to the minimum of available at all. Family structures and their roles are disorganized especially in families there both parents are substance abusers.

It could be interpreted that in families dealing with substance abuse, open emotional expression is often poor, the substance abuser sometimes feel misunderstood and their emotions are often received with negative connotations due to mistrust and doubts on part of their family members. Deceit and secrets as well as lack of empathy causes members of the family to reserve their true emotions and takes very

little time to have open and honest communications with the abuser.

It was highlighted that healthy conversations are almost non-existent in these families. Verbal communications are often replaced by acting out in anger to vent their frustrations and this leaves very little space for conveying their intended messages to others. Explosive anger and expressions are also common among the members of the family, resulting to more stress without addressing the issue at hand. This leaves a rather unhealthy psychological instability for all members involved in the exchange.

Another point contributed shows that because of the unpredictable nature of substance abuse, conflict arises in the families especially when there is poor collaborative problem solving initiative. Many members of the families lack the necessary interventional skills required to help and provide support to the substance abuser. This study was an exploratory one but what is required is a lot of research that documents the very positive life stories of people who have a drug using member.

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