
Analyzing Family Counseling

ABSTRACT

Family therapy has made a substantial contribution to the prevention of drug addiction. This approach takes fully into account psycho-social relationships in families, particularly in families experiencing addiction, as well as changes in patterns of family life and in social attitudes towards addiction. Drug addiction is a manifestation of serious dysfunctional relationships and interactions in the family and is often interrelated with child and spouse abuse. Such family situations require multidisciplinary therapy measures for which the family, with its network of relationships and behavioural interactions, rather than the individual alone, is regarded as the unit of treatment.

Introduction

In order to understand addiction, it is necessary not only to focus on its medical symptoms but also to examine the constellation of behavioural interactions, reflective of psycho-social development, in the context of the family, the community and wider socio-economic networks in which the family functions and to which the family relates. All these influence, stimulate and regulate individual behaviour. Thus, an important task of a therapist in the process of treating drug-addicted persons is to gain insight into the subtle, overt and complex dynamics of social interactions and not only into the psychodynamics of individuals.

The theory and concepts of family therapy, which came to be recognized as an independent discipline in the 1950s, help therapists to understand these interactions [1] . Whereas classical medicine focuses on the treatment of individuals, family therapy regards the network of relationships in which the individual interacts as its unit of treatment. The family is regarded as a psychological unit, the internal processes of which help establish and maintain emotional balance [2] .

Until the middle of the 1970s, many of those trying to cope with the syndrome of addiction largely relied on autodidactic methods that frequently had strong moral overtones. The International Council on Alcohol and Addictions (ICAA), which was founded in 1907 and is one of the oldest organizations dealing with addiction, set up a special section on the family in 1979 to apply the results of research in family therapy to the field of addiction. This underlines the short history of the union between family therapy and addiction.

Changes in social attitudes towards drug abuse and in family patterns

In the long run, society determines what is regarded as drug abuse and, in this respect, the attitudes and values of society are subject to change. In the late 1960s, in certain areas of the world, drug taking was identified with protest against authority, with a search for identity or as a mystical experience. The use of alcohol was viewed as an attempted demonstration of adulthood and as an identification with the peer group. The drug abuser of that time might be today someone who casually takes medically prescribed benzodiazepine. In general, there is now a tendency towards shifting consumption from illegal to legal drugs; combining drugs and

alcohol; and increasing drug consumption at home [3] .

There are many indications of change and variations in family patterns, especially in countries of North America and Western Europe. The number of legally defined marriages is decreasing. The tendency for couples to live together without a legal bond is increasing to such an extent that, for certain age groups, unmarried couples are more numerous than married couples. In Sweden and the United States of America, one out of every two or three marriages presently result in divorce. In Denmark, France, the Union of Soviet Socialist Republics and in the United Kingdom of Great Britain and Northern Ireland, this figure was one in three in 1985. In France, about 20 per cent of all children born in 1986 were born out of wedlock. In Denmark and Sweden, the figure for births out of wedlock is presently over 40 per cent, appearing to warrant a re-definition of the term "legitimacy" [4] .

Addiction and abuse in the family

Research and studies have pointed to the interlinkages between abuse (corporal, emotional, sexual) and addiction in family situations. Members of families affected by drug dependence are often abused or confronted with the abuse of others [5-7] . A substantial number of children of such families are victims of various forms of child abuse. The duration of child abuse tends to last longer with the presence of drug dependency in the family environment.

Crime and victimization data in a number of countries indicate a relatively high incidence of homicide and assault among family members. Females are most frequently the victims. In fact, a family member is the most important single victim category as far as violence is concerned, and this is a considerably under-reported phenomenon [8-10] .

In attempting to understand the development and consequences of the types of behavioural characteristics and patterns in some families affected by addiction, it is useful to examine interrelationships and interactions in the family, which some authors refer to as sub-systems. These are: (a) between partners; (b) between partners and children; and (c) between children [11-13] .

Drug abuse is an indication of dysfunction within family sub-systems. In this respect, it is more beneficial to administer treatment within the framework of the network of relationships in which the individual interacts (e.g. the family) than to treat the individual in isolation.

In this connection, the following questions emerge: Are the changing patterns of family life resulting in an isolation of the family from other social reference points? To what extent can the family be regarded as the patient? Is a dysfunctional family a symptom carrier of a "breakdown" taking place within the larger social system? [[14] , [15]].

Characteristics of families affected by drug dependence

A family-therapy approach has made a definitive contribution in the prevention of drug abuse [16] . Families affected by addiction characterize trends, moderately extant in all families, to a pathological extreme [[17]].

The repetition of alcohol-related problems over a number of generations in the same family is a

well-documented fact [18] . Partners of addicted persons who remarry unconsciously seek similar personality traits in prospective partners. This is found to repeat itself over a number of remarriages.

Children of addicted persons who are not "problematic" (e.g. in terms of school achievement) in early childhood can develop difficulties in their relationships in marriage. Children who have become surrogate parents in affected families tend to develop a sensitivity for the feelings and needs of others, yet do not manage to attain sufficient control or understanding of their own feelings. This hinders the process of successfully building up marital relationships.

Some of the children of drug-dependent and/or abusive parents marry at a very early age. A child is often anxious to move out of this type of family as quickly as possible, often establishing a relationship with the first possible partner. A family environment in which there is the presence of addiction and/or abuse does not lend itself to stable relationships outside the family, and such relationships are often marked by failure [19] .

Research has found that the so called "social atom" of addicted persons displays considerable deformation—a devastated core of interpersonal relationships. The central zone, which refers to meaningful relationships with friends and colleagues, has practically no cohesion; the peripheral zone, which refers to relationships with all other persons in everyday life, is relatively crowded [20] . This is an indication of the degree of the lack of personal identity, in the case of drug dependence.

Family therapy

The classical relationship between the medical doctor and the patient reinforces passivity by fulfilling the expectation of the patient that she or he can be cured by an outside agent. This model of a treatment relationship is to be avoided in the field of drug dependence.

A more suitable approach would be to integrate "holistic" medicine and the concept of family therapy, with due regard to qualified practice in the field of treatment of drug dependence. Holistic medicine activates resources within the individual in order to cope with personal disturbances, and family therapy views a patient in the context of mental and physical stabilizing factors in an interactive environment [21] .

The goal of family therapy, in general, is to avoid focusing primary attention on the affected individual and hence exacerbate the drug problem by stigmatization and drawing attention away from the fact that addiction is a sign of dysfunctional relationships. It is highly desirable to take a holistic approach and, thus, to make a contribution to the prevention and treatment of familial abuse and drug addiction in the context of a network of relationships within the family and between the family and society.

Experience shows that the treatment of drug-dependent persons in a family setting is most beneficial when it is provided on a multidisciplinary basis. Such treatment helps the affected person to utilize all her or his potential resources to overcome the problem.

Multiple family therapy (MFT) is a form of treatment that can be of great assistance in taking families out of an isolation that they may experience [22] . It enables families to develop social

contacts and relationships outside the family and to relativize fixations and dependencies, helping to place family interaction into perspective [23] . The therapy group, which can include up to 10 families, offers an opportunity to rebuild the core and zones of the social atom or network. Feelings of emotional rejection, isolation and helplessness, disturbance and other difficulties can manifest themselves more easily in a MFT setting.

The role of the family physician

Medical practitioners and specialists are frequently confronted with both abuse and drug addiction in the course of their daily practice [24] . But sensitivity to the early warning signs of familial abuse and addiction is critical. When a chronic condition has already set in, there tends to be resistance to change, and therapy is difficult.

Family physicians are often trusted by families over a number of generations, and many cases of abuse and drug addiction come to their attention. The medical training of general practitioners, however, may not be adequate to enable them to recognize these problems at an early stage.

Continuing education of family physicians is beneficial in dealing with such problems. In this respect, providing family physicians various opportunities to exchange experiences and information and to acquire the essential knowledge and skills would enable them to deal more expeditiously and efficiently with problems related to drug dependence, at various stages, in the family context.