INTERNATIONAL JOURNAL OF ACADEMIC RESEARCH IN BUSINESS & SOCIAL SCIENCES

Vol 7, Issue 13, (*Special Issue*) (2017) E-ISSN: 2222-6990

An Exploratory Study on the Conceptualization of Wellness among Families affected by Substance Abuse

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DOI Link: http://dx.doi.org/10.6007/IJARBSS/v7-i14/3187

Published Date: 17 December 2017

Abstract

Significant attention has been shown in research on wellness for individuals with substance abuse or dependence. However, wellness among families affected by substance abuse has received limited focus in addiction research. Given the neglect of family perspectives in this field, this qualitative study explore the conceptualization of wellness as perceived by families with substance abuse. Individual interviews were conducted with five mothers of addicts, in one treatment setting in Kuala Lumpur, Malaysia to identify important dimensions of wellness and their interpretation by families. Data was analysed using constant comparative method. Findings supports previous literature that wellness is a complex and multifaceted phenomenon encompassing dimensions related to the family's everyday life and situation. Protective and environmental factors that promote or prevent development of wellness were identified. This study provides the opportunity to learn from families affected by substance abuse and factors that have supported them in maintaining their wellness while living in an environment that challenges their ability to maintain a healthy balance. Factors and strategies that promote wellness identified in this study may assist in the development of further investigations and interventions that support wellness.

Keywords: *Wellness, Family, Substance Abuse, Addiction*

1.0 Intoduction

Studies have shown evidence for the relevance of wellness or overall quality of life in substance use disorder treatment and recovery and the importance of incorporating quality of life indices into research and services (Laudet, 2011). Even though considerable interest has been shown in research on wellness for individuals with substance abuse or dependence (Laudet & White, 2008; Donovan et al., 2005; Morgan et al., 2003; Smith & Larson, 2003), wellness among families affected by substance abuse has received limited attention in addiction research (Dawson et al., 2009). Previous studies have focused on issues and challenges rather than identifying their strengths.

A range of problems are associated with families that have a member affected by substance use (Caldwell, Silver, & Strada, 2010). This includes financial problems due to decreased family income and unemployment (Christian, Mellow, & Thomas, 2006), and stress-related health problems (Copello, Velleman, & Templeton, 2005). According to Velleman & Orford (1999), it is estimated that one out of every five individuals who are drug or alcohol dependent create significant stress for family members and friends, not including effects that a parent's substance abuse may have on their children. Families affected by substance abuse represent a large but under-researched population (Orford et al., 2007). Therefore, this section describes previous literature on this area in order to further examine family wellness, treatment approaches, and family wellness in the Malaysian context.

2.0 Literature Review

2.1 Family wellness

It is difficult to define family wellness as it is a broad, complex and multidimensional concept. Generally, it covers various aspects of the living conditions of an individual or a family (Miller, & Foster, 2010; Myers & Sweeney, 2008). It involves a balanced development of individuals and families in terms of the physical, psychological, social, spiritual, and economic (Noraini M. Noor et al., 2012). Relationships between family members, such as communication, solving problems, coping, and parenting are also included in this concept. There are a few instruments that already exist to measure family wellness whether through indicators such as household or education level or through individuals' subjective perception of their satisfaction or happiness with different aspects of family relationships (Noraini M. Noor et al., 2012). However, these instruments are more general and does not take into consideration families with unique challenges.

Previous studies have shown that wellness especially for families facing with addiction can be achieved by education and support that can help the family reduce stress, understand, and accept substance misuse as a disease, manage crises, and learn to take care of themselves (Copello, Velleman, & Templeton, 2005; Daley & Douaihy, 2006). The involvement of families in treatment can be positive as not only provides them with wellness strategies for themselves, but also as part of continuing care to the person in recovery.

It is important to first understand the relationship pattern that may be associated with the stress and difficulties that the family experiences. Experiences of depression, anxiety, sleep difficulties, financial worries, marital discords, feelings of helplessness, trauma-related symptoms are among the reported stressors for significant others (Meyers et al., 2002). While for parents of substance abusers experience they describe feelings of anger, frustration, self-blame, helplessness, and despair when dealing with their substance-abusing child's manipulations, stealing, self-neglect, running away, and threatening behaviors (Howells & Orford, 2006). In response to this, families often utilize enabling behaviors (Rotunda, West, & O'Farrell, 2004). Enabling behaviors are actions that inadvertently perpetuate a loved one's continued substance abuse such as taking over responsibilities, buying or using substance with the addicted person, or covering up for them (Irford et al., 2007; Grueber & Taylor, 2006; Meyers & Wolfe, 2004). Ultimately, family members become so enmeshed in their roles that dysfunctional cycles of interaction emerged that perpetuate the continued substance abuse of the addicted member. These behaviors are often related to the co-dependency model that views the family member as a promoter for the problem (Rotunda & Doman, 2001).

In contrast, the stress-coping model suggested that families experience stress as a result of caring for someone who abuses substance. Enabling behaviours is manifested as a result of coping with this stress (Orford et al., 1992). Thus, the view changes from being the contributor to the problem to the victim of the stress.

Despite these, previous studies show that the way of coping by the families affected by substance use is one of the important factor that may impact treatment outcome for the substance abuser (Copello et al., 2002; Hall, 2008; Hawaii, 2000). Coping is one of the strategies for families to maintain their wellness. Reports from previous studies show the use of two types of coping: problem-focused and emotion focused coping. Problem-focused coping requires the family member to plan ahead for stressful events, actively coping and confronting the stressful event directly, while emotion-focused coping involves efforts to reduce or manage the stress associated with the event (Orford & Dalton, 2005). Both types of coping have its own advantages and disadvantages.

However, research also indicate that many programs is lacking in delivering family services as most focuses only the family member who is the substance abuser and not the family member affected by it (Howells & Orford, 2006; Karoll, 2010). The family needs to be able to take care of their wellbeing first in order to help the substance abuser in their recovery process (Copello, Velleman, & Templeton, 2005; Karoll, 2010). Thus, issues and stress related to the substance use as experienced by the family members and damaged family relationships have to be addressed.

Clearly there is a need to find out what contributes to the family's wellness. Those factors are important because family is the main source of reference that can provide support for abusers. They also play a significant role in promoting change. A healthy family environment is important before change can occur. In summary, a case of a family member who is involved in substance abuse need to be understood from the system perspective. In other words, substance abuse is only a symptom of family problem. The actual problem may be related to family knowledge (of addiction), interactions, and dynamics that when these are addressed in treatment, the family would be able to regain functioning and consequently encourage positive recovery.

2.2 Treatment approaches

Most substance use treatment is usually focused on the substance user (Orford et al. 2007; Meyers et al., 2002; Schmid & Brown, 2008; White & Savage, 2005). For these types of treatments, the outcome of abstinence is usually sought after. However, it should involve more than just that. The process of recovery need to include the other family member of the substance abuser as they are also affected. The view of the family as a contributor or co-dependent to the substance abuse problem might be part of the reasons that their needs lack attention (Orford et al., 1992). Another explanation might involve lack of confidence in the professional treating family problems related to substance abuse especially if they are not trained in the area. Consequently, the families remain a large but relatively untreated population (Howells & Orford, 2006).

Early studies on treatment of families affected by substance abuse found a treatment approach utilizing psychoeducational and individual therapy for the family member (Yates,

1988). In the treatment, non-judgmental attitude by the therapist was used to listen to the family members. Increased positive feelings and sense of relief were reported after treatment following validation from the therapist of their concerns and providing advice to the family members on ways to cope. The family member's involvement in the program was encouraged to be told to the addicted person.

Recent studies however, highlighted the importance of using diverse techniques and models in treating families affected by substance abuse (Denning, 2000; Meyer & Miller, 2001; Meyers, Smith, & Lash, 2005; Roozen, Blaauw, & Meyer, 2009). Short-term problem-focused approaches such as the use of Cognitive Behavioral Therapy (CBT) involves identifying particular beliefs and cognitions associated with the enabling behaviors that are specific to the relationship with the substance abuser then helping the family members unlearn negative behaviors as well as recognizing the severity of the problem and cope more adaptively (Anthony, Ledley, & Heimburg, 2005). Additionally, Ligon's study (2004) identified six skills that are effective in CBT treatment among families affected by substance abuse. The six skills involves detaching from the problem as opposed to the actor, setting boundaries appropriate to the substance abuser's developmental level, showing consistency in decisions, supporting sobriety, selecting realistic goals and focusing on personal physical and mental health.

Another treatment option that origins from cognitive behavioural approach is the Community Reinforcement Technique (CRT). This approach has an enhanced version namely the Community Reinforcement and Family Training (CRAFT). In these approaches, family member are taught ways to identify enabling behaviors as well as support behaviors that encourage abstinence of the substance abuser (Roozen, Blaauw, & Meyer, 2009). While the substance abuser is in treatment, the family member learns how to engage in non-confrontational responses when faced with relationship stresses related to the addiction. The efficacy of this approach was investigated and it was found that CRAFT with aftercare support group showed positive results when compared to CRAFT approach alone and 12-step Narcotics Anonymous program (Meyers et al., 1999). This may be because of the skill-based element as one of the core features of the CRAFT approach besides problem-focused that gives an impact on the family member's self-esteem, personal independence and self-efficacy in dealing with addiction.

Besides CBT approach, other treatment approaches that give considerable attention on treating the whole family or the partner of substance abuser include Unilateral Family Therapy (Yoshioko, Thomas, & Ager, 1992), Network Therapy (Galanter, 2004), Behavioral Couples Therapy (O'Farrell & Fals-Stewart, 2000), Pressure to Change, Brief Strategic Family Therapy (Cannon & Levy, 2008), Multidimensional Family Therapy (Liddle et al., 2008), Functional Family Therapy (Sexton & Alexander, 1999), Structural Family Therapy (Vetere, 2001), and Social Behavior Network Therapy (Copello et al., 2002). These types of treatment however provides more emphasis on engaging the substance abuser in treatment and improving relationship satisfaction as compared to treatment that directly treat the non-abusing family member (Bowers & al-Redha, 1990). Other downside of these treatment approaches are in terms of accessibility and cost (Fals-Stewart & Birchler, 2001).

Interestingly, treatment option that is community-based which offer psychoeducational support are more popular among the families of substance abusers as

these provides more resources for the families. These community-based approaches in the form of support groups such as Al-Anon or Alateen for family members, harm reduction family support group (Denning, 2010), or the 5-Step Approach (Copello, Templeton, & Velleman, 2006). Al-Anon/Alateen aims to help the family member of the substance abuser stay detached from their loved one's addiction while maintaining a loving connection with them. It follows a group format that emphasizes the recognition of enabling behaviors and maladaptive coping strategies to lower the frequency of the behaviors among participants, develop self-esteem and personal growth that is independent from the substance abuser's success in treatment. Both these programs has proven to be one of the effective approaches with families affected by substance abuse (Rychtarik et al., 1988). Harm reduction family support group on the other hand, is an alternative to Al-Anon/Alateen for families as it opposes to the view of co-dependency. Principles of harm reduction was practiced by helping family members make healthy choices and teaching them how to support their loved ones (Denning, 2010).

Additionally, the 5-Step Approach is another community program that show positive outcomes in helping family members cope with the stresses from addiction (Copello et al., 2003; Copello et al., 2010). This approach is based on the Stress-Strain Coping Model whereby family members are seen as the victim rather than co-dependent contributor to the problem. As reflected in its name, this approach focuses on five steps: listening non-judgmentally, education on drugs and dependency, counseling on adaptive ways to cope, increasing social support, and considering further options for health and support (Orford & Dalton, 2005). In addition, there are also community programs that help family members through their primary health care providers (Orford et al., 2007a; Orford et al., 2007b).

Most if not all these treatment help increase family members' consciousness of the nature and extent of the abuser's use of substance which in effect help them cope with addiction as well as acknowledging their own rights and needs. This allow the family members to maintain or regain their wellness. Overall, it can be summarized that there are three types of treatment approaches that involve family members affected by substance abuse. These include treatments that focuses on the needs of affected family members in their own right, treatments that involve the user and family member together, and those aim to achieve engagement of the substance user through working with the affected family member.

2.3 Family wellness in the Malaysian context

In Malaysia, although studies have been conducted on family wellness, the focus is mainly on normal families rather than families with specific issues such as substance abuse (Noraini M.Noor et al., 2012). It incorporates family relationship, economic situation, health, safety, community relationship, housing, environment, religion and spirituality. In the Malaysian culture, family plays an important role in shaping individuals, family members are expected to maintain a harmonious relationship and connectedness among themselves. Preservation with family ties and collectivist behaviours are strongly encouraged even after marriage (Danehspour, 1998; Laungani, 2004. While enmeshment is considered unhealthy in the Western society, it is viewed as positive in the Eastern culture due to collectivism. Therefore, if one family member is affected by addiction, the society will think that it is an indication of a failure of the family in shaping the individual. As a result, the family face stigmatization, discrimination, and negative judgments by the society (Muhammad Aizat Anwar Apandi,

2011; Orford et al., 2010). It is not surprising that family members' wellness would be affected because addiction is a source of stress that resonate through the family systems and affect the family interaction with every other systems in the community (Brown & Hohman, 2006). Therefore this study aims to explore the conceptualizations of families affected by substance abuse about their wellness.

3.0 Methodology

The purpose of this study was to explore the conceptualizations of families affected by substance abuse about their wellness. This includes their definitions and descriptions of wellness, the impact of the substance abuse on wellness, and barriers and facilitators to achieving wellness. Participants were able to present their stories about the struggles and victories in their quest to develop and maintain wellness. This study was conducted using qualitative method based on the notion that naturalistic inquiry is most applicable for discovery oriented research into unstudied phenomena (Creswell, 2007).

3.1 The Setting

This study involves a single-site study in which the researchers explores a bounded system with focus on the specific issue in order to illustrate the issue (Creswell, 2007, pp.74). Therefore, a drug addiction treatment and rehabilitation agency in the city of Kuala Lumpur, Malaysia was chosen as the setting of this study. This agency, which is a registered Malaysian NGO, was established to provide drug prevention, intervention and rehabilitation utilizing the in-patient treatment structure. There are two counselors at this agency, as well as other staffs who are former drug users and volunteers. Even though focus was on the treatment and rehabilitation of the drug users, this agency also encourages families to be involved in the programs provided by them. Therefore, involvement of the families are on voluntary basis.

Intervention for the family focuses on coping and healing in the family members as opposed to the family as co-dependent contributor to the issue. It comprise of three components which are the family psycho-education program, the family support group, and the family retreat. The family psycho-education program aims at providing family members with knowledge about dependency. The family support group is an open group that helps the members of the groups by providing a space for sharing their experience, feelings, and important information and resources. The family psycho-education program and the family support group are both conducted during weekends, once every month. On the other hand, family retreat is a two-week intensive program conducted twice per year involving both the family members and the substance abuser to strengthen their relationship and connection. This is the only program that include the involvement of the substance abuser compared to the other two which specifically focuses on the family and concerned significant others that may be affected by addiction.

Overall, it can be said that the intervention provided by this agency for the families is quite similar to the 5-Step Approach model (Orford et al., 2007a). The researchers gained access to the agency through initial telephone contact with the director at the agency and participants were presented with an informed consent to read and sign. Procedures of the study was informed to the participants and confidentiality as well as the right to withdraw from the study was explained.

3.2 Participants

Interviews were conducted with individual family members of clients at the agency who were involved in all three family intervention programs provided by the agency and are willing to participate in the study. As the programs are not a required condition for the family members, not all families of the clients choose to attend the programs. To ensure homogeneity of the participants, data from only five participants were included in this report. All of them are biological mothers of a family member who are addicted to the substance. Of these, 2 were single-mother (40%). The age range for the participants was 46-60 years. Approximate age was categorized as follows: 3 were between 46 and 55 years of age (60%) and 2 were between 56 and 60 years of age (40%). Ethnicity was as follows: 2 were Malays (40%), 1 were Indian (20%), and 2 were biracial (40%). The participants' family members in treatment (client) are unmarried adolescents or young adults between the ages of 15-26 years. The drug to which these clients were addicted to is methamphetamine. All the clients involved in this study are new cases and they have been in treatment for at least eight months. Demographic information on the participants is reported in Table 1.

Table 1
Demographic information of participants in the study

Variable	**n**	**%**
Gender		
Female	5	100%
Relationship to the client in treatment		
Mother of son in treatment	3	60%
Mother of daughter in treatment	2	40%
Age		
46-55	3	60%
56-60	2	40%
Ethnicity		
Malay	2	40%
Indian	1	20%
Biracial	2	40%
Religion		
Islam	3	60%
Christianity	1	20%
Hindu	1	20%
Marital status		
Married	3	60%
Single-mother	2	40%
Age of client in treatment		
15-20	1	20%
21-26	4	80%
Length of distress from client's substance abuse		
Less than 1 year	1	20%
1-2 years	2	40%

3-5 years	2	40%

3.3 Data Collection

A semi-structured interview guide was used to provide a general direction for the interviews. Data was collected by one of the researcher who conducted all the interviews face-to-face in the Malay language. Malay language was chosen because it is the national language and most participants are more comfortable communicating in this language. The following questions were asked: (1) How would you define the term 'family wellness'? (2) Explain the impact of substance abuse on the wellness of your family? (3) Describe the strengths that your family have that contribute to family wellness? (4) Describe the barriers or challenges to achieving wellness in your family? (5) Describe what you do to keep your family well?. Each interview lasted approximately 90 to 120 minutes. At the conclusion of the interviews, member check was conducted by the researchers by summarizing major points and soliciting feedback. All interviews were then transcribed. Additionally, written verbatim transcription of interviews were provided to the participants to double check for accuracy.

3.4 Data Analysis

The interviews were analysed according to the answers given by participants for specific questions. Data were analysed using the constant comparative method to generate categories, subcategories and codes (Strauss & Corbin, 1998). Common themes as they emerged were identified. General categories and inter-relationships were identified from the transcripts based on the review of the literature. Once themes are identified from the responses, initial categories were classified and questions formulated to narrow the focus of the study, initial findings confirmed and new or additional information were probed.

4.0 RESULTS

The findings in this section are reported based on the themes that emerged from the responses. Findings are elucidated best by tying them to quotes from participants' own words as they represent clarity and authenticity on the participants' experiences. Three themes related to (1) the definition of family; (2) family wellness attributes; and (3) family wellness practices were described below.

4.1 Definition of Family

The definition of family that emerged from the interviews with the five participants was 'A family consists of people with roles and responsibilities who live in physical and/or emotional closeness to each other. These individuals provide care and support to one another consistently and the family usually has influential priority over other factors in the individual's life'.

All participants (n = 5; 100%) in the study explained their understanding of 'family' to comprised of the "people who live together, love each other and fulfils their role and responsibilities". Some participant (n = 3; 60%) described that families are "people you are close to whether physically and/or emotionally". Additionally, other participants (n = 2; 40%) included other extended family members in their descriptions of a family. These can be represented in Table 2:

Table 2
Family as defined by family members of substance abusers

Definition	**Examples**
Family are people who live together, love each other, and fulfils their role and responsibilities (n = 5; 100%)	*I feel that family can be having a father, mother and children together or can also include the larger family such as grandfather, grandmother, uncles and aunts. What's important is that each and every one of them are connected and understand their roles and obligations.*
Family are people you are close to whether physically or emotionally (n = 3; 60%)	*Family have to stick together, have good relationship, and support one another. Even if we stay far away from one another, it's important that we keep in touch.*
Family includes other extended family members (n = 2; 40%)	*Family includes a husband, a wife and their children as well as other people connected to them such as grandparents, parents, and relatives.*

In conducting a research, it is crucial that a close match between researcher's definition of family and the family's own definition is to be ensured. Only when the definition is cleared that a more meaningful study can be achieved.

4.2 Family Wellness Attributes

The interviews continued in discovering the definition that the family members had regarding family wellness. This information was gained primarily from combining answers to the questions (2) to (4): Explain the impact of substance abuse on the wellness of your family?, Describe the strengths that your family have that contribute to family wellness?, and Describe the barriers or challenges to achieving wellness in your family?. The findings is divided into three on the attributes of family wellness as described by the participants as depicted in Table 3.

Table 3
Categories under family wellness attributes as reported by family members of substance abusers

Attributes	**Sub-categories**	**Examples**
Positive connectedness	Emotional support from family members (n = 4; 80%)	*I am very thankful that my sister is always available to talk when I needed her. Just to talk about my son's condition with someone gives me a lot of relief. You know, it's hard when you feel like a failure in bringing up your child… all the guilt and frustration.*
	Material support from family members (n = 4; 80%)	*My parents are the ones that came to our rescue especially when we needed additional funds to send him to rehab. I can't say how much we feel comforted by them helping us out and not pointing finger at us.*
	Having a connection to a Higher being (n = 5; 100%)	*I pray to Allah (God), make supplications each time I pray so that my son is led back to the correct path. I feel that this is my only strength. I rely so much on Allah to listen to my sufferings. And usually I'll cry, reflecting back on what I could have done before… repenting on my inadequacy in being a good mom.*
Environmental security	Having adequate basic needs (n = 3; 60%)	*The family is well when we have a regular income and being able to get the things we need – food to eat, clothes to wear, a place to live, pay the bills. However when our son got involved in drugs, we need to adjust so that we can also cater for his treatment.*

	Financial stability (n = 4; 80%)	*As a single mother I have to ensure we are financially stable. But when he got involved (with drugs), it was hell. We always need to be extra careful when he's around.*
	Sense of safety (n = 5; 100%)	*Sometimes it's hard. We need to feel safe from him. He sometimes threatens when we don't give or lend money for him to get his supply (of drugs).*
	Social well-being (n = 3; 60%)	*The thing is, I try to keep this a secret from others, especially friends and people who are not very close with us. We're afraid of what they'd think of us. But we're lucky. When we tell the news to our family, they were very supportive.*
Physical functionality	Time constraint for self-care (n = 4; 80%)	*I needed to multi-task. There was a lot to handle that I have no more time to take care of myself. It was really challenging.*
	Physical and psychological effect of stressful life (n = 5; 100%)	*I worry a lot about her until I became depressed. My body was weak because I don't feel like eating, I didn't sleep, and at one point I was hospitalized.*

4.2.1 Positive Connectedness

A majority of participants' responses that expressed the family's connectedness allow this attribute to emerge. Support and understanding by other members in the family is most valued, especially in relation to emotional and material support. Data shows that positive connectedness happens when there is availability of someone to talk to and that person listened to the family member about the problem in an atmosphere of acceptance and support. Material support involves financial and basic needs. Participants spoke strongly about the need to be listened to, understood, and respected by not only family members but others as an aspect of their wellness. They described stresses in terms of dealing with their affected family member's need as well as people in their surrounding such as neighbours and friends. Finding also shows positive connectedness as related to having a connection to a Higher being. Participants stated that by having a belief in God or a Higher power allows them

to not give up hope in life in general, and in possible changes in the family member who were involved in substance abuse.

4.2.2 Environmental Security

Another attribute that emerged from data relating to family wellness is environmental security. This category includes having adequate basic needs, financial stability, and a sense of safety as can be referred to in Table 3. Data demonstrates that families face problematic behaviours exhibited by drug users which include physical violence, unpredicted behaviours, stealing and conflict over money or possession that impend their environmental security.

Findings show aspect of environmental security also involves social well-being. The degree to which social acceptance was an issue and the intensity of associated feelings was much greater for families affected by substance abuse. Many of the participants (n = 60%) describe negative experiences that family members had on their friendships, especially relating to the discomfort that their friends experienced regarding their family member's involvement in drugs.

4.2.3 Physical Functionality

Participants shared their concerns that they lack time to do all of the things that were important to them, resulting in feeling overcommitted and not having time to their own personal needs. The stressful life experienced by families takes a toll on not only their emotional well-being but also their physical health. Example of the participants' statements can be seen in Table 3. Overall, the participants saw family wellness as a holistic concept that is multifaceted, encompassing dimensions related to the family's everyday life and situation.

4.3 Family Wellness Practices

Six categories emerged under this theme. These includes: (1) providing love and emotional support towards each other (n = 4; 80%), (2) accepting things as they are (n = 2; 40%), (3) self-sacrificing oneself in some way or another to accommodate the addicted relative (n = 2; 40%), (4) withdraw by avoiding the addicted relative (n = 3; 60%), (5) placing more importance upon the family member's quality of life instead of the addicted relative (n = 4; 80%), and (6) trying to regain control over family and home life that had been lost (n = 4; 80%). Examples are reported in Table 4.

Table 4
Categorization of family wellness practices as reported by family members of substance abusers

Type of practices	**Examples**
Providing love and emotional support towards each other (n = 4; 80%)	*I try to give as much as I can of my time to be with them (my children). I want them to know that I care for them and that they can always talk to me if they are in trouble.*
Accepting things as they are (n = 2; 40%)	*I accept her the way she is. It was a test from God. I have to be patient and by getting her into treatment hopefully it will bring her back to the right path.*

Self-sacrificing oneself in some way or another to accommodate the addicted relative (n = 2; 40%)	*I'm his mother so I will do everything in power to get him well again. I have forgiven him for all his past behaviour. He has my full support in his journey to recovery.*
Withdraw by avoiding the addicted relative (n = 3; 60%)	*It is not easy having to put him in the agency and tell myself not to come visit so that he can focus on his recovery. But I have to. There's a lot of healing needed on my part, too.*
Placing more importance upon the family member's quality of life instead of the addicted relative (n = 4; 80%)	*There are five more kids that I need to take care of. I have to be fair. They need me, too so I have to make sure that I provide equal or more attention to them.*
Trying to regain control over family and home life that had been lost (n = 4; 80%)	*During weekend, when my son is allowed to come back home, we make sure that he follows all the rules that we set.*

5.0 Discussion

This study extends the work that has been done in the addiction field as well as expanding the conceptualization of individual wellness. Previous literature has established that wellness is a complex and multifaceted phenomenon (Miller & Foster, 2010; Myers & Sweeney, 2008; Noriani M. Noor et al., 2012) encompassing dimensions related to the family's everyday life and situation. These studies identified the following nine domains of wellness: Physical, Psychological, Financial, Occupational, Social, Intellectual, Spiritual, Environmental, Cultural, and Climate. In the present study, most of these domains can be found. However, given the circumstances that the families affected by substance abuse faced, the domains were viewed as holistic and interconnected.

Examination of the qualitative responses from the participants in this study showed that positive connectedness, environmental security, and physical functionality are three important components of their family wellness. Living with a family member who is addicted to drugs is highly stressful. Therefore, positive connectedness by others is something that is highly valued by family members living in close association with a family member with an addiction problem. Types of support include emotional, material, and informational support (Orford et al., 2010). Focus was on emotional and material support from other family members in the result of this study. An explanation for this would be related to the cultural value held by the Malaysian society that emphasized on the importance of families (Daneshpour, 1998; Laungani, 2004). Family play a significant role in taking responsibilities to help and support especially during crisis situation such as involvement of a member/relative in addiction. Finding also found that participants also utilized spiritual connectedness with God or a Higher power as source of strength. Besides the link to cultural value in spirituality for collectivistic society, the finding is as such perhaps due to reluctance to open up to people other than close family members because of shame, role-expectations, stigmatization or even threat from their surrounding (Orford et al., 2010). The expectation of the society is for the family to take care of its member so, when any of them got involved in social problem, it was an indication of a failure of the family in shaping the individual (Muhammad Aizat Anwar Apandi, 2011; Orford et al., 2010).

Environmental security discloses issues involving money and possessions, especially when family member felt pressured by the relative to give or lend money and request often accompanied by threats or violence (Orford et al., 2010). In addition, family members may also experience symptoms of physical ill health which is attributed to the stress of living with addiction. Besides physical illnesses, psychological illnesses may also emerge as a result from emotional stresses and strains (Orford et al., 1998a). Common emotions are feeling worried and anxious, helpless and despairing, low and depressed, guilty and devalued, angry and resentful, frightened and feeling alone (Orford et al., 19981). Feelings of self-blame as a result of verbal attacks by the addicted relative or as a consequence of what neighbours or others said or might be thinking may badly affect the self-image and self-confidence of the family members (Orford et al., 2010).

Family wellness practices not only comprised of love and emotional support that family members provide towards each other but also ways that they used to cope with addiction. This finding is in line with typology of coping by family members (Orford et al., 1998b). The study found that there are three positions that someone who is very concerned about another person's behaviour can adopt: tolerant, withdraw, and engage. Tolerant in other words, is putting up with the addicted relative. This comprised a number of actions such as inaction or resignation in the face of the problem, accepting things as they are, and self-sacrificing oneself in some way to accommodate the addicted relative (Orford et al., 1998b; (Orford et al., 2010). The family members put up with the relatives' addiction as a way of coping as it may be a natural response of ordinary people facing very difficult circumstances.

Withdrawing is another way of coping in which involves gaining more independence from the relative and the latter's problems, moving away or putting distance (physical and/or emotional) between the relative and the family member. The emphasis of the withdrawing actions was either on avoiding the addicted relative or placing importance upon the family members' own quality of life. Other than simply putting up or disengaging from the addicted person, another way of coping is engaging or standing up to it (Orford et al., 1998b). Standing up to the relatives' addictive behaviours, by changing the family rules of engagement, for example, allows family member to try regaining some control over family and home life that had been lost.

These three positions were based upon the way in which relatives respond to the stresses arising from the drug problem within the family and the interactions between family members and the addicted person to maintain their wellness. Obviously, the findings in this study show both elements of problem-focused coping as well as emotion-focused (Orford & Dalton, 2005). Depending on the family circumstances, all forms of coping is acceptable (Lazarus, 1993). Coping styles have also been shown to impact on the type and level of support sought (Bancroft, 2002).

Family members who have a relative involved in drug addiction often find themselves adversely affected by the problem. This study provides the opportunity to learn from families affected by substance abuse and factors that have supported them in maintaining their wellness while living in an environment that challenges their ability to maintain a healthy balance. The stages of family needs, moreover, may or may not directly correspond to the addiction stage of the relative (Dini Farhana Baharudin et al., 2013). Family members may be

far more ready for change in the positive direction, as they may be hopeful to bring about constructive change in the family (orfod et al., 2010) especially in terms of them initiating proactive measures for themselves and other family members as well as creating solutions themselves of given time, opportunity and ways to do so (Bohart & Tallman, 1999; Presley, 1987). Besides the family members themselves, everyone in the society plays a role in ensuring help and support is provided to those affected since addiction is a complex and multi-causal problem.

6.0 Conclusion

This study has several limitations. First the study used qualitative approach with small number of participants. They are five mothers who are affected by their children's addiction. Thus, the findings cannot be generalized to mothers whose children are not addicts. The findings also cannot be generalized to other family members other than the mothers. With these limitation, further investigation with future phases of research with the long-term goal of developing a psychometrically sound scale for measuring family wellness based on the findings related to the attributes of family wellness is needed. In addition, a family wellness instrument that can be used in agencies both at the individual family level and at the program evaluation level can be developed. This instrument can be used collaboratively with families in planning for delivery of family-centered services and supports. The instrument also gives researchers the opportunity to use a large sample size that may consist of many family members.

In summary, looking at the distress experienced by family members, there is a need to build on the level of services available that specifically cater for family members affected by drug addiction. It is important for service providers to develop networks with organizations aiming to support families. Professionals, especially those in the helping professions such as counsellors and psychologists, should be well-equipped to deal with the complex needs of the family members of addicted persons. The emergence of specific specialization on addiction available to professionals is a positive move for them to learn how to respond to families affected. At the very least, they should have a broad understanding of the way in which family members may be affected and an awareness of appropriate local services for referral purposes. It is essential that services are better positioned to offer the families involved support and assistance in the future. In addition, policy developments should also recognize the needs of family members.

7.0 References

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