

DOCUMENT RESUME

ED 221 797

CG 016 223

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 TITLE Overcoming Obstacles to Drug Abuse Research with Families.
 PUB DATE Apr 82
 NOTE 15p.; A version of this paper was presented at the Annual Meeting of the Eastern Psychological Association (53rd, Baltimore, MD, April 15-18, 1982).

EDRS PRICE MF01/PC01 Plus Postage.
 DESCRIPTORS *Drug Abuse; *Family (Sociological Unit); *Family Counseling; *Family Involvement; Family Relationship; Parent Participation; *Research Problems; State of the Art Reviews; Youth Problems
 IDENTIFIERS *White House Conference on Families

ABSTRACT Although there has been a significant amount of research on the families of drug abusers, this field has encountered a number of obstacles to its continued growth. Some of these problems include an emphasis of research on opiate use, methodological hindrances, and lack of a constituency. A review of two concurrent national processes, the White House Conference on the Family and the National Federation of Parents for Drug Free Youth, demonstrates the growing concern of families with the drug abuse problem. Increasing governmental interest in viewing drug abuse from a family perspective and a growing literature base indicate that philosophies, values, methodologies, and even bureaucracies may now be contributing to the emerging acceptance of the family and drug field as a legitimate and essential area of research. (Author/JAC)

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OVERCOMING OBSTACLES TO DRUG
ABUSE RESEARCH WITH FAMILIES¹

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¹ A version of this paper was presented at the Annual Meeting of the Eastern Psychological Association in Baltimore, Maryland, 1982; Mollie Sayers provided valuable comments on an earlier version of this manuscript.

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Overcoming Obstacles to Drug Abuse Research with Families

Research concerning the family and drug use has encountered a number of obstacles in the past. As the nature of these obstacles becomes less opaque, not only are creative means of overcoming them being developed but a more focused direction for the field may also be emerging. The comments below address these issues, building upon Stanton's (1979a) review of the literature and on Clayton's (1979) critical assessment and reevaluation of the Federal role in supporting the research on which much of this literature is based.

BACKGROUND

In 1974 Urie Bronfenbrenner published a prophetic article analyzing the growing estrangement between young people and adults in this country. He suggested that the roots of this estrangement lay in the evolutionary changes that were, and are, taking place in the American family. He cited numerous societywide trends fueling these changes. Among the trends he identified were the fragmentation of the extended family, dual-worker families, separate patterns of social life for different age groups, the delegation of child care to specialists, and the breakdown of neighborhoods.

As recently as 1980, two, among many, concurrent national processes mirrored and extended Bronfenbrenner's concerns. One of these was the White House Conference on the Family and the other, targeted specifically to drug use, was the formation of the National Federation of Parents for Drug Free Youth.

White House Conference on the Family (WHCF)

During the winter of 1979-1980, planners for the WHCF sponsored forums throughout the country in order to give citizens the opportunity to express their concerns about the status of the family in the United States today. The over 100,000 contributors to these forums were not specifically selected or elected but were individuals who chose of their own accord to attend and address issues of importance to them. The more prominent concerns and issues raised included the perceived insensitivity of the Federal Government to family life as reflected in the tax structure, health care, economic approaches and other Government policies, the availability and cost of day care, the relationship between work and family settings, parenting issues, and the impact of community institutions on the family. These and other issues formed the basis for discussions at the WHCF held in the summer of 1980. Strikingly, the issue on which there was the greatest consensus at these meetings concerned the need for a national effort to involve the family in the prevention and treatment of youthful drug use (WHCF, 1980).

National Federation of Parents for Drug Free Youth (NFP)

The NFP, which provides a vehicle for more than 1,000 parent groups to share experiences and information, was formed in early 1980 as an attempt to give coherence to the grassroots parent groups that have been forming in response to increases in adolescent drug use. The interests of the NFP, although limited to the context of youthful drug use, include the impact of Government policies on the family, parenting issues, the effect of parental work patterns on children's behavior, the impact of community- and

neighborhood-level social and economic policies on youth, and the role of education in strengthening families. This group, while petitioning the Federal Government for support and action, has pledged its cooperation and assistance in those actions the Government may take which attempt to curb youthful drug use through the family (Boin 1980).

As can be seen in the issues raised by both the WHCF and NFP, the themes developed by Bronfenbrenner in 1974 now appear to be of considerable concern to a growing number of people. The very breadth of the population expressing these concerns may have profound implications for future research in the family area. Until now, research in this area has been conducted by an informal coalition of funding agencies, institutions, foundations, and researchers in the field. The funding groups, with the aid of the scientific community, identified priorities and areas of interest, and the researchers have responded with well-conceived and well-conducted research. Now, however, a third element has been added to this coalition--the ultimate consumers of this research, the families themselves.

It is reasonable to speculate that neither the WHCF nor the NFP would have reached the conclusions they have reached if they felt past research had been responsive to the issues they are now raising. The legitimate concerns of these and similar groups, if not the enormous potential political power they represent, strongly suggest that funders and researchers should consider them and their ideas in the research planning process. Not to do so, to continue solely in the "science knows best" mode, may very well cause family researchers to run the **duel** risk of alienating their most vital constituency and proceeding on a research course that is perceived to be responsive primarily to their own needs and not those of their ultimate

consumers. Nevertheless, until rather recently a number of obstacles have made research in this area difficult to carry out.

PREVIOUS OBSTACLES TO RESEARCH ON DRUGS AND THE FAMILY

There is now little argument that drug use not only takes place in the context of the family but that the family is heavily implicated in the initiation, maintenance, cessation, and prevention of drug use (e.g., see Seldin 1972; Harbin and Maziar 1975; Stanton 1979a). While this realization has certainly been accompanied by research in this area, as attested to by recent compilations of this (Stanton, 1978; Glynn, 1981), the amount and breadth of this research has only recently begun to be commensurate with the importance and implications the role of the family appears to have in drug-using behavior. A number of obstacles that may have retarded growth in this research area are considered below.

Emphasis of Research on Opiate Use

Clayton (1979) points out that until quite recently drug abuse, at least at the Federal level, has tended to be defined as opiate, and especially heroin, abuse. Researchers appear to have largely accepted this limited definition and responded with research focusing on heroin addiction and its most visible concomitants such as criminality, health effects, treatment costs, and the subcultural lifestyle in which the addict finds himself or herself. Since most research either studied addicts in treatment (where families were seldom included) or on the street (where families were absent), it was seldom possible for the researcher to view the familial context in which heroin use may have begun or was being maintained. Making

the problem more complex, as Clayton observes, was the prevalence of the notion that the addicts' life activities are solely devoted to drugs and the drug culture, leaving no opportunity for him or her to develop and maintain primary cultural relationships such as those involved in family life or parenthood.

Preference for Individual Approaches

A second obstacle to family-oriented research concerning drug use is, again, underscored by Clayton (1979). Drug abuse, he notes, has generally been considered to be a medical problem. This, in turn, has led to drug use being studied in the context of the medical model and its emphasis on the individual. Compounding this is the substantial role that psychology and its traditional emphasis on the individual has played in drug abuse research.

These two approaches to the study of drug use, the medical and the psychological, do not have traditions of investigating either the etiology or the current status of the abuser in a family context. Medical research, such as that carried out at the Federal facilities in Fort Worth and Lexington, has studied addicts who are physically removed from their families. Psychological research has also focused on abusers in treatment situations (which, until quite recently, included no families), thereby eliminating the context of the development of drug-using behavior from anything but retrospective study.

Closely related to this argument is Blum's (1980) description of ". . . the current culture of government science research: medical, prestigious, reductionist, hard, molecular" (p. 110). Blum quite correctly points out

that research concerning the family and drugs would not be described by any of these terms. While the Federal Government does not dictate research priorities, its role as a principal funding source for scientific research in this country certainly gives it a predominant role in the setting of such priorities. The perceived, if not actual, preeminence of Blum's descriptors of Government research priorities has not substantially encouraged investigators to undertake studies in this area.

Clash of Values and Practicality

Until recently, there may have been some feeling that to seriously implicate the family in the drug use of one or more of its members was to attack the institution itself. Our society is able to acknowledge the origin of some problems within the family (e.g., poor health habits or learning difficulties) but drug abuse may have been viewed as behavior that is too objectionable to be attributed to the family in any way. Rather than risk the opprobrium that would accompany such an implication, researchers may, consciously or unconsciously, have chosen to mirror or bolster societal values by protecting the family from such research questions.

Methodological Hindrances

Any study that aims to focus on the family in any significant way must employ a sophisticated, multivariate methodology. Such sophistication is not a conceit of the field but is, rather, a necessity if the interactive effect of family members' behavior and the multiple, concurrent roles each family member plays as other complex research issues are to be adequately addressed. Until recently (e.g., Bentler et al. 1976; Bentler 1980),

researchers in the drug field did not bring such methodology to their studies since, as discussed above, most studies focused on the individual and thus required a different set of approaches. Also, in many cases it is only during the past several years that instruments and analysis methods applicable to family and drug research have been available and widely accepted.

Lack of a Constituency

Many areas of research appear to have either a natural or a developed constituency. Most aspects of educational research, for example, enjoy the support of both consumers (e.g., parents) and researchers; research in heart disease is widely supported by both the public and researchers in the numerous fields whose expertise is applicable to this problem. Research with families and drugs, however, has been tendered comparatively little support by either researchers or the public until recently.

Consumer support for such research has been lacking for several reasons. First, it is only in the last decade that there has been any significant consciousness-raising concerning the hypothesized role of the family in drug-using behavior. Second, even where such consciousness-raising may have taken place, the ideas that the family might be implicated in this behavior was repugnant and unpopular enough to essentially discourage significant research. Finally, and related to the second reason, it is only in the past several years that the public has become concerned about the widespread use of legal and illegal substances by youths. When the definition of drug abuse was considered to cover only opiate users, most families could look the other way. However, when marijuana, amphetamines, barbiturates,

alcohol, and other substances are being used by adolescents and even preadolescents, most families, even if they do not take primary responsibility for their children's behavior, realize that they may be intimately involved in this behavior.

Need for an Evolutionary Period

Jay Haley (1971)² has wryly observed that it was not until the late 1940s that therapists working with children who were diagnosed as schizophrenic discovered that these children had mothers, and not until the 1950s that their fathers were discovered. These "discoveries," he noted, contributed heavily to the widespread adoption of family therapy in the past quarter century. It is thus reasonable to suggest that, through the utilization of family therapy (e.g. Stanton 1979b), the basis for research concerning families and drugs has developed.

There is no landmark event or study that initiated the idea of including the families of drug abusers in treatment or research (Sowder et al, 1979). Prior to 1970, there was little encouragement for this notion; however, some practitioners had begun to consider applying the findings of other mental health fields that used family therapy to the field of drug abuse.

Hirsch, for example, advocated group therapy with the parents of adolescent addicts as early as 1961. He cited several studies that described the often disturbed nature of the relationship between an addict and his or her parents. Additionally, his own experience suggested that the behavior of an addict's parents had a significant effect on the child's "choice of symptom", namely, the abuse of drugs.

Hirsch reported that the parents and the adolescent were seen separately in therapy; although this is not the pattern of family therapy practiced most often now, it represented a significant step. Hirsch did not proclaim a new day in the treatment of drug abuse on the basis of this work, but he did note that applying family therapy to drug abuse problems appeared to be clinically sound and deserving of further clinical investigation.

Stronger support for this notion was offered by Ganger and Shugart (1966), based on their family therapy sessions with over 100 male addicts. They concluded that treatment of addiction could not be conducted successfully outside the context of the family unit. They referred to addiction as "a familiogenic disease", suggested that treatment of the addict within his family should constitute the treatment of choice, and recommended extensive clinical investigations on the effectiveness of this technique with drug-abusing populations..

By the beginning of the 1970s, enthusiasm about family therapy began to grow in the field of drug abuse. Although this increasing interest seldom included an adequate research component, it did provide support for practitioners who believed that new techniques were needed to deal with drug abuse, particularly in light of the burgeoning public focus on the problem. Data from a recent national survey indicate that family therapy is provided in numerous drug abuse treatment programs across the Nation (Coleman and Davis, 1978) and the significant amount of literature identified by the reviews and collections cited earlier (Seldin, 1972; Harbin and Maziar, 1975; Stanton, 1978, 1979a; Glynn, 1981) suggest that interest in this field has appreciably increased.

These patterns suggest, then, that just as there was a necessary developmental period for family research in the schizophrenia field, there has been a similar period of evolutionary development in the drug field. If the schizophrenia research pattern continues to unfold in a similar manner in the drug field, it would be reasonable to expect that family-oriented drug research will not only be treatment focused but will also continue to branch out into other areas of study, such as research including families that appear to be "invulnerable" to drug abuse or research involving basic etiological investigations.

CONCLUSIONS

As seen above, it is quite possible to observe a conflicting course for past research in the area of the family and drugs. On the one hand, consumer interest in the direction and results of this research has grown in recent years. On the other hand, a number of obstacles have, until recently, impeded the free growth of research in this area. These obstacles, whether philosophical, bureaucratic, value-laden, or methodological in nature, may, nevertheless, be a necessary element in any area of research. Kuhn (1970), discussing the nature of scientific advances, speculates that no field can produce contemporarily influential theory and research until it is in tune with the Zeitgeist. While science certainly plays a role in influencing any culture, it rarely controls it. Consequently, most theory and research must develop and nurture its acceptance over a period of time. When such theory and research have reached a state of relative consonance with the Zeitgeist, obstacles that have previously seemed insurmountable will tend to dissipate. There are indications that theory and research concerning drugs

and the family have begun to achieve that consonance. The interests of the White House Conference and the National Federation of Parents, the increasing governmental interest in viewing drug abuse from a family perspective, and the significant and growing literature base noted in this paper point to a powerful push from within the research field and a concomitant pull from the consumers of that research. These indicators suggest that philosophies, values, methodologies, and even bureaucracies, which may have previously been obstacles, may now be contributing to the emerging acceptance of the family and drug field as both a legitimate and essential area of research.

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