

Skupinová psychoterapie rodinných příslušníků pacientů se závislostí na návykových látkách: kvalitativní přístup k sociální identitě



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VÝCHODISKA: Komunikace v rodině určuje stabilitu stavu pacientů s drogovou závislostí a souvisí s kvalitou života všech členů rodiny. I během jinak úspěšné léčby závislosti může rodinné prostředí přispět k relapsu. **CÍL:** Cílem studie bylo popsat vnímání komunikace v rodině z pohledu kodependentních osob před a po skupinové terapii. **METODY:** Dvanáct rodinných příslušníků pacientů s alkoholovou a drogovou závislostí popsalo své zkušenosti s komunikací v rámci svých rodin před a po psychoterapii. Rozhovory byly interpretovány pomocí fenomenologicko-hermeneutické metody. **VÝSLEDKY:** Hlavním tématem byla potřeba kontrolovat chování závislých rodinných příslušníků. Dalšími tématy byly závislost emočního stavu účastníků na stavu závislého člena rodiny, pocity viny, neustálé obavy o jeho budoucnost, kritika stávající politiky v oblasti regulace konzumování alkoholu a drog a rozvoj komunikačních doved-

ností ve vztahu k drogově závislým rodinným příslušníkům. Po absolvování psychoterapie došlo k posunu hlavního tématu směrem k svobodě vlastního určení života a chování účastníků. Dalšími tématy byly pocit svobody ve vztahu ke komunikaci v rodině, nezávislost vlastní nálady na stavu jejich blízkých, schopnost zachovat klid ve stresových situacích, potřeba vlastního soukromého života; téma zdokonalování komunikace s drogově závislými rodinnými příslušníky zůstalo zachováno, ale jeho těžiště se přesunulo z „hyperodpovědnosti“ k přiměřené odpovědnosti za jejich podíl na komunikaci v rodině. **ZÁVĚRY:** Rodinní příslušníci pacientů se závislostí na alkoholu a jiných drogách měli zpočátku sklon kontrolovat chování závislé osoby. Po absolvování psychoterapie tento zájem přešel v uvědomování si svobody určovat vlastní život a chování.

KLÍČOVÁ SLOVA: ZÁVISLOST NA NÁVYKOVÝCH LÁTKÁCH – SKUPINOVÁ PSYCHOTERAPIE – RODINNÍ PŘÍSLUŠNÍCI ZÁVISLÝCH OSOB

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Group Psychotherapy of Relatives of Patients with Drug Dependence: A Qualitative Approach to Social Identity



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BACKGROUND: Communication in families determines the stability of the state of patients with drug dependence and is connected with the quality of life of all family members. The family environment can contribute to patients' relapse into drug dependence, even during successful therapy. **OBJECTIVE:** The objective of the study was to describe the perception of family communication by co-dependent persons before and after group therapy. **METHOD:** Twelve relatives of patients with alcohol and drug dependence described their experience of communication in their families before and after psychotherapy. The interviews were interpreted according to a phenomenological-hermeneutic method. **RESULTS:** The main theme was the necessity to control the behaviour of dependent relatives. The additional themes were: the dependence of the participants' emotional state on the state of the dependent relative, feelings of guilt, constant anxiety about the future, criticism of the present policy pertaining to the regulation of alcohol and drug consumption, and the development of communication skills with drug-dependent relatives. After the psychotherapy, the main theme shifted to freedom to determine their own life and behaviour. Additional themes were: the feeling of freedom in family communication, the independence of their mood from their relatives' state, the ability to be calm in stressful situations, and their need for a private life; an additional theme (the need to develop the skills of communication with drug-dependent relatives) was preserved, but the focus was shifted from hyper-responsibility to reasonable responsibility for their part of the communication in their families. **CONCLUSION:** The relatives of patients with alcohol and drug dependence were initially inclined to control the dependent person's behaviour. After psychotherapy, this concern was shifted to an understanding of the need for freedom for them to determine their own life and behaviour.

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KEY WORDS: DRUG DEPENDENCE – GROUP PSYCHOTHERAPY – RELATIVES OF DEPENDENT PERSONS

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● 1 INTRODUCTION

The misuse of alcohol is an issue of major national and international public health concern (CASA, 2005) and can bring significant harm and burdens to family members (Orford, Natera, et al., 2005; Rossow & Hauge, 2004), resulting in the increased use of health and social care services and resources (Mortimer & Segal, 2005, 2006; Ray, Mertens, & Weisner, 2007; Svenson, Forster, Woodhead, & Platt, 1995).

The drug use problem has a huge impact on the family members and carers and comes in a variety of forms (Orford, Natera, et al., 2005). These forms are the financial impact, the drug user's physical and mental state, their behaviour, the family's poor social life, and a decrease in the quality of communication within the family. The worries of the family members about these factors are an additional source of problems in themselves, resulting in anxiety, depression, helplessness, anger, blaming, and guilt (Orford, Natera, et al., 2005). The impacts on family members cause significant health and social problems, the main ones including: physical and psychological health difficulties, unemployment and financial difficulties, relationship problems, divorce, and parenting difficulties (Barnard, 2007; Velleman et al., 1993).

The members of most families with a drug-dependent member suffer from so-called "co-dependence", which is not only a risk factor for relapse into drug dependence, but is also a basis for different disorders, including the development of psychosomatic diseases and depression (Moskalenko, 2002; Moskalenko & Shevtsov, 2001). The provision of psychological support to such families is necessary and beneficial (Martire, Lustig, Schulz, Miller, & Helgeson, 2004), as it affects the misuse of alcohol by family members (Copello, Velleman, & Templeton, 2005; Orford, Natera, et al., 2005; Orford, Templeton, Velleman, & Copello, 2005) (Raistrick, Heather, & Godfrey, 2006).

Copello et al. (2005) described three main categories of psychological interventions: involving the family member in engaging the dependent person into treatment; working together with the dependent person and their spouse, and working with family members in their own right (Copello et al., 2005).

Thus, the family environment can contribute to patients' relapse into drug dependence even after successful therapy. According to the data provided by Shafe (1986), at the conditional social-psychological level of functioning, repeated pathological stereotypes of co-dependent functioning in the immediate micro-social environment were determined in 76% of the persons who were examined. Therefore, the necessity to provide psychotherapy to both patients with drug dependence and their family members is a strategic problem connected with the stability of the results of the

therapy and the increased quality of life of the patients and their environment (Shafe, 1986).

The broader response framework is biased if the intervention is focused on the dependent individual. It is necessary to work with the family towards breaking the barriers that remain at the patient, counsellor, supervisor, and organisational levels. Involving the family in treatment by responding to their own needs can bring huge benefits to family members, not only to the dependent relatives, and bring potential cost savings to services (Templeton, Velleman, & Russell, 2010).

Gender differences in codependency are important and some researchers consider that women are more codependent than men, and positive and negative female-stereotyped traits are associated with codependency (Cowen & Warren, 1994; Stoyanova, 2007; Zalevski, 2004).

Despite much evidence of the impact of the misuse of alcohol on the family and increasing awareness of the psychological benefits of involving family members in treatment and the economic benefits of family-focused interventions (Meads, Ting, Dretzke, & Bayliss, 2007; Mortimer & Segal, 2006; Team, 2005), there is not much empirical data dedicated to studies of the results of group psychotherapy with relatives of patients suffering from drug dependence in the Russian literature.

● 2 STUDY OBJECTIVE

The objective of the study was to describe codependent persons' experience of family communication before and after group psychotherapy.

● 3 METHODS

● 3 / 1 Design

The study employed a qualitative approach through the use of a phenomenological-hermeneutic method (Creswell, 2007; Denzin & Lincoln, 2000; Ricoeur, 1976, 1982).

● 3 / 2 Subjects

The respondents were relatives of patients with a dependence on alcohol and narcotics who asked for advice at an outpatient psychotherapeutic unit in order to restore healthy communication with the patients. The study was a part of the "Open Dialogue in the Barents Region" project, created for work with patients with mental problems. The respondents' participation in the project was anonymous. They received a guarantee of their privacy during the publication of the study results. At first, 17 persons agreed to participate, but five of them did not take part in the study because of different considerations connected with the personal inconvenience (the time and duration of the study). The study was carried out from October 2006 till March 2007. The respondents were women aged 28-42. All the par-

ticipants agreed to participate in group work orally and in writing. The psychotherapy was organised in two groups consisting of five and seven persons, with 10 sessions in each group. The psychotherapy included the collection of data according to the principle of "hermeneutic circles" (Ricoeur, 1976, 1982) in the realisation of the sense of the participants' reports and a subsequent proposal of cognitive principles of work with co-dependence (Moskalenko, 2002) during three group meetings.

● 3 / 3 Interviews

Interviews were conducted twice: before and after the group therapy (after 10 sessions). The authors conducted all the narrative interviews. The interviews continued for 2.5 hours. Audio recordings were kept and the reports were recorded word for word. The respondents were asked to talk about communication with drug-dependent patients in their families and to note what was most important in the communication. The second part of the interviews focused on the experiences that the informants had after the therapy.

The interviewers conducted semi-structured interviews dealing with matters such as communication, the main problems, and responsibility, and discussed the image of the future in family communication: the interview scheme was used by the authors as a supporting plan, but the respondents were asked questions according to their personal experience in a non-structured way. The interviewers used specifying questions. Regularly, the respondents were asked to make their statements more detailed if they were not understandable. In order to develop their statements, the respondents were asked to answer questions that brought them back to the theme. The goal of their narratives was to clear up, to interpret, and thoroughly realise the sense of the narratives.

● 3 / 4 Data analysis

The hermeneutic approach is based on the researchers' assumptions and preconceptions/pre-understandings (Heidegger, 1962; Malterud, 1996). The unconscious part of the researchers' assumptions resulted from the culture in which they lived and their language environment and history, which influenced their interpretation of the sense of the text (Malterud, 1996). This can be an obstacle when one wishes to base the analysis on an accurate interpretation of the data (Ricoeur, 1976).

All the interviews were transcribed verbatim. All the audio files were kept in a special safe. Only the first author had access to the data. All the texts were anonymous, without names and other personal details.

For a description of the personal perception of communication in the respondents' families, narrative interviews were used, which were interpreted with the use of the phenomenological - hermeneutic approach (Ricoeur, 1976).

The interpretation of the text was often a dialectic process proceeding from an initial understanding of its sense to an explanation and then to critical understanding. It included three stages: primary analysis, structural analysis, and critical understanding, and was done in a certain order: the first and the third authors read and re-read the interviews. Then the first author processed the meanings of separate parts of the text semantically and described all the possible senses. In the context of those meanings, the texts were analysed again. For checking purposes, the text interpretation was shown to each respondent. Their opinion was fixed and used in the analysis.

The second author analysed the materials received from the first author and asked questions connected with the analysis. The interview text was studied in order to explain the sense and divided into logical parts according to the themes specified during the analysis process. During the first stage, the text was analysed again as a whole, taking into account the logical meanings, questions, and preunderstandings/preconceptions of the researchers. Then the sense analysis was finally formulated. According to Ricoeur (1976), the text contained many meanings, but not an unlimited number; those meanings could be analysed in different ways (Ricoeur, 1976). Thus, the interpretations produced in the study were only some of the possible interpretations. The authors' preunderstandings were connected with their activity. Thus, the first author was a doctor-psychotherapist with experience of individual and group work, primarily with patients without dependences. The second author was a doctor-psychiatrist with considerable experience of the organisation of the psychiatric care of patients.

● 4 RESULTS

● 4 / 1 Primary analysis of the interviews before the psychotherapy

The respondents' experience of communication with drug-dependent relatives was associated with the financial security of the family, safety, and the future. However, the group participants imagined their experience was wider. They indicated that communication in a family with a member with a dependence on alcohol or narcotics differed fundamentally from other families in its unpredictability. However, the unpredictability only concerned the conduct of the relatives suffering from dependence, and therefore, on the whole, the communication was more predictable than one might expect. The respondents emphasised the importance of exercising control over a dependent person's conduct for the sake of his own safety and the safety of the family. They gave different examples associated with misunderstandings between a dependent person and other family members about financial losses in their families and

a real danger to the health of their dependent relatives. Some respondents focused their description on the relative's state, giving a detailed account of the problems that arise and his health, while other respondents focused on their own significance in his future and the necessity of their presence in his destiny. One of the main themes was mutual distrust in the family.

● 4 / 2 Structural analysis

The structural analysis of the interviews before the psychotherapy detected several descriptive themes. One main theme and five additional themes were traced (Table 1).

4 / 2 / 1 Dependence of one's own emotional state on the state of the relative with dependence

The respondents described their state as a state totally dependent on the son's or the husband's state: "...I cannot be happy if he is nearby and is drunk, shouts at me constantly, tries to humiliate me..."

Even in situations where the relative of one of the study participants was not under the influence of a substance, still, tension in relations and emotional strain remained. One of the participants said: "He provokes me all the time, blames me for his problems, he thinks that I am putting pressure on him. But I try to help him!"

4 / 2 / 2 Feeling of guilt

The feeling of guilt manifested itself in situations where the participants considered themselves responsible for their relatives' conduct: "...I am guilty because my son uses nar-

cotics... Probably, I am a bad mother... But maybe something can still be changed. Maybe then it will be easier for me..."; "...When we began our life together, my husband drank much less; perhaps I did something wrong, as he began to abuse strong drink?..."

At the same time, they also regarded the dependent family members as being guilty: "...if he did not drink alcohol, everything would be different. He has his own business that is falling to pieces because of his drunkenness...". "...Because of his heavy drinking, I cannot be safe ..."; "...All the money is used to pay for narcotics; I cannot buy anything, as he can steal all the things and sell them..."

4 / 2 / 3 Permanent anxiety about his and the respondent's future

Anxiety about their own future and the future of their dependent relatives and the whole families manifested itself in a wish to get guarantees of their relatives' recovery and a ceaseless search for new modes of treatment. The respondents' statements were as follows: "...We have already tried five different treatment modes. He was registered at several treatment centres, but he begins drinking alcohol again. There is indeed effective treatment for this infection!..."; "...I have already used up all the methods. Can anything be done so that he does not use narcotics, science is developing quickly now?..."

From the other side, the respondents tried to understand, "...what should be done so that he does not drink alcohol. Perhaps I just do wrong? I want to learn the correct behaviour..."

Table 1 / Tabuľka 1

Results of the structural analysis of the interviews. Main theme: the necessity of controlling the conduct of the dependent relatives
Výsledky strukturálnej analýzy provedených rozhovorov. Hlavné téma: potreba kontroly chovania rodinných príslušníkov se závislostí

	Additional themes	Subthemes
1.	Dependence of one's emotional state on the state of the dependent relative	- the impossibility of being happy in situations when the relative is drunk or "under the influence"; - the impossibility of being calm when the relative is acting in a provocative manner
2.	Feeling of guilt	- the theme of one's own guilt for the conduct of the son or the husband; - the theme of the relative's guilt for "the family's life being made a burden".
3.	Permanent anxiety about the relative's and one's own future	- the hope of getting guarantees of the relative's recovery; - attempts to achieve predictable conduct on his part; - a loss of the sense of a meaning to life in the event of recovery being impossible.
4.	Criticism of the current situation with respect to regulation of the use of alcohol and narcotics in the country	- shifting of responsibility from the relative and oneself to the current situation regarding the alcohol sales policy in the country.
5.	Development of skills of communication with the drug-dependent relative	- the necessity to get "correct advice" concerning behaviour in communication with the relative; - the desire to learn "correct" behaviour in the family; - attempts to build one's own behaviour in such a way as to prevent frustration with respect to the use of alcohol or narcotics; - the necessity to gain authority over the relative.

The theoretical impossibility of a son's or husband's recovering was a powerful psychological trauma, as it placed the future plans in question: "...Everything was so good until he began to drink alcohol! I don't know what to do if it isn't possible to manage it..."; "...if nothing can be done, he will be lost. He can't solve anything himself. If I have raised an alcoholic, what did I live for? He was the sense of my life..."

4 / 2 / 4 Criticism of the current situation with respect to the sale of alcohol and narcotics in the country

The respondents were inclined to shift responsibility for their life and their relatives' life to the current situation in the sphere of alcohol sales: "...the supply is permanent, all night one can buy alcohol in shops, and he finds cheap spirit." One participant said that "...while alcohol is so accessible, nothing can be done, everyone will continue to drink it...; free sales need to be prohibited!..."

4 / 2 / 5 Development of skills of communication with drug-dependent relatives

The respondents focused on the development of behavioural skills with the help of which they could control the behaviour of their husbands or sons or to get to know when they were lying or telling the truth. They emphasised the serious necessity of creating special conditions in their families which could prevent the possibility of their relative(s) becoming frustrated. One of the women said once: "...I don't know how to behave correctly in my family, but the specialists have that knowledge!..."

The study participants referred to conflicts in their families when they felt their own helplessness in their endeavours to stop or limit the use of alcohol or narcotics. One participant reported: "...I think that there are such ways of behaviour that we can learn.... Sometimes I just feel unable to change anything. I can't be calm while he uses alcohol..."

Many of the persons who were interviewed tried to plan their behaviour so that they could prevent or securely reduce the probability of their relative(s) becoming frustrated. "...I must do something.... And I can do something. I just can't behave in the correct way.... Probably, I myself provoke him unintentionally!..."

The theme of the influence of the company the dependent relative keeps as a counter to the family was also urgent for the relatives of the dependent persons. They thought if they acquired authority in the eyes of their sons or husbands, they could influence them "like earlier". "...He always took advice from me. Now, he hides everything, and I don't know what is on his mind. Can I somehow regain my authority in his eyes...? He [the son] was so good earlier...".

4 / 2 / 6 Psychotherapy of the relatives of the persons suffering from chemical dependence

In the process of the psychotherapy, the main emphasis was shifted to the significance of the participants' own independence in family relations and the independence of their own well-being from their drug-dependent relatives' state. With that end in view, an analysis and a change in the cognitive patterns of the participants in the psychotherapy were carried out (Beck, 2006).

The psychotherapy of the feeling of guilt was performed in order for the participants to gain an understanding and to achieve a change in their beliefs connected with their own role in their sons' or husbands' destiny. The technique of the reframing of the sense and context connected with the feeling of one's own guilt was used. The main idea of the reframing was the replacement of guilt at having made insufficient endeavours to influence the relative's destiny by guilt at having made excessive endeavours and thus preventing his individuality from declaring itself. The next step was a shift of the focus from the feeling of guilt to building plans for their life and a state that was independent of the son's or the husband's state. Permanent anxiety about their own future and the future of their relatives was explained in cognitive terms with a subsequent change and the respondents' learning to control their thoughts.

The key point of the psychotherapy was defined as shifting responsibility from other people or society back onto oneself. This allowed a basis to be created for training the participants in the development of their own calm and wellbeing by the cognitive route of taking responsibility for their own state.

● 4 / 3 Primary analysis carried out after the psychotherapy

As usual, the communication experience was connected with financial issues in the family, safety, and the future. However, the previous themes became less urgent, and the urgency of the unpredictability of the future became stronger, but it stopped causing intense anxiety. The unpredictability of the behaviour of the relative suffering from dependence became less urgent, and the importance of one's own life and emotional state increased. Control over the dependent person's conduct became less significant. However, from the point of view of the respondents, this did not do any harm to the safety of the family. The theme of mutual distrust in the family had been changed to the necessity to have confidence in oneself and one's needs in contrast to self-sacrifice.

Table 2 / Tabulka 2

Results of the structural analysis of the interviews after the psychotherapy. Main topic: realisation of the respondents' freedom to determine their own life and behavior

Výsledky strukturální analýzy provedených rozhovorů po psychoterapii. Hlavní téma: realizace svobody respondentů určovat vlastní život a chování

	Additional themes	Subthemes
1.	Feeling of freedom in family communication	- the independence of one's own moods of the relative's state; - the ability to remain calm when the relative is acting in a provocative manner
2.	Realisation of one's emotions that is brighter than earlier	- realisation of a wider spectrum of emotions than only the feeling of guilt because of the son's or the husband's conduct.
3.	Needs connected with one's own private life	- attempts to fill in one's own life with interesting activities; - the independence of one's own wishes of the unpredictability of the relative's behaviour; - a search for one's own independent purpose in life.
4.	Development of skills of communication with the relative suffering from chemical dependence	- the necessity to get "correct advice" concerning behaviour in communication with the relative; - attempts to learn "correct" behaviour in the family.

● 4 / 4 Structural analysis after the psychotherapy

The structural analysis after the psychotherapy detected several descriptive themes. One main theme and five additional themes were traced (Table 2).

4 / 4 / 1 Independence of one's own mood of the relative's state

After the psychotherapy, the respondents described their state as a state independent of their son's or husband's state, and that fact caused many pleasant emotions: "...I am calm, their conduct doesn't drive me crazy so much!"; "...My soul is calm..." Their relatives' conduct had changed and the respondents considered that change a temporary one: "...it seems to me that he is puzzled and confused, he doesn't know what to do... it is even strange how much easier it is to solve problems when you are calm..."; "...he began to conduct himself fairly and pays attention to me... I think such conduct is temporary, I don't think he understood everything!"

4 / 4 / 2 Ability to be calm when the relative is acting in a provocative manner

Some participants in the group psychotherapy indicated that provocations on the part of their relatives became more intensive, but they themselves were still calm: "...he blames me more often, he insists that it's all the same for me..."; "...he has declared that he was indifferent to me, he blames me more often than earlier, but it is so strange! I was able to see how foolishly I behaved earlier when I tried to persuade him!"

4 / 4 / 3 Realisation of a wider spectrum of emotions than only the feeling of guilt because of the son's or the husband's conduct

The respondents described a wider spectrum of their emotions than earlier: "...I began to understand when irritation accumulated; at present, I just stop my thoughts when I begin to be nervous..."; "... he blames me, I feel sorry for him, I understand that he is confused, I feel for him..."; "...it is funny that he tries to drive me crazy, like earlier..."

4 / 4 / 4 Attempts to fill one's own life with interesting activities

According to the results of the description of everyday matters by the participants in the psychotherapy sessions, we can conclude that they have realised their own everyday needs that are not connected with the dependent conduct of their relatives: "... I began to communicate with my friends more often..."; "... at work, I am much more attentive, it is more interesting to work, I manage better, I began to go to parties with my colleagues..."; "... I think about myself, I go in for fitness!"

4 / 4 / 5 Independence of one's own wishes of the unpredictability of the relative's conduct

The respondents mentioned after the psychotherapy that they became more independent: "... he came in drunk, ...earlier, I would stay at home to watch him, and we would have a row, and that time I went to see my sister as I was going to do...", "... it is so great that I plan my affairs without thinking if he were sober..."

4 / 4 / 6 Search for one's own independent purpose in life

The participants in the psychotherapy described how the freedom they found inevitably brought them to the necessity of self-determination, to searching for their own purpose in life: "... I got used to the fact that the main thing was to overcome the problem, to attain his recovery, and now... it is somehow very strange, empty or something..."; "... What should I do now, if it is his business to undergo treatment?"; "... I understood that I lived with him only as a nurse, now I should look for my own life..."

4 / 4 / 7 Necessity of getting "correct advice" concerning behaviour in communication with the relative

The necessity of searching for "correct" behaviour remained, but the focus was shifted from attempts to exert strict control over the dependent relative to a search for ways of understanding simple rules in order to preserve safety: "... I understand that his conduct does not depend on me. I just need to learn not to provoke frustration when I am able to do so..."; "... I must learn to understand it when he lies in order to keep back money from me, he can steal..."

4 / 4 / 8 Desire to learn "correct" behaviour in the family

The respondents mentioned their responsibility for the atmosphere in the family, but the focus was shifted to their own responsibility; the wish to be responsible for everything that occurred in their relations had disappeared: "... I understand that part of the family atmosphere depends on me, and I want to learn to determine it..."; "... I need to learn to help my family. I forgot about it altogether... I only thought about my husband..."

● 5 DISCUSSION

The main theme in the picture of communication of dependent persons and their relatives was the necessity to control the conduct of the husband or the son. This finding is similar to other studies that stated that the wife in a family with a dependent member was more interested in controlling the short-term consequences of the husband's drinking (Orford, Natera, et al., 2005), or hating their husband and, at the same time, worrying that he may be in serious danger or trouble and/or hurt (Wiseman, 1991).

There were also additional subthemes, such as: the dependence of the emotional state of the participant in the group process on the state of the dependent relative, the feeling of guilt connected with his conduct, constant anxiety about the future, criticism of the current situation regarding the regulation of alcohol consumption, and the development of skills of communication with the drug-dependent relative. Similarly, Wiseman also described wives' worrying about the future (Orford, Velleman, Natera, Templeton, &

Copello, 2013), including fears of poverty, because of the possible departure of the husband from the family and the difficulty of finding a job and suitable accommodation (Wiseman, 1991). Similarly, Asher (1992) stated that the participants felt elements of self-blame (Asher, 1992; Orford et al., 2013) that were often associated with the perception of wives 'constantly being on guard', 'living in a pit', and 'push and pull' (Banister & Peavy, 1994). Such a situation in the family led to family breakdown (Collins, Ellickson, & Klein, 2007). Orford et al. (2013) described family members' worries about the functioning of the whole family and especially about the possible effects on the children that were absent from the interviews with our informants (Orford et al., 2013).

The respondents introduced detailed descriptions of their experience of communication with the drug-dependent persons and persons around them in connection with the families in which the dependent persons lived. This data shows the necessity of carrying out further qualitative studies of the features of the lives, thinking, and behaviour of co-dependent persons. This would allow rehabilitation programmes for the improvement of the quality of life both of members of families with dependent persons and the dependent persons themselves to be created.

The main and additional themes served as supporting material for further psychotherapy based on changing the beliefs and values of the respondents to free ones. The change of beliefs can be defined by the following direction: from confidence in dependence on one's own state and emotional well-being to independence of the latter, when the participant in the psychotherapy realises herself as the owner of her state and behaviour.

After the psychotherapy, the main theme of the realisation of one's freedom to determine one's own life and behaviour was changed. The additional themes were the feeling of freedom in family communication connected with the independence of one's own mood of the relative's state and the skill of remaining calm when the relative is acting in a provocative manner, more complete realisation of one's own emotions; needs connected with one's private life also appeared, such as the wish to fill one's life with interesting activities, the independence of one's wishes of the unpredictability of the relative's behaviour, and the search for an independent purpose in life. The additional theme of the necessity of developing skills of communication with the dependent relative remained, as did the connected subthemes: the necessity of getting "correct advice" concerning behaviour with respect to the relative and the wish to learn "correct" behaviour in the family. At the same time, the focus in the description of this additional theme has shifted to reasonable responsibility for the family relations.

● 5 / 1 Strengths and weaknesses of the study

The respondents of the study were only women. This fact limited the data and did not give information about men involved in relations with dependent persons. At the same time, in Russia, women constitute the overwhelming majority of people seeking advice on the recovery of communication with dependent persons. Thus, the data obtained can be used for the psychotherapy of most of the persons seeking assistance.

The group of respondents was quite homogeneous in terms of age; it consisted of persons typical of those who seek psychotherapeutic assistance. Additionally, selection was carried out among those who came to visit a doctor themselves, and thus the data obtained were typical of women who have and realise that they have problems in communication with drug-dependent relatives. In widespread preventive work with the families of dependent persons, it is necessary to consider that those who do not seek assistance from a specialist probably have other value systems, which should be detected during special studies.

It is well known that the structure of one's values depends on belonging to a certain social class. The patients paid for the consultations at the clinic. Thus the need to pay for services was a criterion for the selection of the respondents. As a result, we used purposive sampling (Creswell, 2007) and obtained a certain social sample called "the middle class". It is necessary to mention that there were no representatives of the well-to-do groups of the population in this study.

The respondents described their communication and the situation in the past tense, but this fact did not reduce the value of the data obtained (Vitz, 1990). In spite of the fact that the analysis was carried out by two authors, considering their different pre-understandings, the text could be analysed and interpreted with a great number of other meanings. Therefore it is necessary to consider that other understandings of the sense of the materials are possible. Phenomenological and hermeneutic interpretations should be taken not as facts, but to a greater extent as degrees, as information dedicated to practical understanding and application in work with the relatives of dependent persons (Kvale, 1996).

A strong aspect of the work was the study of the interviews concerning both the behaviour and cognitive-emotional features of the relatives of the drug-dependent persons. The study of the cases illustrated the complex interrelation of the personality's cognitive, emotional, and behavioural spheres (Tappan, 1990).

Another limitation of the study related to the absence of a follow-up. We cannot state that this change of beliefs is stable. It would be useful to interview the participants after

six months or a year, which was impossible in this study because of organisational restrictions.

● 5 / 2 Practical application

The study determines psychotherapeutic targets for the relatives of persons suffering from chemical dependence. The data obtained allowed psychotherapeutic strategies to be built. Depending on the priorities of the psychotherapists and psychologists, the directions of the work can be different. A necessary aspect of psychotherapy is work on changing beliefs that support the co-dependent behaviour of the patients.

● 6 CONCLUSION

The main concern of the experience of the relatives of the drug-dependent patients was the necessity to control the dependent person's behaviour. The additional themes were the dependence of one's own emotional state on the dependent relative's state, the feeling of guilt, constant anxiety about his and the respondent's future, criticism of the current situation concerning the regulation of the consumption of alcohol and narcotics, and the development of skills of communication with the drug-dependent relative. The psychotherapy aimed at the beliefs and cognitions of the respondents has shown the effectiveness of that work. The main concern was shifted to understanding their freedom to determine their own life and behaviour. The additional themes were a feeling of freedom in family communication and a more complete awareness of their emotions, and the needs connected with their private life became evident. The additional theme of the necessity of developing skills of communication with the drug-dependent relative remained, but the focus in the description of this additional theme shifted to sensible responsibility for family relations. Further research might be aimed at expanding the findings to families on other social levels who do not approach services that require payment. It is necessary to prove the findings by a quantitative approach and evaluate the distribution of these beliefs and cognitions in a large population. Psychotherapeutic strategies also need to be aimed at changing family members' beliefs about how to control a dependent individual in a family.

Authors' contribution: The analyses were carried out by the first author (V.K.) in collaboration with the second author (A.S.). The two authors had a previous understanding of the context of psychotherapy and psychiatric care, having been involved in psychiatric care in the region and from previous study of psychiatry and narcology. Being uninvolved in the psychotherapeutic process, V.K. was a moderator of the focus group discussions to explore new ideas and to ensure the discovery of new knowledge. The analysis phase was conducted with the second author to compare codes,

ORIGINAL ARTICLE

validate the interpretation of the data, and to resolve any discrepancies in the findings.

Declaration of interest: The authors did not have any financial support. The respondents paid for the psychotherapeutic services independently.

Role autorů: Analýzy provedl první autor (V.K) ve spolupráci s druhým autorem (A.S.). Oba autoři již byli z minulosti obeznámeni s kontextem psychoterapie a psychiatrické péče na základě jejich působení v oblasti psychiatrické péče v daném regionu a předchozího studia psychiatrie a narko-

logie. V.K. se nepodílel na psychoterapeutické procesu, ale jeho úkolem bylo ověřovat nové předpoklady a shromažďovat nové poznatky při moderování diskuse v rámci ohniskových skupin. Porovnání kódů, validace interpretace dat a vyřešení případních nesrovnalostí v pozorovaných zjištěních v rámci analytické fáze bylo provedeno společně s druhým autorem.

Konflikt zájmů: Autoři neobdrželi žádnou finanční podporu. Respondenti si psychoterapeutické služby hradili z vlastních zdrojů.

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