

# Family Structure, Personality Traits and Family Relationships among Drug Dependents

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**Abstract** - *This study explored and analyzed the drug dependents personal and family profile, unconscious and underlying personality traits, and the relationship, reaction and support they get from their families towards the creation of a framework and enhancement of the family intervention program as basis for the utilization of the framework that would reduce family risk factors with respect to drug problems and improve the functioning of families and strengthen support to families that could contribute to the families' positive role in responding to such condition. This paper involved ten (10) drug dependents currently undergoing rehabilitation in a drug facility using qualitative method through narrative approach in collecting and analyzing data where dominant tools utilized were projective techniques such as Draw-a-Person and House-Tree-Person tests in determining their personality traits and Kinetic Family Drawing for family relationship and in-depth-interview for family reaction and support. From the qualitative data obtained, seven of them were males and three were females ranging from 23 to 50 years of age from Greater Manila Area with an average number of three siblings and had been into illicit drug used both to marijuana (cannabis) and to shabu (methamphetamine hydrochloride) due to family reasons, friends and their personal choice. Likewise, results showed that participant's commonalities in terms of their unconscious personality traits are signs of insecurity, aggressiveness, evasiveness, anxiety and impulsivity. As regards to the participants' family relationship, findings showed that common with their relationship in their family is the presence of anxiety, ability to show love to others, closing oneself off to other family members and need for love. As to family's reaction and support, almost similar results were obtained where the family's reaction are in the contexts of family disposition whereas for family's support, common is family commitment respectively. Lastly, the existing family intervention program of the drug facility was enhanced as to the utilization of the created framework in terms of family relationships of the participants.*

**Keywords:** *personality traits, family relation, reaction and support, drug dependents*

## INTRODUCTION

Drug addiction is a problem that has been increasing immensely among all societies in today's world even in the Philippines. This can be a reason why the present government is serious in its advocacy in making the nation a zero drug country. When people are into illicit drug use, accomplishments of their goals and dreams in life can be hindered or restrained. People sometimes feel they are too bright, too powerful, and too much in control to become addictive. Addiction to prohibited psychoactive drugs can trap anyone. It can lead to harming one's body, affect personality, cause problems in family structure, and contribute to the delinquency in society. Illegal drugs can destroy not only lives but also communities as well as in undermining sustainable human development.

Drug dependence as defined in Diagnostic and Statistical Manual of Mental Disorders [1], is a severe

disorder associated with physiological signs of dependence or compulsive use of a substance [2]. The term drug dependence applies to any drug, including alcohol that is consumed repeatedly in spite of its negative consequences indicating the drug user is dependent on the drug either physically, psychologically or both in order to function in everyday life. Drug dependent individuals are more likely to change their behavior such as decreasing attention to dressing and grooming.

In a study conducted by Gupta [3] as regards to personality of "addicts", he mentioned that different types of addicts do share some common traits. Some experts believe addictive personality encompasses a distinct set of psychological traits that predispose particular individuals to addictions. Antisocial personality, feelings of isolation, signs of evasiveness and lack of intimacy may encourage people to turn to

drugs or alcohol as a substitute for their lack of personal relationships or to feel at ease in social situations.

Thus, another consideration in this academic endeavor was to describe and analyze the role of the family as a contributing factor towards addiction. Family factors play a role in substance abuse, and it acknowledged virtually in every psychological theory on the subject [4]. As such, based on the current researcher's perspective, she agreed with the aforementioned study conducted above as to the important role played by the family system characteristics and parental behaviors in adolescent substance abused. Supportive families are key to raising well-adjusted children coined with the presence of family bonding or to the extent to which families emotionally join together into a meaningful and integrated unit, combined with the degree to which the family interacts with each other or outsiders. The children in these families tend to be healthier socially, mentally, and physically, thereby preventing later adolescent problems [4]-[5].

As such, this study focused on those people who became dependent in using prohibited drugs by exploring their unconscious personality characteristics and traits as well as their family relationships through projective measures such as Draw-A-Person (DAP), House-Tree-Person (HTP) and Family Kinetic Tests respectively. The participants were from one drug facility in the country which is a non-profit, private organization dedicated to the treatment and rehabilitation of individuals suffering from substance abuse and other psychological disorders. This rehabilitation institution from the time it was established, has provided residential treatment and rehabilitation services to more than thousands of troubled men and women of varied ages who have been diagnosed with substance and non-substance dependencies and of those who have completed the program, majority of them are already living abstemious and fruitful lives.

The researcher was enthused in conducting this scholarly work for her to discern what is with the personality of these drug dependents that led them to engage in such illegal drugs and their family background – generally about who raised them up, where they grew up and so on. In addition, the researcher was motivated in conducting this study as to personality of drug dependents and the relationship that they have in their family for she believed that the information obtained as a result of this academic undertaking would be useful to the facility's clients, psychometricians, administrators, psychiatrists,

psychologists, family members and future researchers in varied ways.

Hence, this piece of work also hoped to contribute to the collection of local psychological-educational research in the Philippines particularly in the field of Behavioral Science like Psychology and Social Sciences respectively.

From these, in light of the foregoing academic enthusiasm of the researcher, a framework was designed on personality traits and family relationships and proposed an enhanced family intervention program for the utility value of the framework that would reduce family risk factors with respect to drug problems and improve the functioning of families to prevent such condition towards mental health promotion and psychological well-being of the participants.

### **OBJECTIVES OF THE STUDY**

The main objective of the study was to explore and analyze the drug dependents unconscious and underlying personality traits, and their family relationships towards the development of a framework based on the results of the study. Specifically, it sought to present the personal background information and family composition of the participants; analyzed their unconscious personality traits using Draw-a-Person and House-Tree-Person tests; described and examined their family relationship through Kinetic Family Drawing; assessed the family's reaction and support of the dependents; presented and explored the summary of findings as to their commonalities; and proposed a framework for personality traits, family relationships, reaction and support and enhanced the family intervention program as basis for the utilization of the created framework.

### **LITERATURE REVIEW**

#### **Drug Dependents and Their Personality**

According to Stein and Bentier as cited in the paper of Terraciano et al., (2008), personality traits are considered risk factors for drug use, and, in turn, the psychoactive substances impact individuals' traits. Furthermore, there is increasing interest in developing treatment approaches that match an individual's personality profile. Personality, in its dynamics towards reaching maturity, follows a complicated and difficult path during some particular periods in life. Adolescence is a time characterized by multiple physiological and psychological transformations. At a certain point during this time the adolescents may become vulnerable, under multiple aspects. Adolescents are a risk population concerning drug

consumption. Most of debuts take place especially during this time, the personality being immature, the system of values is not built yet, and temptation to try and experiment new things is still present.

The relationship between personality and drug dependents has been proven by different researches. Many of these studies were done with the goal to identify which personality is most prone to become as drug dependent. First, is the importance of defining what substance abuse is. Substance abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs. Psychoactive substance use can lead to dependence syndrome - a cluster of behavioral, cognitive, and physiological phenomena that develop after repeated substance use and that typically include a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state [7].

### **Drug Dependents and their Family**

Drug abuse in adolescence does not merely emerge at a point of lifespan but is a manifestation of deeper family issues and a symptoms of an ongoing pattern of youth development problems from the Northeast Center for the Application of Prevention Technologies, 1999 as emphasized by YIP [4]. Numerous studies have developed various theories and models which outline the factors influencing youth substance use, and comprehensive approach involving different domains, including communities, schools, peers and families, is essential in tackling the issue. However, among all these spheres of influences and different approaches, parental and family factors and family factors are of paramount importance [5], [6].

Substance abuse is influenced by a complex interacting network of sociological, psychological and biological factors [8]. Thus, this statement suggests that there are different factors that are considered as underlying factors why some people involve themselves with the use of illegal drugs and from the listed factors above, the researcher greatly believed that family as a sociological factor can influence to the development of drug abuse. As such, Klara [9] revealed there is a significant relationship between teenage substance abuse and certain family characteristics and according to her research the family plays a key role in both inducing risk and encouraging and promoting protection and resilience against substance abuse.

Similarly, Yip [4] in his paper stressed that family environment is considered the major underlying factor determining whether young people would engage in disruptive behaviors, including substance abuse. Peer influence works more as a contributing factor close to the time of substance use initiation [4]. More importantly, young people with healthy relationships with their parents are likely to choose peers with positive influence [5], thereby reducing the chances of encountering drugs. This perspective also explains why prevention efforts focusing on knowledge dissemination and refusal skills have limited effects on drug issues, because they do not sufficiently address the underlying cause of the issues. According to UNODC, evidenced-based family skills training programs are considered to be the most effective measure to prevent substance abuse among youths after nurse home-visitation program [5].

Klara [9] in her paper mentioned Denton and Kempfe's [8] research that certain types of family interaction like poor communication, less bonding and aloof relationship seem to encourage adolescents to reject the family unit and turn to other resources to meet their needs. The implications of the relationship between family interaction and adolescent substance abuse are that proactive parent/child counseling and education may be needed to help families interact in more healthful ways. Knowledge of the significant relationships between adolescent drug use and dissatisfaction, poor communication, and discipline can offer the counselor/educator direction for developing programs for all members of the family.

The literature and studies appraised and reviewed in this current academic work present a far-reaching summary of the earlier research conducted on the personality and family relationship of drug dependents. However, there is a rareness of research emphasizing the variables and instruments used in the study and so there is still a need for her, in her capacity as Psychology Professor to discover the personality traits of the drug dependents and the relationship that they have in their family was inspired to help them to live a sober and fruitful life by addressing the results of the study as basis for inputs in the drug facility's existing family program.

In view of the foregoing literature and studies conducted as to personality traits and family relationships among drug dependents, the current study was anchored on the "Psychological or Character Logical Model" of Simos, G. (2009) as cited by See [10] in her paper as to "Models and Theories of Addiction." This model of addiction concentrates on

what takes place in order for a person to start using addictive substances and emphasizes that biology does not cause a person to take illicit drugs rather it is more psychologically motivated. This framework views everyone as being vulnerable to addiction.

Finally, with the creation of the framework based on the results of the study, the researcher’s intended output is to utilize the said framework pertaining to family relationships in enhancing the existing family intervention program of the said institution. The Family Intervention program is embedded in their “Family Association Meeting (FAM)” which requires activity for families of residents in treatment. The hallmark of the facility’s therapeutic community approach is the insistence that the entire family participate in the healing process. The rehabilitation approach of addressing both dependency and co-dependency is a bid to start a synergistic process that promotes effective relationship between residents and their families. This interdependence allows each to rely on each other’s strength. The establishment of the recovery process is a family which can strongly influence positive changes in its systems and procedures. Such changes constitute a virtual guarantee of success in recovery.

The FAM is a support group activity vital to all family members as it addresses the phenomenon of co-dependency that prevails in most families and is considered by the drug center as an empowerment program that is conducted every first Saturday of the month from 9:00AM to 3:00 PM where family members of residents are required to participate in this support activity with the objectives of 1) to learn on how the institution FAM program as its Therapeutic Community works; 2) to gain insights on the role that families play in the recovery of their loved ones; 3) to introduce con-dependency and the need for families to go into their own recovery; 4) to promote the healing of the family and initiate effective integration, and 5) to

update families on the progress of their residents in recovery.

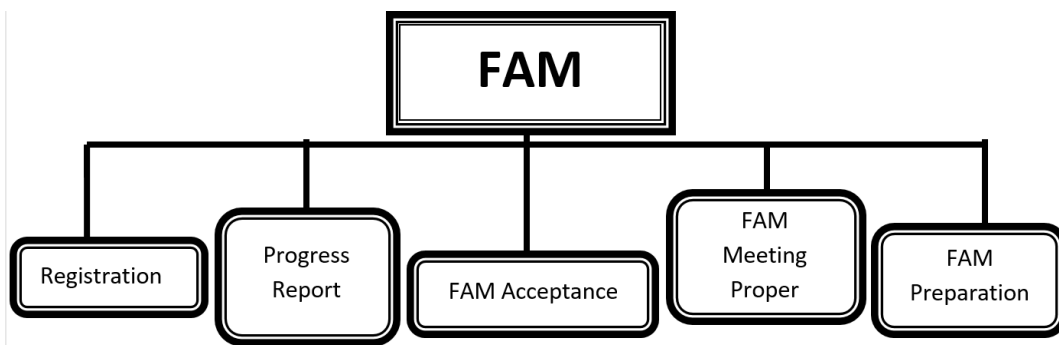
**METHOD**

**Research Design**

The researcher employed the Qualitative method using case study technique in collecting and analyzing the data wherein the dominant tools used were projective techniques and interview guide. This method was employed by obtaining data through open-ended and conversational communication and allows in-depth and further probing and questioning of participants based on their responses where the researcher also tried to understand the participants’ motivation and feelings. In addition, qualitative research involves asking participants about their experiences of things that happen in their lives. It enables researchers to obtain insights into what it feels like to be another person and to understand the world as another experiences it [11]. In psychology, techniques used to describe behavior include case studies, surveys, naturalistic observation, interviews, and psychological tests [12].

**Participants**

The participants in this study were drug dependents currently undergoing treatment and rehabilitation in one private drug facility in the country. From the total 50 residents, only ten (10) were involved as respondents who are already in the Upper House Level for their recovery and were personally selected by the facility’s Deputy Director who set forth the criteria in choosing them as to their family background, educational background, social status, case severity upon admission and with sense of cooperation and were chosen using the convenience sampling technique. From the ten respondents, only three of them were females and residing from different provinces in the country and had been in the institution once, twice and thrice due to relapsed.



**Figure 1. Family Intervention Program of the Drug Facility**

## Measures

**Draw-a-Person Test (DAP).** This was the projective test utilized in obtaining data in determining the unconscious personality traits of the drug dependents which evolved from 1948 authored by Karen Machover according to Bond, Southers and Sproul, 2015 as cited by Mpangane [13]. It is a projective test that allow an examinee to respond to questions through drawings. Projective tests can be applied in various settings from schools, corporate, and private practices to assess different psychological aspects include: personality, family background, intelligence, physical and emotional abuse, depression, among others Fan, 2012 as cited in the paper of Mpangane [13]. It is considered as an unstructured personality test that uses expressive techniques, in which the subject is asked to respond to questions through drawings. According to test users, a conclusion has been made to adopt its construct validity, the extent to which a test captures a specific theoretical construct or trait overlapping some of the aspects of validity. Whereas, internal reliability of the test was found to have proper level using Cronbach's alpha, standardization sample, and coefficient which were calculated for each group (man and woman), and self-item were summed together at each subject. Projective drawing tests are scored on several dimensions, including absolute size, relative size, omissions, and disproportions [14].

**House-Tree-Person (HTP) Test.** This was the other projective measure used in obtaining information from the respondents as to their personality, general conflicts and concerns. It is considered as one of the most widely used associative techniques which was developed by John N. Buck and revised by W.L. Warren and an unstructured instrument designed to aid individuals' to obtain information concerning the sensitivity, maturity and integration of a person's personality and the interactions of that personality with its environment. It is a two-phased approach in assessing individual's personality. One is nonverbal in which the medium of instruction is drawing and the second one is verbal where the subject is provided an opportunity to define, describe and interpret the objects they drew. Which are the house, tree and the person. The said projective technique was administered individually, the room devoid of models where seating arrangement between the assessor and assessee was side by side and each participant were provided with enough sheets of bond papers, pencils, and eraser [10].

**Family Kinetic Drawing (KFD).** This was the projective test utilized in getting information from the

participants as to their family description and relationship as reflected in their drawings of a family. It was developed and constructed by Robert C. Burns and S. Harvard Kaufman year 1970 which then served as an introduction to understanding children through kinetic drawings with Interpretative Manual developed in the year 1972 and had been used in research and application since 1982 considering its interrater reliability of 85-97% as cited by Bluethner [15]. The KFD constitute only one projective family assessment technique amongst many which utilized drawings of family members and described as a measure of the self in relation to others which is intended for children, adolescents and others. It is believed that the identifying characteristics of this drawing technique is that the individual is asked to give action to the figures like each figure must be depicted as involved in some activity. Thus, the analysis of the KFD includes the action or movement between the family members, family dynamics, and individual's understanding of their family, among others. Drawings of the participants were interpreted and analyzed based on the scoring format provided by Burns [16] which were further developed by Steenhuisen [17].

**Interview Guide.** This was the main tool used in getting responses from each participant involving topics on their profile, family composition, family as a factor for their drug abused, relationship that they have in the family, the family's reaction and support. The said questions underwent a validity check through her Research Adviser and was then approved by her Panel of Examiners during her Pre-Oral Defense. Also, the said questions were also validated by the rehabilitation's Deputy Director for content validation.

## Procedure

The researcher in preparation with her dissertation writing, started reading different literatures as to researches done in Psychology about drug abused as a social phenomenon that intrigued the country. From such academic endeavor, she decided to come with this paper and presented it afterwards to her research adviser for approval. Upon the approval of this proposed manuscript, she also sought permission to her Dissertation Adviser to make use of the projective tests in obtaining the desired data as to unconscious personality and family relationships of the participants and went through a series of test validation for utilization of the said projective drawings.

The researcher then started talking to the drug facility's Deputy Director for a permission to conduct the said study and name of the concerned person was

given to her and started writing a letter of request to involve the residents of the institution. When such permission was granted, the paper was then presented to Panel of Examiners for their comments and suggestions and validation of the tools to be used. From the presented projective techniques, Family Kinetic Drawing was recommended as one of the gathering tools instead of the Sack Sentence Completion Test in which the researcher willfully agreed.

In the administration of the projective tests, the researcher sought professional assistance from the Foundations' Deputy Director and Psychometricians in explaining the nature of her study and its purpose and assured them as to confidentiality of the results. Likewise, when participants were identified, the data collection started and participants were assured that that their responses will be dealt with utmost privacy and accurate results will not only contribute to their own personal and family welfare but to their facility/institution as well. In drawing the figures, the researcher reiterated to the respondents that there was no actual time limit in drawing but should draw the figures as good as they could.

The DAP, HTP tests and KFD were first administered on a whole day basis then interpretation followed then in-depth interview with each participant was done every Sunday as to her and participants' availability using the interpretation of the projective tests as basis for validation. The researcher in obtaining rigorous data from her participants, collateral interview was applied if needed and then interpretation and analysis follows. Validity checking was done in interpreting the protocols and transcripts of each participant which were presented to two Registered Psychologists, one is her Research Adviser who is also a practicing Clinical Psychologist and a colleague whose specialization is in Child Psychology- a Child Psychotherapist by Profession to ascertain the accuracy of her findings.

### **Data Analysis**

The information obtained in this study were qualitatively interpreted and analyzed using the standardized projective interpretation and analysis of the protocols using the Catalogue of Interpretative Analysis printed by WPS dated 2006 for DAP and HTP respectively whereas in KFD, drawings were interpreted and analyzed based on the scoring format provided by Burns [16] which were further developed by Steenhuisen [17]. For the validation of the protocols for each respondent, her Adviser who is a practicing

Clinical Psychologist checked all the significant indicators found in the drawings for approval, interpretation and analysis.

For the interview in terms of family's reaction and support, significant responses of the participant were analyzed through the Interpretative Phenomenological Analysis (IPA) which is a relatively recent qualitative design that tries to understand participants' lived experiences and how they make sense of these. In this technique, responses were analyzed by identifying the concepts that followed by the formulation of subcategories leading to categories resulting to the emergence of highly inductive themes. Also, the qualitative data were organized into conceptual categories called codes that serve as a label for the compiled descriptive information which are the words or phrases from the interview with the respondents.

### **Ethical Considerations**

Before this paper commenced, the researcher sought permission from the officials of the drug facility through informed consent and an assent from as to willingness and agreement of the participants to involve themselves in the study. In doing her paper, she was guided by Code of Ethics as regards to Research Practice with reference to Psychological Association of the Philippines Legal and Ethical Considerations [18]. Clearly stated in the practice of Research that an informed consent be duly signed by the participants and recognize that this consent happens due to the willingness of the participants to work collaboratively with the researcher and made sure that the consent form is translated in language that the participants understand.

Also, the said participants were properly briefed as to their right to dismiss their participation anytime they wanted. Respect for their privacy and privilege not to divulge any information was respected all throughout the interview and were assured that information revealed as well as their personal identity will be kept with strictest anonymity and confidentiality. As such, in presenting the case of each participant, their real names and persons involved in their story were all modified by creating pseudo-names to safeguard their personal identities.

### **RESULTS AND DISCUSSION**

Table 1 shows the summary of the personal profile of the ten participants. It can be seen on the table that seven (7) of them were males and three were females, ranging from 23 to 50 years of age which simply denotes that the youngest is 23 and eldest is 50 years

old. Majority of them live in the Greater Manila Area coming from Quezon City, Alabang, Taguig and Bicutan whereas others reside at Quezon, Laguna and Bulacan respectively. The average number of sibling in their family is three and had been drug dependent both to marijuana and shabu because of family reasons, friends and their personal choice.

**Table 1. Summary of the Participants Personal Profile**

Profile Variables	Category	f
Sex	Male	7
	Female	3
Age	23-50 years old	
Residence	Manila	7
Type of Drug Abused	Marijuana	
	Shabu	
	Barbiturates	
Reason for Drug Abuse	Personal Choice	
	Family	

Results of this study really showed that in the country, males are more into drug use than females based on the annual report released by Philippine Drug Enforcement Authority (PDEA) dated 2013 and the Dangerous Drug Authority (DDA) that “*cannabis (marijuana) and methamphetamine hydrochloride (shabu)*” are considered as the two drugs most commonly abused by Filipinos. Also, based on the report, it is believed that methamphrthamine hydrochloride or shabu is a drug of choice for 30% of illegal drug users in the country.

Based on the researcher’s point of view as a Psychology Professor teaching topics on “psychoactive drugs,” she expressed her affirmation why marijuana and shabu are two drugs most commonly abused by users. This is so because of their behavioral effects like experiencing an altered perception, and disorientation while under the influenced of cannabis or marijuana. Whereas, for methamphetamine hydrochloride or shabu, behavioral manifestations are increased alertness, hyperactivity, and high self-esteem. All of these mentioned effects of these drugs were all personally experienced by them when under the state of trance-like state.

Also reflected on the Table that the family is considered as the major factor why they became addicted to drugs. As such, this result agreed with the research conducted by YIP (2011) in which in his paper, he stressed that family environment is considered the major underlying factor determining whether young people would engage in disruptive behaviors, including substance abuse. In the field of psychology when children are predisposed to engage

themselves to unlawful acts like drug usage, it is believed by the researcher that parents play an important role to control their children’s negative tendencies. But it seems that the family of the ten drug dependents did not initially assume their role in guiding their children as they grow and unfold instead they became the main instruments why their children engaged themselves into this harmful and repetitious act.

In support to this personal analysis of the researcher as she transparently recalled, the drug dependent themselves described their family environment as hostile, lacking love, lacking family cohesiveness, having a sense of alienation for they reported in the interview that their parents were self-centered and non-supportive.

Another risk factor considered by the participants for their drug abuse are their friends or peer groups. Finding of this study was stressed in a research that peer influence works more as a contributing factor close to the time of substance use initiation [5]. This finding from the authors clearly proved that one’s social environment plays an important role in drug addiction. From the testimony shared by some participants, the reason why they were hooked to drugs was because of their friends who are drug users’ thus becoming drug users too. Friends became their outlets in venting their negative feelings in longing for the time, attention, care and affection of their parents due to their working status in running their businesses if not in practicing their professions. As summoned by them, hanging out with their friends doing drug activities make them forget their angst in their lives.

**Table 2. Summary of the Participants Family Composition**

<b>Number of Siblings:</b>	Three (average)
<b>Educational Attainment</b>	All siblings (College Graduate)
<b>Occupation:</b>	Working with Business

Table 2 presents the participants’ family composition. The average number of siblings they have is three in which most parents and their children are College graduates and working in managing their businesses. From this result, it can be inferred that participants came from highly educated family members except for the participants in which majority of them were college undergraduates due to their illicit drug use. This finding is found to be significantly related to the study conducted by Singh (1977) as cited by Gupta [3] in his paper that drug users, in general,

belong to a unitary, comparatively small, rich, and more educated and sophisticated families.

The findings of the aforementioned researchers are greatly connected with the data obtained as regards to the family composition, educational attainment and occupation of the participant's family members. It clearly showed that participants belong to small families with an average number of children born by parents with all siblings highly educated from prestigious universities inside and outside Philippines with all their siblings working privately practicing their professions. Whereas, others operate their personal businesses like real estate, printing press, high-status beauty shop, highly advanced and technical electronic companies operating in Makati and other nearby places among others. Overall, the participants' family belong to esteemed, well-known and "bourgeoisie" families in the country.

**Table 3. Summary of the Participants Personality Traits**

Personality Traits	frequency
Sign of Insecurity	8
Aggressiveness	7
Evasiveness	7
Anxiety	5
Impulsivity	5

*Legend: numbers in parenthetical form represents the frequency of the traits*

Table 3 indicates shows the participants commonalities in terms of their unconscious personality traits both revealed by DAP and HTP tests respectively. It can be seen that common to them are signs of insecurity, aggressiveness, evasiveness, anxiety and impulsivity. These results further confirmed the addictive personality laid out by Gupta [3] in his study by enumerating lists of personality traits which are found to have similarity as to the result of the present undertaking. Among these personality traits are impulsive behaviors, insecurity, and anxiety.

People with impulsive (compulsive) behavior as an addictive personality struggle to enjoy drugs, alcohol, or other pleasurable activities in moderation. Instead, they see things as black or white and take an all-or-nothing approach to life. They are either perfect, or a failure; completely in control, or utterly powerless. People, who feel compelled to engage in harmful behaviors over and over again, or feel powerless to stop, may have a propensity toward addiction. This can be the fact that the reason why the participants became hooked into drugs because of their impulsivity for almost all of them experienced an exaggerated tendency to perform acts which are unplanned and

often inappropriate that predispose them to engage with transgression without considering the possible negative consequences to themselves and to others like family.

Additionally, Gupta [3] also cited that anxiety is another personality trait considered predisposing factor to drug consumption. Anxiety, as a fear without object, according to him is translated into the subject's life through unequal, out of scale reactions to events, inadequacy and elements of stress. There are cases when anxious persons may use depressant substances that alters the function of the central nervous systems (that induce a state of relaxation) in order to escape this state of acute and grave psychological suffering.

**Table 4. Summary of the Participants Family Relationships based on KFD**

Family Relationship	frequency
Anxiety in the Family	6
Able to show love to others	5
Closes oneself off to other members	4
Need for love	5

Table 4 shows the participants family relationship based on the protocols analyzed using the Kinetic Family Drawing. It can be seen that common with their relationship in their family is the presence of anxiety, ability to show love to others, closing oneself off to other family members and need for love. This results are further associated with the result of the study conducted by Klara [9] as mentioned in Denton and Kempe's [8], 1994 research in ascertaining that certain types of family interaction like aloof relationship, poor communication, less bonding among family members, among others seem to encourage children to reject the family unit and turn to other resources to meet their needs like taking psychoactive drugs.

From this, the researcher in her point of view affirmed with the results for she knows how important family relationship is developing good familial relationship with their children for their children to be away from temptations. Families operate as a system, no matter how functional or dysfunctional that may be perceived to be. Each family member has a role. It is not necessarily an assigned role, it is often an assumed role based off of learned actions and reactions. The parents are held responsible in providing emotional support with their children no matter how tedious their life is, at the end of the day, there be quality time between the members.

The researcher deemed it very important for family members to develop an open communication between the members for this is their key in stabling smooth and interpersonal relationship with each other and often the



first step for them in discussing family and relational issues or problems with their loved ones. In doing so, children will develop by themselves a happy relationship with their parents coupled with sense of love and belongingness that will surely entail positivism in the family. But with this perspective of the researcher, it seemed that the families of the participants failed to develop an idea family thus making their family as dysfunctional predisposed them to transgress.

From this, as mentioned by Klara [9], the implications of the relationship between family interaction and children's substance abuse lies in the hands of proactive parent/child counseling and education needed to help families interact in more healthful ways.

**Table 5. Summary of the Participants Family Reaction and Support**

<b>Family Reaction</b>	<b>Frequency*</b>
Family Disposition	5
Family Uncertainty	1
Family Coping Strategy	1
Family Sluggishness	1
Family Dissatisfaction	1
<b>Family Support</b>	
Family Commitment	7
Family Dynamics	2
Family Incoherence	1

*Legend: \* numbers represents the frequency of the emergence of themes both for family reaction and support*

Table 5 shows the participants family reaction and support as regards to their drug dependence. It can be seen that five from them responded with their drug dependence based on disposition flowed by uncertainty, coping strategy, sluggishness and dissatisfaction where all of these themes that emerged have a frequency of one (1). Results clearly suggest that that almost similar results were obtained where the family's reaction are in the context of family disposition associated with their outlook in life. From these findings, it can be assessed that when the family of the participants knew about their illicit drug use, majority of the parents became emotional by manifesting signs of sadness, and anger coined with behavioral reactions of crying too much for they couldn't realize what caused their children to be into drug taking activities for they do not anticipate these things would happen.

From the participants' families, some got themselves torn apart and others remain together though distraught in which in either way, these families encounter the battle to save their child's life. On top of

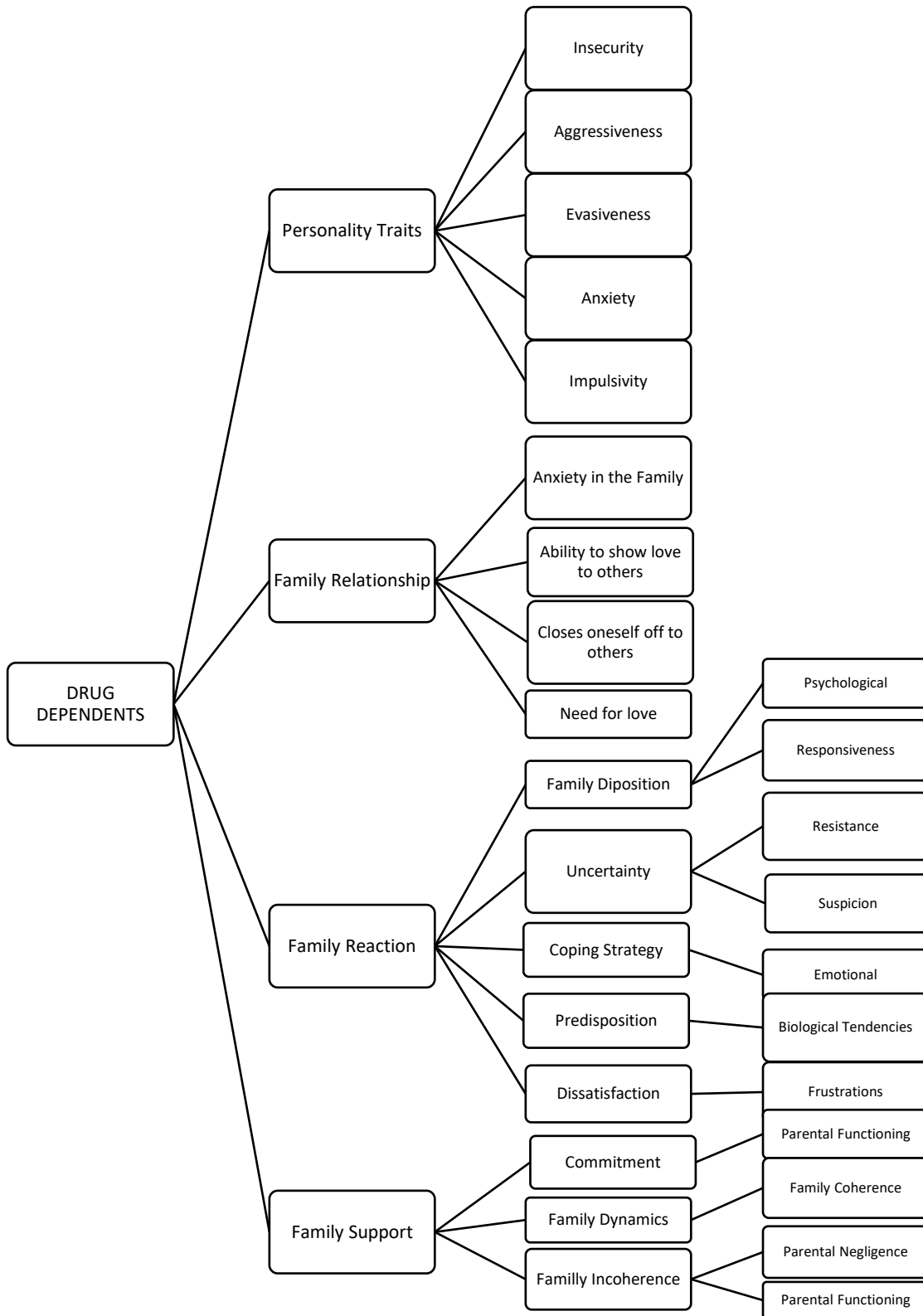
this, parents of the participants accumulate cycling thoughts of self-doubt and remorseful guilt as they asked themselves whether their child's addiction had something to do with them. Thus, learning to cope with their children addiction became a tricky matter on them and that they need to find some acceptance.

Overall, family responses are of mixed reactions for findings revealed that there are parents who refused to believe about their child's drug activity, father who neglected his child, parents who tolerated their son in his illegal doings, a mother who just expressed her emotions due to disability and parents with frustrations and disappointments for feeling disgusted.

As far as family support is concerned, common family support provided by the parents is terms of the commitment that family members have to their addictive member characterized by family dynamics. Recognizable signs of family commitment are economic and psychological support provided to them. Economically, the parents in making a decision in bringing their children in a rehabilitation facility assumed big responsibility in shouldering all the expenses involving big amount of money. Clearly, money for them did not become a hindrance in bringing their children in the said institution for treatment and rehabilitation. This notably suggests that participants' parents are financially equipped with resources because majority of them are into owned business management.

Another support given by their families is psychological in which the researcher agreed much for she believed that the family plays a crucial and important role in the healing process and recovery of the addicted family member. Family empowerment is very important for families whose addicted children were into treatment in a drug facility through their active participation in terms of the programs provided by the institution like support group activities, active participation in the seminar, family sharing and therapy, among others. From this, the researcher viewed that, the support of the family often plays a large role in their children's addiction recovery for she believed that one's cured, expected that the member will take sobriety day-to-day, and will need to turn his or her focus towards long-term recovery.

Unfortunately, there is this family of one drug dependent which showed sign of incoherence as support due to parental negligence of one parent with sense of irresponsibility by not providing any support to his son during the darkest moment in his. In compensating his absence, the mother of the respondent together with his siblings assumed full responsibility both economically and psychologically.



**Figure 1. Framework for Personality Traits, Family Relationships, Reaction and Support among Drug Dependents**

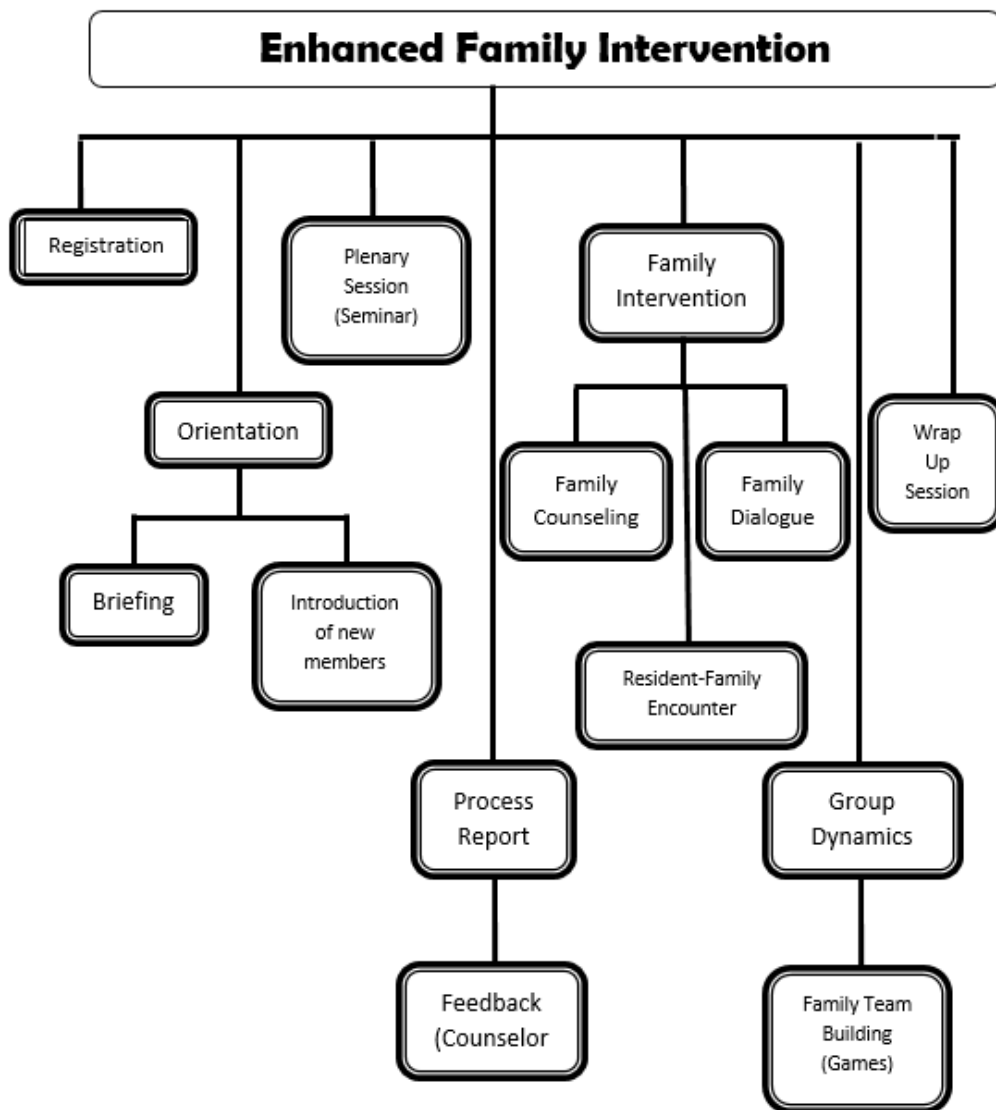
Figure 1 presents the framework created based on drug dependents personality, family relationship, reaction and support. It can be seen on the figure that participants' common personality traits that contribute to their drug dependence are insecurity, aggressiveness, evasiveness, anxiety and impulsivity.

For family relationship, it can be seen as outlined in the framework that there is a presence of anxiety in the family, parents were able to shown sig to other children, closing oneself off to members of the family and majority have a need for love.

In terms of family reaction, the framework clearly illustrated that common reaction of the family is in

terms of their disposition closely related to the outlook that they have in life in terms of their economic and psychological responses. Also shown in the figure are family's reactions leading to uncertainty, coping, sluggishness, predisposition and dissatisfaction of the parents and other members.

Lastly, as regards to family support, family commitment and dynamics emerged as positive themes whereas incoherence in the family was also developed due to different support system provided by different member in the family (one is negligence and other is assuming parental functioning economically and psychologically).



**Figure 2. Utilization of the Created Framework based on the Enhanced Family Intervention Program of the Drug Facility**

Figure 2 presents the enhanced family intervention program as to the utilization of the framework created based on the results of the study. It can be seen on the figure that the program starts with Registration of the family members followed by Orientation. In the Orientation part, the participants and their families will undergo a Briefing session as to the presentation of the activities scheduled for the family activity after which Introduction of new members will be done for them to be welcomed by other families.

After the orientation proper, Plenary Session follows through seminars to be facilitated by the drug institution's Resource Speakers like Registered Psychologists, Psychiatrist, Family Counselors, among others. The topics for presentation will address the issues concerning their residents and their families like risk behaviors of addictive *personality, family dynamics, impact of addiction on families, family recovery issues, importance of self-help groups*, among others that concerns the welfare of the residents and their family.

Next process is the Progress Report that will be led by the assigned Counselors where the family will avail a feedback session in which monthly progress notes on the residents are discussed concerning their obedience to general program policies, cardinal policies, house rules and dormitory rules, among others.

Family interventions will follow which involves *family counseling, resident-family encounter and family dialogue*. Family Counseling will be conducted with only family members in attendance which will be scheduled for all families with the goals to enlighten them on the Clinical Approach of the Program, to guide them in getting in touch with their inner feelings, to explain the behavioral dynamics of a resident in treatment and to prepare them for their encounter with the resident.

On the other hand, the Resident-Family Encounter will be conducted as a first time meeting of the residents with their family after admission with the goals to clarify issues that are being claimed by the residents, to identify past events that will validate the need for treatment and to allow residents to initiate resolution on some issues.

Next is the Family Dialogue where the residents and their family will settle some agreements that they are ready to own up to past events, be willing to: clean their mess: and seek support for recovery. This family intervention has goals to discuss family dynamics, to promote openness in the discussion of family issues, and to exchange growing up moments between families.

After the family interventions, Group Dynamics will be held facilitated in their play area in the form of different games about *Family – Team building* activities where each family with the residents will compete in completing the tasks given to them through games and after which sharing of structured learning experiences will commence. Finally, in ending the session, all family members will organize themselves together in the hall for the Wrap-up. Session. As such, in ending the program, it is expected that residents and their family will experience a feeling of family empowerment in the healing process and recovery of the residents.

## CONCLUSION

Majority of the participants are males, ranging from 23-50 years of age, from Manila, Bulacan and Quezon, and became addicted with cannabis (marijuana) and methamphetamine hydrochloride (shabu) due to family and friends. Most of the participants have an average of three family members whose parents to siblings are college graduates and working in managing their own businesses. The participants possessed commonalities as to their personality traits of insecurity, aggressiveness, evasiveness, anxiety and impulsivity whereas only one of them experience depressive tendency, paranoid personality and high self-esteem. The family relationship of drug dependents showed that there is anxiety within them, need for love of the family members, closing themselves off to other members and ability to show love to others because of favoritism in the family exercised by the parents. Anxiety in the family, able to show love to other members, closing oneself off to other member and need for love reflected the respondents' family relationship. Family disposition and commitment emerged as themes in the aspect of family reaction and support. A framework was created based on the personality traits, family relationship, reaction and support as to significant statements transcribed by the researcher for review. Family intervention program of the drug facility was enhanced as basis for the utilization of the framework created in the aspect of family relationships to empower the active role and participation of the family members in the healing process and recovery of their addictive children.

## RECOMMENDATION

The drug dependents may be mindful as to possible relapse by gaining a greater understanding as to their own reasons for drug use by planning for post-

rehab life and resisting temptations. Drug dependents may self-practiced Individual Therapy by understanding within themselves the underlying issues about themselves and their families and address their addiction holistically by entering into a sober life as a means in coping with their boredom, loneliness or helplessness.

Parents of addictive children may develop an open and assertive communication with their recovered drug-addicted child, encourage positive behavior and treatment, create and reinforce consistent guidelines, set clear boundaries, and educate them with self-care for stability in their treatment and recovery. The drug facility where the participants are being treated and rehabilitated may reinforce strong familial support to help their residents to overcome problems that they experience in their lives through counselling and/or supportive listening during their family meeting.

Similar study can be conducted by involving the parents of the participants to further validate the results of the study as to their personality traits, impact of addiction on them and the relationship they have with their children

Results of the study may be incorporated in teaching major subjects in Psychology both for the Graduate and undergraduate programs like Abnormal and Clinical Psychology and Projective Techniques respectively.

The designed framework for drug dependents personality traits, family relationship, reaction and support as well as the enhanced intervention program may be reviewed and evaluated by the drug facility's Deputy Director and Psychologist before their consideration as a new conceptual framework and implementation respectively.

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