INFLUENCE OF FAMILIAL FUNCTIONALITY ON RELAPSE AMONG ADULT MALE PSYCHOACTIVE DRUG AND SUBSTANCE USERS RECOVERING IN REHABILITATION CENTRES IN KIAMBU COUNTY, KENYA

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A Thesis Submitted in Partial Fulfillment of the Requirements for the Award of the Degree of Master of Arts in Counseling Psychology in the Counseling Psychology Department, School of Humanities and Social Sciences of Africa Nazarene University

APRIL 2024

DECLARATION

I declare that this document and the research that it describes are my original work and that they have not been presented in any other university for academic work.

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Signature

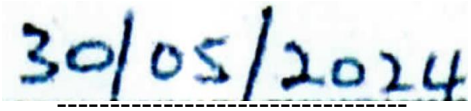
-30/05/2024-

Date

This research was conducted under our supervision and is submitted with our approval as university supervisors.

Dr. Lucy Macharia

University supervisor signature



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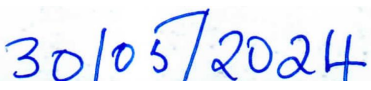

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DEDICATION

I dedicate this work to my late father Johnson Mwangi and my Mother Ann Waithira Mwangi who taught me the value of education, Dr Njoki for perpetual encouragement and my sons Emmanuel, Victor and Caleb for their unwavering support as I did this work.

ACKNOWLEDGEMENT

I wish to sincerely acknowledge the Almighty God who gave me the grace to complete this work. It really took the hand of God to reach this far. I also wish to acknowledge several people whose guidance and support helped me to do this study. First and foremost, my gratitude goes to my able supervisors Dr Lucy Macharia and Rev. Dr Mbugua from the department of Counseling Psychology in Africa Nazarene University for their guidance and patience as I did this work. Secondly, I would want to thank all the lecturers from Africa Nazarene University who shared their knowledge selflessly, enabling me reach this far. My gratitude also goes to the entire staff of Africa Nazarene University and my classmates in the masters programme for giving an enabling environment to complete my studies.

I extend my gratitude to the Directors of the 11 rehabilitation centres who gave an enabling environment for data collection. The Addiction Counselors provided the needed data and also coordinated the clients in their centres to provide data. I cannot thank enough the males recovering from psychoactive drugs and substances in the said rehabilitation centres who willingly filled in the questionnaires that yielded the data for this study. I wish you a life of sobriety.

I would not fail to acknowledge my sister Dr Njoki for her constant encouragement through this academic journey, my nephew Steve who gave me a lot of academic insight. I also owe a lot to my mother Ann Waithira and my sisters Naomi and Sophie for continuous prayers. I acknowledge my sons Emmanuel, Victor and Caleb, for enduring the absence of motherly warmth and attention as I did this work. You greatly encouraged me not to give up even when the journey became tough. Finally, I wish to thank Sammy and for helping me in data organization and formatting of this work.

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ABSTRACT

The purpose of this study was to assess the influence of familial functionality (cohesion, adaptability, communication) on relapse among males recovering from psychoactive drugs and substance abuse in rehabilitation centres in Kiambu county. The objectives of the study included: to establish the influence of family cohesion on relapse, to determine the role of family adaptability on relapse and to examine the impact of family communication on relapse among males recovering from psychoactive substance abuse in rehabilitation centers in Kiambu County. The study was based on the family systems theory by Salvador Minuchin (1985). The study used a correlational research design using purposive and simple random sampling. The target population was 297 relapsed male drug and substance users recovering in rehabilitation centres in Kiambu County, Kenya. Using random sampling, the study yielded a sample of 121 relapsed males which was 40 % of the total population (Mugenda and Mugenda 2013). Purposive sampling was employed to get a total of 11 addiction counselors one from each rehabilitation centre. The data was collected using self-rated questionnaire for relapse indicating how many times the recovering psychoactive drug and substance user had relapsed, a modified family functionality questionnaire (FACES IV) was used to solicit information about the family functionality based on family cohesion, family adaptability and family communication. Further, an interview guide to solicit in-depth information from the addiction counselors was used. The validity of the instruments was determined by supervisors and expert validators from the Department of Counseling Psychology. piloting of the instruments was done in two rehabilitation centres that were not used for the final study. reliability of the instruments was calculated using the split half method and then subjected to Spearman Brown Correction which yielded a correlation index of greater than.72 which was high reliability. With the help of Statistical Package for social sciences version 23, descriptive statistics was analysed using means, and standard deviation. ANOVA analysis was used to test the relationship between the three variables which included cohesion, flexibility and communication and their influence on relapse. Qualitative data was analysed based on themes and results described in a narrative. The results revealed that the relapsed substance users had low cohesion with their families (mean =3.190, sd=1.614, $p=0.015 \leq 0.05$) which increased relapse and also had poor and hostile communication between family members (mean= 3.264, sd=1.44, $0.005 \leq 0.05$) which was a leading cause for relapse. However, there was moderate adaptability between family members and the relapsed substance abuser (mean 2.917, sd=1.446, $p= 0.048 \leq 0.05$) which somewhat reduced the rate of relapse. In conclusion, familial functionality was found to have significant effect on the relapse of the males recovering from psychoactive drug and substance use in rehabilitation centres in Kiambu County. The study recommended that families should receive family therapies organized by directors during open/visitation days in the rehabilitation centres to increase cohesion, adaptability and enhance better communication among themselves and the recovering substance abuser. This will reduce isolation and introduce openness resulting to faster recovery and low relapse rate.

DEFINITION OF TERMS

Familial functionality: Refers to a measure of the extent to which the family interacts to promote and maintain good health (Lian & Chu, 2013). In this study, it refers to how a family relates with each other to help an addicted member maintain sobriety.

Family cohesion: It refers to the emotional bonding a family has with one other (Hur, Taylor, Jeong, Park & Haberstick, 2017). In this study, it refers to the degree of closeness or separateness that the recovering psychoactive substance user has with the family members.

Family communication: It refers to a symbolic process of created and shared meanings among the family members（Al-Osaimi & Issa, 2017). In this study, it refers to how information from one person to another is passed within the family members either verbally or non-verbally.

Family Adaptability: It refers to the ability of family to adapt to leadership, role relationship and rules in response to stressful events. (Spitz & Steinhansen, 2023) In this study it means the ability to accommodate diverse family views with the focus of balancing stability versus change.

Psychoactive drug: Refers to chemical substances which when taken alters normal functioning of a human body (NACADA, 2019). In this study, it refers to substances like alcohol, tobacco, bhang, and khat.

Rehabilitation centre: A facility that offer services to help and individual recover from a variety of physical or mental ailments (Danquah-Amoah & Charan).In this study, it refers to drug and substance recovery centre.

CHAPTER ONE

INTRODUCTION

1.1 Introduction

This chapter provides a background to the study that highlights the state of relapse globally, regionally and narrowing down to local status. The role of family and their response to drug relapse in terms of family functionality (cohesion, flexibility, communication) has also been examined. Part of this chapter also points at the statement of the problem, purpose of the study, research objectives, research questions, and assumptions of the study, limitations and delimitation, significance of the study, theoretical framework as well as the conceptual framework and operational definition of terms. The study was directed to find out the role of family functionality on relapse among the male recovering from psychoactive drug and substance abuse in rehabilitation centres in Kiambu County, Kenya. This study was very instrumental in bringing awareness on the importance of families as key drivers to prevent relapse hence achieve gains attained through rehabilitation services. Since every substance user comes from a family, there was need to focus on how the recovery can be maintained through family support..This justified the need for this study.

1.2 Background to the Study

Drug and substance abuse is considered a world menace. World Drug report (2020) indicates that global drug use is on the rise with over 35 million people suffering from drug use disorders. Incidentally, Kenya is rated among the top four (4) countries renowned in Africa for drug and substance use (NACADA, 2017). This is a worrying trend. The most unfortunate thing about drug and substance abuse is its addictive

nature. Njoki (2013) indicates that a big number of youths aged 10-28 years are abusing drugs and they have been addicted to it. This is supported by NACADA (2016) whose study affirms that youths 15-24 years are dependent on drugs and they are likely to continue using them even as adults. Nathaniel (2014) points out to the need for rehabilitation centers because of the dire consequences attached to drug use. This is supported by Melemes (2015) who reiterates that one of the interventions to help those addicted to psychoactive drugs and substances was to take them to the rehabilitation centers away from their families where they would stay for between 60 to 90 days to be taught skills to help them abstain from abuse. where they are taught skills to help them abstain from abuse. After the treatment period is over, the recovering substance users are expected to stay free from use even when they go back to their families. However, relapse rates have continued to escalate. This leaves a lot of unanswered questions as to what would be the cause of this relapse

Several studies have been undertaken globally, regionally and at local levels regarding the relapse rates. In Malaysia, for example the rate of relapse was reported to be at 50 % (Tam, & Foo, 2013). In Canada the rates were at 23-33% for the adolescents (WHO, 2014), while in South Africa, relapse rates were high with 22% of those in treatment centers having been readmitted to relapse (SACENDU, 2014). This needs to be looked at more keenly to establish proper interventions to the issues of relapse. In Kenya, a study done on regional statistics of drugs use also pointed at high rates of drug and substance abuse (NACADA, 2017). It is however important to indicate that there is very little information in Kenya about the processes of relapse. Githae (2015) conducted a study in rehabilitation centers in Nairobi and found relapse rates to be high. Another study done in Limuru Sub- County in Kiambu found an increase in the number of substance users relapse in the rehabilitation centers (Wangithi & Ndurumo,

2020). This sets an alarm that needs to be further investigated. In Kenya relapse is evident by the increase in the number of rehabilitation centers (Gathu, 2013). This study sought to find out familial factors that could be leading to this trend.

Higgings (2014) posits that rehabilitation is a crucial period where the drug and substance abuser undertakes to recover through treatment of mental and physical health as well as management of withdrawal symptoms. This practice proved to be working during the 1st world war when soldiers who were addicted to drugs had a rate of 75 % recovery after being put in rehabilitation centers. However. within 6 months, 25 % of them had relapsed (Hubbard, 2014). There was need therefore to find out why those addicted to psychoactive drug and substance were able to abstain from abuse when they were in the rehabilitation centres only to relapse after they got out of the programme. This study therefore aimed at assessing the influence of familial functionality on the relapse of males recovering from psychoactive drug and substance abuse in rehabilitation centres in Kiambu county.

Several reasons have been advanced to explain this phenomenon. Some studies pointed to individual factors such as negative personal moods (Sanchez-Hervas, 2012), intrapersonal conflicts (Moos & Moos, 2006), and peer pressure (Sanchez-Hervas, 2012). Other studies have focused on some family factors like family violence. (Hawns, Catallino and Miller, & Miller, 1992), family rituals (Joseph & Wood, 2010) and family emotional state (Githae, 2019).

The family plays a pivotal role in the modification of its member's behavior especially in an African set up. They offer emotional security, identity, and hope. Despite this important role, substance use and relapse remains a major concern for the families, more so because of its addictive nature. To militate against this, those

addicted to psychoactive drug and substance are taken to the rehabilitation Centre and after discharge they rejoin their families where they start using the substances again. This called for a serious re-look at factors within the family that could have prompted this tendency among the recovering psychoactive drugs and substance abusers. It is against this backdrop that this research sought to assess the influence of familiar functionality on relapse among males recovering from psychoactive drug and substance abuse in rehabilitation centres.

Family functioning is a measure of the extent to which the family members interact within themselves to promote /maintain sobriety of its members (Lian &Chu, 2013). Generally, positive family functioning has been found to yield better outcomes. If, however there is dysfuntionality in the family, the members experience negative outcome such as drug and substance abuse and relapse.

According to Olson (2011), family functionality constitutes of three constructs namely family cohesion, family adaptability and family communication. Family cohesion refers to the emotional bonding, support and connectedness the family has with each other (Hur, Taylor, Jeong, Park & Haberstick, 2017). It focuses on how the members of the family system balance their separateness versus their togetherness. Dillo, Dela-Rosa, Sanchez & Schwartz (2012) did a study in Central America to investigate the protective influence of family cohesion against relapse and found out that family cohesion lowered alcohol use. This was supported by a study done in Limuru Sub County by Wangithi and Ndurumo (2012) on relapse to drug use among youths in a rehabilitation center, whose results showed a positive relationship between family support and self-efficacy. However, a negative relationship between family support and relapse was evident. This discrepancy in the findings needed to be sorted

out through a similar study with adult males who had relapsed to psychoactive drugs and substances.

Family adaptability refers to the amount of change in family leadership, relationship roles and rules (Spitz & Steinhansen, 2023). The focus is on how family balance stability versus change. Addiction and recovery disrupt family life and how the family adapted greatly affect the behavior of the recovering psychoactive drug and substance abuser. Adaptability is measured by the degree of family's rigidity, structuredness, flexibility and chaos. Families that are rigid and chaotic experiences high stress whereas structured and flexible families have lower stress. This in turn effects relapse on different ways. Rahgozar, Yousefi, Mohammedi & Piran, (2012) conducted a study with adolescents in a University in Iran to test family flexibility and cohesion on shaping their identity. Results indicated that family adaptability and cohesion affect the identity of students positively.

Similarly, Baker, Marsla, & Greenberg (2015) conducted a longitudinal investigation of adolescents and adults with autism in Massachusetts and Wisconsin (USA) to examine whether family adaptability level has beneficial outcome for adolescents with Autism. The findings indicted that family flexibility /adaptability level influenced maternal depression and child behavior problems in families of adolescents and young adults. This supports the need for a study to find out if flexibility of family would have a similar impact on adult males with drug addiction relapse. Studies of this nature are scanty in Kiambu county hence the need to do such a study.

Communication is a symbolic transaction process of created and shared meaning among family members. It entails the exchange of information from the sender to the source with an intention to pass and understand a message. It may be verbal or non-

verbal. The tone of voice and the emotions it carries as well as clarity of information make a great impact on family members. Githae (2019) carried out a study to assess how harmful and non-harmful criticism would predict alcohol relapse among inpatients recovering from alcohol use disorders in Kiambu County and concluded that harmful criticism by close family members leads to relapse. Similarly, to examine the role of spousal communication as a predictor of relapse among recovering patient was conducted in Nairobi County by Githae and Namukoa, (2021) with results indicating that poor spousal relationship especially poor communication was a predictor for relapse.

This is supported by Vertino (2014) who indicated that effective interpersonal communication strategies in personal and professional settings can reduce stress and promote wellness and overall quality of life. Families who are able to communicate positively in a congruent and clear manner, provides support, affect and conflict resolution that reduces stress within the family hence lower chances of relapse. On the other hand, poor family communication leads to low capacity for problem solving leading to high chances of relapse (Segrin & Flora, 2016). This justifies the importance of communication as a predictor for relapse.

They three constructs of family functionality contribute to the psychological state of the recovering psychoactive drug and substance user which is highly predictive of triggering relapse. Families that lack cohesion fail to support their members leaving them to struggle alone in recovery. Families that are not adaptable,often seek to maintain homeostasis and maintain the status quo. They refuse to adapt to changes of interaction patterns that would help them to accommodate the recovering psychoactive drug and substance user. This leaves them confused hence adapting to

earlier patterns of drug dependency that lead to relapse. Finally, how family members communicate both verbally and non-verbally is suggestive of relapse. Faulty, blaming and critical remarks passed on by family members greatly trigger relapse.

Golestan (2010) alludes to the fact that familial functionality plays a significant role in determining the recovery or relapse of a recovering psychoactive drug and substance user. The argument is that since the family context provides the initiation of drug and substance abuse, it is very likely that the same institution would provide the much-needed solution to counter relapse. Minuchin (2000) indicates that the person addicted to drugs and substance use is simply an identified patient who communicates that the whole family is sick. The interaction patterns within the family are therefore key in determining relapse. If familiar functionality is high, then relapse is unlikely to occur, but if the family functionality is low or poor, chances of relapse are likely to increase. This study addressed familiar functionality and its influence on relapse among the males recovering from psychoactive drug and substance abuse in rehabilitation centres of Kiambu County.

The predictive influence of family functionality has been replicated in other studies especially in psychiatric field. For example, Schizophrenia (Hero, Rucik, Palijan & Graovac, 2013), depression (Chalana, Kundai, Singh, & Malhari, 2017) and anxiety (Moreira, Frontini, Bullinger, & Canavaro, 2014). These studies has shown support on the consistency between family functionality and relapse where low functionality leads to relapse and high functionality encourages recovery. The current study excluded patients who could be having psychiatric disorders and sought to find out whether the effects of family functionalities were the same with those recovering from substance and drug abuse.

The current study was motivated by the increase in the number of male adults who are addicted to drugs and substance in central province of Kenya and Kiambu County in particular. Studies on relapse to substance and drugs in this area are scanty and this study would seal this gap. In 2010, the former President Mwai Kibaki mounted a campaign to curb the rising alcoholism among the males in Kenya and especially in Central province (Mott, 2010). This followed the Census report of 2009 that showed increasing low fertility among men in that region. This was attributed to the alcoholism induced impotency which was so bad that a former councilor in Nyeri, Giathugu ward in Mukurweini promised five hundred shillings (500) reward for every pregnancy realized in a family and two thousand shillings (2000) for every birth of a child in those families.. This indicated how grave the condition of drug and alcoholism has been in Central Kenya. This study is supported by Kobia (2014) whose study in alcoholism in Nyeri County revealed that married men aged 18-28 years were more vulnerable to alcoholism than their female counterparts. This justified the current study with males recovering from substance and drug abuse with the aim of finding out whether the same trend is replicated in Kiambu County.

Kiambu is among the leading Counties in alcohol abuse in Kenya. Mukui (2018) insinuates that the consequences of alcoholism are dire with a grave concern over the number of physical injuries related to alcoholism in the County.. This was based on a study done in Githunguri Sub County on how alcoholism causes accidents. Further, alcoholism had raised a concern over low fertility rates. In Gatundu (south) sub county, women staged a four (4) hours demonstration against the increase of bars, alcoholism and Bhang use that resulted to their men inability to sire children (Ndungu, 2021). Moreover, the women protested because within a span of two weeks, five people aged between 22-40 years had died due to the use of illicit brew and feared

that more deaths would occur if nothing was done. This showed how critical addiction and relapse have been in this County and a study of this nature would be very useful and timely so as to look for interventions.

In 2015, the former President Uhuru Kenyatta ordered the crackdown on the production of illicit liquor on Central Kenya, terming it as the worst hit by this great menace (Karobia, 2015). The president indicated that most men were addicted to what he termed as the killer brew. The same report indicated that seventy (70) people had already been killed by the lethal brew. The liquor was massively destroyed and the addicted drug users taken to rehabilitation centres for three months after which most of them relapsed. A question then begged as to why they would stop using the drugs and alcohol in the make shift rehabilitation centres only to start using the substances again when they got home. This study aimed at sealing this gap.

This trend posed a concern because of the great harm it caused not only to the individuals but also to the families and the nation at large. This justified the need for the current study that formed a basis for interventions. This study therefore assessed the influence of family functionality on relapse among adult male psychoactive drug and substance users in rehabilitation centres in Kiambu County, Kenya.

1.3 Statement of the Problem

Family plays a pivotal role in modeling the behavior of its members. Ideally, the families give a sense of belonging, identity, psychological and physical support to its members during stressful experiences. This shields them from engaging in negative coping mechanism like drug addiction and relapse. However, substance addiction and relapse of psychoactive substance use remain a great threat in families.

Studies show that every year, a large number of males addicted with drug and substance are admitted to rehabilitation centres as an intervention to end their addiction. It is hoped that after a period of abstinence for between 3-12 months in the rehabilitation centres, they would stop their use. However, a great number relapse after they exit the rehabilitation centres. They are either readmitted to the rehabilitation centres or they sink completely back to addiction. Part of the follow up support given by the rehabilitation program includes enrolling the addict in support groups like the Alcoholic Anonymous (AA) but relapse still occur. If nothing is done, relapse cases will continue to soar up, heavy financial costs will be incurred in paying for medical bills and rehabilitation services. The deterioration of the health of the male drug and substance users will also affect male social responsibilities in the family and society at large.

Most researches done locally have focused on the personality of the substance users, influence from peer pressure and general family dynamics (family violence, emotional state, social economic factors) as the causes of relapse. However little focus has been placed on family functionality which involves how family members interact among themselves. Again, most researches have focused on adolescents, relapse of both males and females and families with psychiatric disorders with very few studies focusing on males alone who are largely affected by drug abuse and relapse. There is also very scanty information on studies of family functionality in Kiambu County. To fill this gap, the current study focused on assessing the influence of family functionality on relapse among male psychoactive drug and substance users recovering in rehabilitation centres of Kiambu County. Through this study, families would become aware of the critical role their functionality plays hence seek to strengthen it as an intervention against relapse.

1.4 Purpose of the study

The purpose of the study was to assess the influence of family functionality on relapse among male psychoactive drug and substance users recovering in rehabilitation Centres of Kiambu County.

1.5 Objective of the study

The specific objectives for this study included:

i) To assess the influence of family cohesion on relapse among the males recovering from psychoactive drug and substance use in rehabilitation centres of Kiambu county
ii) To determine the role of Family adaptability on relapse among males recovering from psychoactive drug and substance use in rehabilitation centres of Kiambu County
iii) To establish how family communication impacted the relapse of recovering male psychoactive drugs and substance use in rehabilitation centres of Kiambu County.

1.6 Research Questions

The study was guided by the following research questions.

i) To what extent does family cohesion influence relapse among recovering psychoactive drug and substance users in the rehabilitation centres in Kiambu County?

ii) In which way does family adaptability influence relapse among recovering male psychoactive drug and substance users in the rehabilitation centres in Kiambu County?

iii) Does family communication influence relapse among recovering male psychoactive drug and substance users in rehabilitation centres in Kiambu County?

1.7 Significance of the Study

A study on familial functionality and relapse of males recovering from psychoactive drugs and substance use in rehabilitation centers of Kiambu County would be significant in the following ways:First, it would be a reference point for other researchers who would make use of the knowledge to build on similar studies. Secondly, the findings of the study would add into the limited body of literature on relapse and how family functionality could lead to it. The findings of this study would also help the ministry of Gender and Social services in formulating policies on how relapse can be prevented.

This study would also prove beneficial to the department of Counseling Psychology in colleges and universities in formulating addiction counseling programs that would equip counselors with skills to help families deal with relapses. Research being the basis of achievement of vision 2030 and the millennium goals, it would act as a contributing factor to the pillars of the big Four agenda for our country, part of which is health care. The study would also help the rehabilitation centres to introduce programs to help the families be part of recovery for those addicted to substances Finally, the families would get an awareness of familial dynamics that could lead to relapse hence know how to improve interaction among their families.

1.8 The Scope of the Study

The study was only conducted in residential rehabilitation centres in the County of Kiambu among the male adults recovering from psychoactive drugs and substance use. The rationale of this was that there is a high population in the county which is multi ethnic and so it is possible to get representational information. Being a neighbor to Nairobi city, most urban population is likely to be engaged in drug and substance abuse. Again, the county has many rehabilitation centres which could be a pointer to high rates of addiction and relapse. It was also appropriate to use the males since most of the rehabilitations centres in Kiambu are for males. The study period was one year only and targeted the male recovering from psychoactive drug and substance use who have relapsed within one year. The study only used the familial functionality as an influence of relapse among the recovering psychoactive drug and substance users. The study was informed by the family system theory (Minuchin) using a correlational study design.

1.9 Delimitation of the Study

The study specifically addressed itself to recovering psychoactive drug and substance users who have relapsed once or severally in rehabilitation centres in Kiambu County. Only familial functionality based on three constructs that included family cohesion, family flexibility and family communication was addressed as a factor of relapse. The perception of the recovering psychoactive drug and substance user and the addiction counselors were sought.

1.10 Limitation of the Study

Only the male rehabilitation centres were used for this study yet there are female and mixed gender rehabilitation centres. To counter this, a study for all genders was recommended for future study. Moreover, the familiar functionality alone was focused on as a single factor influencing relapse of male psychoactive drug and substance relapse despite the fact that there are other familial factors like family structure, parenting style, family social economic factors and family violence which can lead to relapse. Furthermore, some other factors leading to relapse could emanate from personality aspects of the psychoactive drug and substance users like being introverted, temperamental, as well as easy influence by peers. The reseacher also recommended these for future studies.

Finally, the study targeted adult males only. Similarly, this study was done on residential rehabilitation centres yet there were others that were not residential. To counter all the above limitations, recommendations for further studies were done for areas that were not addressed in this study but which could be important in understanding the drugs and substance relapse.

1.11 Assumption of the Study

The study was based on the assumptions that relapses happen to recovering psychoactive drug and substance abusers. The other assumption was that cohesion, flexibility and communication were measures of familial functionality and that family functionality influences the relapse of recovering psychoactive drug and substance users. Another assumption was that the respondents gave correct information about their family interaction and their state of relapse.

1.12 Theoretical framework

The current study was guided by the system theory developed by Salvado Minuchin (1974).

1.12.1 System theory by Minuchin

Systems theory which was developed by Salvador Minuchin (1974) is focused on assisting people understand the influence of interaction patterns in shaping the behavior of individual family members. Minuchin (1974) heavily borrowed from the systems theory to show how interconnected components work together to bring the whole. The interactions between the members in a system have a circular causality where relationship in one member affects the other members directly. An example is that when a person in the family recovering from addiction relapses, the effect is felt by all other family members both psychologically and monetary. This is because the family members would spend significant time worrying about the safety of the member,or even spend a lot of their money to cove for his treatments.

The major themes of the family systems theory is that individuals can only be understood within the family and that interaction patterns among individual members either make the family functional or dysfunctional which has significant implication for relapse on the recovering psychoactive substance abusers. If the family is functional, relapse is unlikely to occur as opposed to when the family is dysfunctional. This study focused on the family functionality based on three constructs; Cohesion, Flexibility, and Communication and how each influenced relapse of males recovering from substance and drug abuse in rehabilitation centres.

Family cohesion refers to the emotional bonding, support and closeness the family has with each other.this is pointed to by the degree of togetherness/connectedness and separateness that individuals within the family has. Family adaptability refers to amount of change in family leadership, relationship roles and rules.This denotes how flexible or rigid a family is which has implication on relapse. Finally, communication is a symbolic transaction process of created and shared meaning among family members which is either expressed verbally or non verbally.

A key concept of family theory is the subsystems which are parts that make the whole. Each subsystem is demarcated by boundaries that range from rigid, diffuse, clear, flexible and permeable. The boundaries regulate how the subsystems interact with and among each other. When the interaction in the subsystems is positive, the family is said to be cohesive. Cohesiveness indicates the support given to a member, their connectedness and the flow of information between them. Studies indicate that cohesive families are likely to shield the psychoactive drug and substance users from relapse (Hur, Taylor, Jeong Park & Haberstick, 2017). on the other hand, low cohesion would mean that the substance user is left alone to struggle with recovery which increases chances of relapse. If the interaction is marred by diffuse and blurred boundaries, with relationships that are enmeshed or disengaged, the psychoactive drug and substance abuser is likely to relapse. An example is when the addicted person cannot be allowed to have autonomy because of enmeshed relationship with the family members. The substance user then feels the need to break away from the family and seek solace from a drug of his choice hence a relapse. Rigid boundaries also limit the amount of communication between the members which may make the addicted substance user to feel lonely, hence getting back to drug abuse for solace. In other instances where boundaries are too loose or too enmeshed a person’s privacy is

interfered with giving way to inappropriate access to private information. The addicted drug and substance user therefore feels intruded and can thus relapse.

System theory indicates that families strive to maintain homeostasis which is balance within the family (Minuchin 1974). When this balance is distorted, families get a lot of stress. Lang, (2018) indicates that addicted families develop dysfunctional roles over time, in order to adapt to the life of the addicted substance use which eventually helps them to obtain balance. However, when there is structural change in a family, the system undergoes stress and loses stability. This calls for the family to adjust and be flexible in order to accommodate the changes . An adaptable family would quickly adapt to changes that affect them in terms of rules, roles and power structure. Each family has rules that are spoken or unspoken, overt or subtle, that offer guidance on how members ought to behave (Goldenberg, Stanton, & Goldenberg 2015). Rules can be rigid or flexible. Some families hold rules very rigidly even when circumstances call for re-evaluation which may create a lot of stress to a recovering substance abuser hence relapse. On the other hand, some families lack rules and so individuals in the family do what they want. Such families relate chaotically and they are likely to hurt each other. This creates conducive atmosphere for relapse.

Minuchin, (1974) indicates that families assume roles often related to generations, cultural attitudes or based on birth orders. Some of the roles develop due to dysfuntionality that come as a result of substance use in a family. Once the recovering drug and substance users come back from the rehabilitation centres and find their roles taken, they may feel isolated which could trigger a relapse. They may also be expected to immediately take up their roles again even if they are not yet

financially enabled. This may stress them up and relapse as a way of coping. However, if the roles are made flexible, they can change based on need and this may help the recovering drug and substance abuser feel accommodated back home hence decrease chances of relapse. Moreover, families have power structure where some members have more power than others. This determines who make what decision in the family. Rembo & Hibel (2013) indicates that families always work towards keeping stability through emotional, cognitive and behavioral responses. If power was given to another person in place of the addicted person, once they get back from rehabilitation, stress may develop that could lead to relapse. On the other hand, if the family members are adaptive, the recovering drug and substance abuser will fit in which may protect him from relapse.

Each family has patterns of communication which are verbal, overt or subtle (Minuchin, 1974). Communication serves as a unique way in which family members express their affection or even conflict. The communication pattern indicated by respect and support or lack of it can influence relapse. An example is when a person recovering from addiction asks for something and people look at each other in overt ways suggesting lack of trust or respect. This may create stress to leading to relapse. Moreover, Bowen (1978) indicates that triangulation in communication which involves giving information through a third party rather than communicating directly widens gaps between individuals in the family which may cause relapse to a recovering drug and substance abuser. Communication that is both verbal or nonverbal has great implication because if the substance abuser perceives rejection, the stress builds up and he is likely to self- medicate with drugs and substances hence relapse.

This theory has important implication in understanding how the family as a system influences the recovery or relapse of those males recovering from psychoactive drug and substance abuse. With this understanding, the rehabilitation centres would intensify on family therapy so that the family members can understand their role in addiction and relapse. Therapy would also equip them with skills to become more adaptable and flexible in order to manage the disequilibrium in the family hence work towards cohesion and improvement of communication. The role of the families should therefore never be underestimated. The current study focused on assessing the influence of family functionality on relapse. The results were used to design a realistic approach in improving interaction pattern within the families of the recovering drug and substance dependent persons to reduce relapse and work towards total sobriety.

1.13 Conceptual Framework

This is a pictorial representation of the relationship between the Independent and dependent variables as shown below.

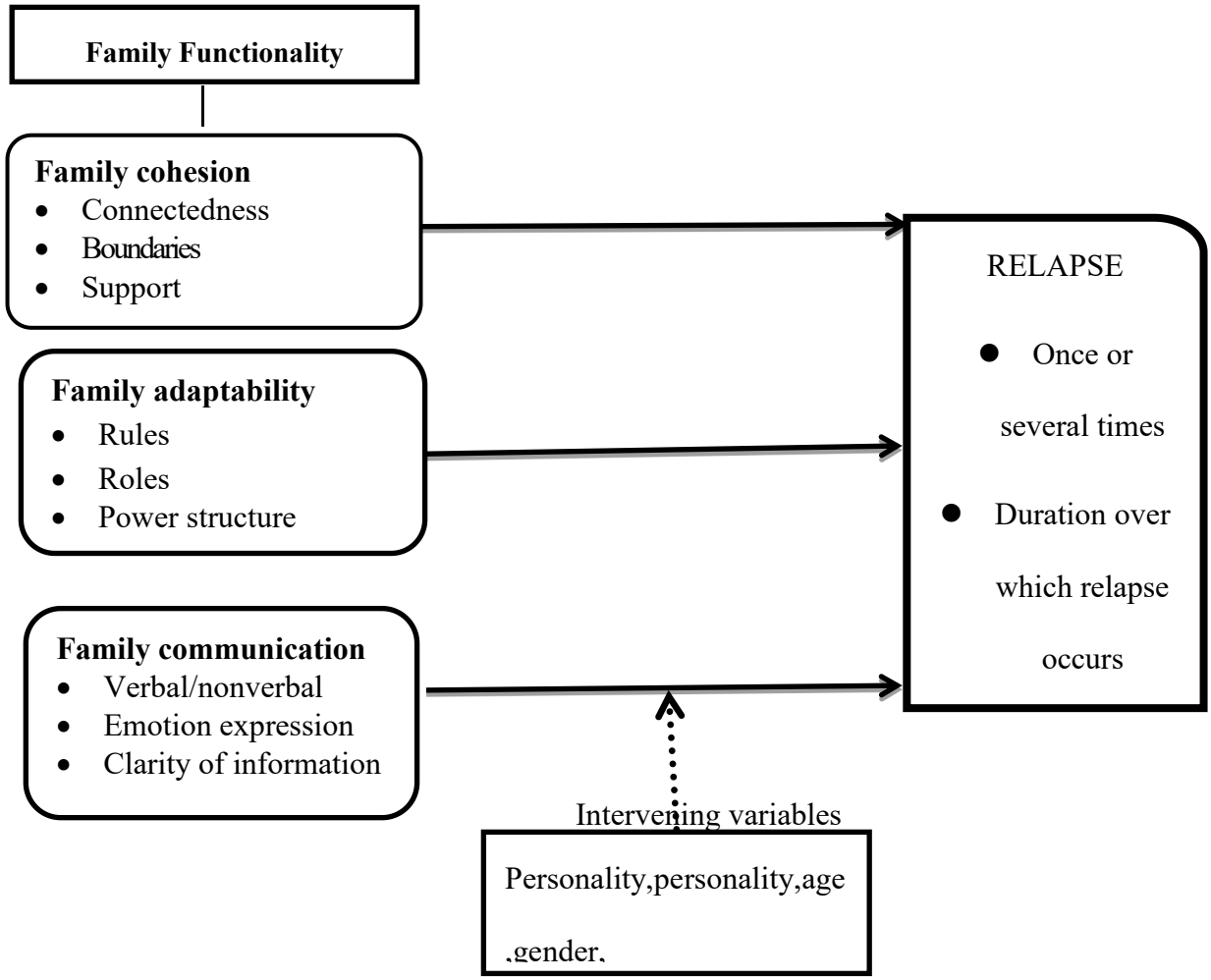

Figure 1.1 Conceptual Framework

(Source, Reseacher,2024)

The predictor variables comprise the family functionality while the outcome variable is substance relapse as summarized in fig 1.1. Family functionality is hypothesized to correlate with relapse. The family functionality is categorized in three dimensions which include cohesion, adaptability and communication. Each one is hypothesized to relate to relapse or sobriety. Personality, gender age and peer pressure have been treated as intervening variables.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter provides a critical review of literature related to family functionality and its influence on relapse. The Literature review is based on three variables that include: family cohesion, family adaptability/flexibility and family communication.This has been reviewed on how they relate to relapse. Empirical studies for both family functionality and relapse to psychoactive drug and substance use have been reviewed and summary of the same given. This chapter is important in forming a basis for the justification of this study as it reveals gaps that need to be addressed.

2.2 Empirical Review

This section discussed the findings of studies based on the main variables of study. The dependent variable is relapse and the independent variable is family functionality based on family cohesion, family adaptability/flexibility and family communication.

2.2.1 Substance Abuse Relapse

Addiction of substance and drugs continue to be a major menace all over the world. World health organization (2018) provides glaring figures with 275 million people aged between 15-64 years having been addicted with 30% of this population having drug use disorders (SUD). Moreover, 3 million of all global deaths are substance related. Higgings, (2014) indicate that abuse of substances leave many individuals, families and the communities in great anguish. Some of the sufferings that affect the families include but not limited to family conflicts, loss of jobs, abuse in homes as

well as poor physical and mental health in families (Schafer, 2011). These effects translate to great expenses to cater for hospital bills. To mitigate these effects, rehabilitation of those affected by drug and substance use has been found necessary.

Rehabilitation is a process of restoration where a substance dependent person intentionally re-establishes healthy physical, psychological and social functions, through acquisition of skills (Musyoka, 2013). Kuria, (2015) alludes that all physical, psychological and social functions that had been destroyed by substance use are restored. The rehabilitees stay for 60-120 days in the rehabilitation centers without using any substances and it is expected that even after their exit, they would stop the substance use. What is shocking is that after they are out of the rehabilitation programme, a great number of them relapse. Relapse refers to the recurring of drug seeking and drug taking behavior after a period of abstinence.

In Iran, a study done on five hundred (500) subjects aged between 17-68 years to establish the cause of relapse among drug users found out that relapse in the beginning of addiction treatment was high at 72%. (Bahman, Amir, Shahram, Ebrahim & Mohamed, 2014). None of the studies was done in details to show the role of family interaction in causing this and the current study focused more on the family interaction and the role it has on the relapse. In Ireland, 91 % of opiate dependents relapsed after a 6-week inpatient treatment. A study by doctors in Dublin using 109 patients' follow-up after an inpatient treatment, found out that 91 % of the rehabilitees relapsed (Smyth, Barry, Keenan & Ducray, 2010).

Waqas, Ravi, Humphry, Kostas & Jason (2017) conducted a study in Zambia and found that patients with alcohol use disorders relapsed soon after they are discharged from rehabilitation centers. This was despite having been trained on skills to help

them overcome their addiction. In Kenya, the available relapse data is on the prevalence of drugs in general based on different geographical areas. According to NACADA (2019), a study done on relapse of alcohol in the regions indicated that central province led in alcoholism relapse especially with Changa'a and the local brews. In 2008, a similar survey was carried in Kenya using a sample of 3016 households and found out that alcohol (72%), cigarettes (73%) and Khat (54%)were leading substances that were mostly abused. It was not clear however if this population had sought any rehabilitation.

Moreover, another survey carried out in Kenya by NACADA (2021) showed escalating substance abuse problems with 18.2% of Kenyans aged between 15-65 years using one or more substances. Alcohol abuse was found to lead at 12.2 %, followed by tobacco 8.3%, Khat 4.1% and 1 % for Bhang. Drug and substance disorder was found to be as high as 21% for ages between 15-65 years. This trend is very worrying and it is a clear indication that despite interventions put in place, the drug relapse remains a threat.

Kabisa, Bircyaza, Habagusenga & Umbyeyi (2021) carried a retrospective cross-sectional survey to examine prevalence and determinants of relapse to substance use in Rwanda. From the rehabilitation records, 391 relapsed substance patients were sampled and studied between the years 2014 and 2018. Descriptive data was analyzed using percentages and frequencies while analytical data used. Bi variate and multivariate logistical analysis technology were also used for analysis. Results indicated that there was high prevalence of substance relapse with risk factors being family conflict, peer pressure, psychological stress and family social economic status. While this study employed secondary data derived from records for five years, the

current study employed primary data collection through questionnaires and interview guides from the substance users and addiction counselors respectively which yielded more current and authentic data which could be more reliable.

Chakkalakkudy, Abram & Valsan, (2019) conducted a cross-sectional study to examine the factors that influenced alcohol relapse among tertiary care staff teaching at Kottayam hospital. Using purposive sampling, sixty (60) members of staff were subjected to a mini mental status examination, ICD-10 (DCR-10) and Stressful Life Inventory (SLI) for data collection. Descriptive analysis was done using means and standard deviation. Two sample t-test, Mann Whitney U test and Chi-square/Fischer's test was used for further analysis. Results indicated that the early onset age of alcohol use corresponds to high relapse while those who relapsed early had stressful events in their marriage, work, family and finances six (6) months prior to relapse. This study was based on generalized extrinsic factors as a cause for relapse but the current study was specific on the familial functionality that could lead to relapse of recovering males who are drug and substance users.

A case control study to assess the factors influencing alcohol relapse in a rehabilitation program in Kiambu County was undertaken by Wainaina, Nyabola & Othieno (2019). A random sampling yielded 265 respondents, (134 cases and 131 controls) with majority of the respondents being males who had relapsed while undergoing treatment while others remained alcohol free six months after treatment. Penn Alcohol Craving Scale (PACS) was used to measure the craving score. Chi square, independent T-tests and a Multiple logistics regression were used for data analysis. The findings indicated that those who relapsed to alcohol had a higher craving score. This study was done with both genders and focused on alcohol use

alone while it is clear that many substance users relapse to many substances. The current study is focused on males only who have relapsed to multiple drugs and substance use. This was an experimental study that had both the case and control group while the current study used correlational study design. It remained to be seen if the effects were the same for the two research studies,whose findings would strengthen the knowledge base on the state of relapse to drugs and substances for recovering users.

2.2.2 Family Functioning

This section reviewed literature on family functioning and the role it plays in drug relapse. The three variables of family functioning based on Olson Model included family cohesion, family flexibility and family communication. While family cohesion is denoted by a measure of family emotional bonding, flexibility/adaptability is the ability of a family to cope with life changes. Given that families have rules that govern them and roles attached to each family member, flexibility would mean that they would be ready to apply them as need arise without being rigid. Communication is a symbolic process of created and shared meaning. In a family situation, this would mean common values, ideas language and interpretation that would be unique only to the family members that gives it meaning. Good communication has been found to have positive family outcomes while faulty communication have been known to have negative outcomes and in case of a recovering substance and drug user, it would heighten possibility of relapse (Olson, 2000). Family functioning therefore is a measure of the extent to which the family of a recovering substance user interacts within themselves to promote sobriety. Positive family functioning has been found to yield better outcomes while dysfuntionality yielded negative outcome hence relapse.

Russell, Simpson, Flannery, & Ohannessian, (2017), conducted a longitudinal study in USA with 103 adolescents to investigate the associations between adolescents with substance and drug use disorder, family functioning and the mediating role of internalizing symptoms on this relationship. A survey questionnaire was used to collect data which was analysed through path analysis. The study found out that boys' alcohol use impacted negatively on the family functioning. The boys' depressive symptoms mediated the relationship between alcohol use and family cohesion and adaptability. This report had inconsistencies with the findings of the girls whose depressive symptoms negatively predicted family functioning. It was therefore important to find out whether the findings with adolescents in this study could be replicated with adult male psychoactive drug users recovering in rehabilitation centers in Kiambu County. This would also help streamline the discrepancy in the earlier findings.

Wu, Wong, & Yu (2016) undertook a cross-sectional descriptive comparative study in Hong Kong with 2021 secondary schools students to establish the prevalence of internet addiction, its relationship with family functionality and parenting approaches. Parental Media Guidance Scale (PMGS), Internet Addiction Test (IAT) and APGAR score for family functionality were used for data collection. Data analysis was done using Chi squares and multiple regressions. Results showed a positive relationship between internet addiction and family functionality as well as with parenting approaches. This means that the more functional a family is, the less addiction to internet for the students. This study tested for internet addiction among young people in secondary schools while the current study focused on psychoactive substance and drug relapse on male substance dependents in rehabilitation centers. This study was

basically based on family functionality alone and it remained to be seen if the same findings could be replicated for a different population of the drug and substance users.

Another study was done in the University of Hungary, among 158 adolescence.The aim was to find out the influence of family structure, functionality and the well-being in adolescents using a multidimensional approach (Láng, 2018). Respondents filled the Family Functioning and Well-being Questionnaire (FFWQ) and the Family Adaptability and Cohesion Evaluation Scale (FACES IV). Pearson correlation and multiple linear regressions were used for data analysis. Results indicated that balanced family functioning positively affected the family while unbalanced family function negatively predicted the family well-being. This is a clear indication that the functionality of the family is central to determining if family members engaged in healthy behaviors or not.It is not however clear from this study what parameters of family functionality were used. The current study adopted FACES IV adaptability test based on family cohesion, family adaptability/functionality and family communication to find out if the same could be replicated to check relapse of substance use among psychoactive substance and drug users.

2.3.3 Family Cohesion and Substance Relapse

Dillo, Dela-Rosa, Sanchez & Schwartz (2012) conducted a cross-sectional retrospective study with 527 Latino young American aged between 18-34 years based on Risk / Protective Model and Bronfenbrenner ecological theory to investigate the protective influence of family cohesion against relapse. Respondents were interviewed using a timeline Follow-Back (FLFB) for alcohol and drug use. The Family Cohesion Sub scale for Family Functionality Scale (FFS) was also used to assess for family cohesion. Mplus statistical software and the multivariate poison

regression analysis, multi-indicator, multiple causes (MIMIC), and Mixture modeling were used for analysis. Results indicated that pre-migrant family cohesion was inversely related with harmful alcohol consumption. This means that those pre-migrant families who were cohesive were unlikely to engage with alcohol consumption , an indication that family has a great role to play to prevent harmful drug and substance use. This study seem to support the positive role of family cohesion against relapse and the current study would want to establish whether the same would apply for the males recovering in rehabilitation centers in the County of Kiambu.

Xu, Ming, Zang et al, (2017) undertook an observational cohort study of Antiretroviral therapy (ART) treated patients with HIV in Guangxi province in China. The aim was to identify the family support and discrimination of people living with HIV and AIDS (PLWHA) and how it affected their quality of life. A convenient sampling method yielded a sample of 332 subjects taking Antiretroviral drugs (ARV's) who filled structured questionnaires for demographic and social economic health related to quality of life (HR-QOL) and the Chinese version of WHOQOL_HIV BREF instruments for assessing the quality of life. Using SAS 9.1, descriptive statistics were analyzed using means and frequencies while the Generalized Estimating Equations (GEE) was used to examine the relationship between family support, discrimination and quality of life. The results indicated that patients overall quality of life was positively associated with having received family life support. This study no doubt points to the importance of family support and its influence on quality of life to the members. This study was based on patients undergoing HIV treatment in outpatient hospitals who were staying with their family members on daily basis while the current study focused on the recovering drug and

substance users who attended inpatient rehabilitation centers. Given that the inpatient drug and substances users would be away from their family members for about three to six months and then join them after, it was imperative to find if results of this study could be replicated in the current study.

Hur, Taylor, Jeong Park & Haberstick (2017) carried out a study in Nigeria to investigate the influence of pro-social behavior among adolescents with the aim of finding out whether their perception of cohesive family environment moderated genetic and environmental influences. A target population of 2,376 school going adolescent twins with a mean age of 14 .7 years were randomly sampled and subjected to a questionnaire of Family Adaptability and Cohesion Evaluation Scale (FACES III). The findings suggested that perceived family cohesion was positively related to the prosocial behavior of adolescence. This meant that most adolescents perception was that a cohesive family would greatly influence their prosocial behaviour. What was not evidently clear was whether the adolescents were staying with their parents or they were in boarding schools which would determine what cohesion would entail given the amount of time they spent with family members. Moreover, this study was nonclinical with the aim of disputing the genetic influence on Prosocial behavior and was based on how family cohesion would impact on it.

The current study aimed at finding out whether family cohesion would mediate against substance relapse on males addicted to drug and substance use in inpatient rehabilitation centres using Family adaptability scale FACES IV. This is a clinical issue and it was important to see if the same results would be replicated on this study.

Githae, Sirera & Wasanga, (2016) conducted a correlational study to evaluate family over involvement and relapse among alcoholics in inpatient rehabilitation centers in

Nairobi . The researchers used 186 patients who were purposively sampled together with their close relatives. Alcohol use disorder identification test (AUDIT) for alcoholism and Emotional Over involvement Questionnaire (EOQ) were employed for data collection. Interview were also conducted among the respondents to supplement quantitative data. The Pearson correlation and regressions were used for data analysis. Results indicated that Emotional over involvement expressed by families, predicted relapse of alcohol among those addicted to it.. While this study focused on family over involvement alone which is an indicator of family cohesion, the current study included other aspects of cohesion like family support and inter-connectedness and what influence they would have on substance relapse.

Wangithi & Ndurumo, (2020) conducted a correlational study to establish whether there was a relationship between family support, self-efficacy and relapse to drug use among youths in rehabilitation centers of Limuru sub-county in Kiambu County. Using convenience sampling, eighty (80) youths were subjected to Family Support and Strain Tool (FSST) and drug avoidance self-efficacy scale (DASES). Frequencies and means were used for the descriptive statistics while inferential statistics was done using a three-way chi-square tests and Pearson correlation coefficient. To establish the cause effect for family support, self-efficacy and relapse, a logical regression was used. The results indicated a positive relationship between family support and self-efficacy while there was a negative relationship between family support and relapse. Based on this study, it is clear that family support plays a significant role. While this study used the social learning theory, the current study was guided by family systems theory to articulate how interaction in families could thwart or build on relapse.

2.3.4 Family adaptability and Relapse Substance Abuse Relapse

Flexibility refers to the amount of change in leadership, role and rules in a relationship. (Olson, 2000). It focuses on how family systems balance stability versus changes especially in the face of a situational or developmental stress. The family in this case ought to look for new solutions to problems and accept to shift their roles rules and leadership to accommodate a recovering drug and substance user. Addiction disrupts family life in many ways and the members eventually adapt to the situation. When the identified patient (substance abuser) starts recovering, the family becomes imbalanced which require that they reorganize and negotiate new roles, rules and responsibilities to cope with the changes. The family must therefore be adaptable enough to adjust to related role changes.

Baker, Marsla, & Greenberg (2011) conducted a longitudinal investigation of adolescents and adults with autism in Massachusetts and Wisconsin (USA) to examine whether family adaptability/flexibility level benefited adolescents with Autism. A random sampling yielded 149 respondents from 406 families of children with autism aged between 10-22 years who were subjected to Autism Diagnostic Interview-Revised Family Adaptability Scale (FACES II), positive affect, General Maladaptive Index (GMI), Scale of Independent Behavior Revised (SIB-R), Centre for Epidemiological Studies Depression Scale (CES_D), the Intellectual Disability Intelligent Tests (IDIT) and Vineland Scales of Adaptive Behavior –Screener (VSAB-S) for data collection. Hierarchical regression was used to predict behavior change. The findings indicted that family flexibility level influenced maternal depression and child behavior problems in families of adolescents and young adults. It was to be

interesting to find out if the same results could be generalized with a male population recovering from drug and substance use in rehabilitation centres.

Rahgozar, Yousefi, Mohammedi & Piran, (2012) carried out a causal comparative study using 375 students randomly selected in Azad University in Iran to test family flexibility and cohesion on shaping their identity. Ego identity process questionnaire, (EIPQ), Positive Flexibility Questionnaire (PFQ) and Family Cohesion Questionnaire were used. Data was analyzed using T-test and multiple regressions. Results indicated that family flexibility and cohesion affect the identity of students positively.

This study was based on a non-clinical aspect and was developmental in nature.however, the current study targeted clinical aspect of drug addiction and sought to assess how flexibility / adaptability of a family impacted on the relapse of males recovering from drug and substance use.what was not immediately clear was whether the students in Azad University were frequently in interaction with their family members because it would determine how much flexibility in the family would impact on them.

In Nigeria, a study was conducted to identify information of family types and juvenile delinquency among high school students (Sanni, Udoh, Okediji, Modo, & Ezeh, 2010). Using a multistage random sampling technique, 200 students from five schools were selected to respond to a self-report on Family Delinquency Questionnaire, (FADEQ). Descriptive data was analyzed by percentages and frequencies while the hypothesis was analyzed using chi-squares. Results found out that family variables (cohesion, adaptability and stability) had strong effect on juvenile delinquency. This study, based on students and behavior problem of juvenile delinquency summed up the role of the three constructs together but one of the objectives for this study is to examine

how much the family flexibility leads to relapse of males who are recovering from drug and substance use in rehabilitation centres in Kiambu County. .

From the above discussion, it's evident that family flexibility greatly affects the family members' behaviors in many ways and therefore the current study was aimed at finding out if the same could have an impact on relapse of substance use among adult males recovering in inpatient rehabilitation centre s in Kiambu County.

2.3.5 Family Communication and Substance Abuse Relapse

Communication is a symbolic process of created and shared meanings among the family members (Segrin & Flora, 2011). It can either be verbal or nonverbal and how it is used greatly affects family interaction. Proper choice of words and the application of non-verbal expressions lead to positive family outcomes while obscure patterns of communication, confused and poor communication may lead to chaos and pathology. Communication plays an integral role in developing a child's behavior towards alcohol (NIDA, 2014). It is therefore very important to be consciously keen on how communication is taking place between family members. Vertino (2014) indicated that effective interpersonal communication strategies in personal and professional settings can reduce stress and promote wellness and overall quality of life. This would essentially help the recovering substance user feel accepted and reduce their chances of relapse. More so, it has been found that good family communication skills reduce serious forms of delinquency (Duricic, 2015) while poor family communication skills contribute to delinquent behavior. (Mathys & Lochmann, 2010). It is therefore important to cultivate healthy communication among family members in order to help reduce addiction and relapse which are deviant behaviors in the family.

Families with positive communication generate clear congruent messages, provide support, demonstrate affection and have conflict resolution skills. Families with negative communication that includes denial of feelings, excessive conflicts, criticism and less capacity to listen or address issues are likely to encourage relapse (Segrin & Flora, 2011). It is clear therefore that when the recovering substance user go home from the rehabilitation centres, the way the family members communicate with them could determine whether they relapsed or not which justify the need to do this study.

Githae (2019) carried out a correlational study to assess how harmful and non-harmful criticism would predict alcohol relapse among inpatients recovering from alcohol use disorders in Kiambu County. Using purposive sampling, 119 alcoholics were sampled and subjected to self-rated questionnaires which included: Alcohol Relapse Situational Appraisal Questionnaire (A-RSAQ) to assess risk of relapse, Attribution of Criticism Scale (ACS) and Perceived Criticism Measurement Type (PCM-T) to assess perceived criticism. Alcohol Use Disorder Identification test (AUDIT) was also used for Alcohol use screening. Pearson correlations and regressions analysis were used for data analysis. Results showed that harmful criticism by close family members led to relapse. This study focused on the alcoholics only while the current study focused on psychoactive drugs and substances which included alcohol, tobacco, khat and inhalants. This was based on the realisation that most of the drug and substance recovering patients in rehabilitation centres were poly drug users and could have relapsed to more than one of them. However, it was important to evaluate whether a replica of the same results was possible for those with poly drug and substance use in the same rehabilitation centres of Kiambu County.

Pyecha (2020) carried out an exploratory descriptive study of family communication pattern and family typologies. Using 81 alcoholics and drug addicts (ADA) in the twelve steps fellowship recovering for addiction, data was collected using the online questionnaire, an adapted scale AWARE 3.0 for relapse awareness warning. Revised communication pattern instrument was also used for family communication patterns. Using SPSS 26, descriptive statistics was done using means, median and mode. Bivariate correlations, Pearson correlation, independent T-Test and One way ANOVA were all used. Results indicated that there was low to medium significant correlation between Family Communication Patterns (FCP) typology and desire to relapse. This study used data collection online while in the current study the researcher collected data physically whose results could be more authentic.

To determine the characteristic of family relationship with children exhibiting externalizing behavior problem, 135 students aged between 11-14 years, both male and females were assessed (Durisic, 2015). The Assessing Emotional Social Behavior Probability of Children and Youth (ASEBA_YSR), FACES IV was used for data collection. Data was analyzed using Pearson correlation with results indicating that there was a low quality relationship characterized by poor connectivity, poor communication and dissatisfaction that led children to have externalized behavior like the misuse of drugs and substance which this current study aimed at addressing. It was not clear from this study as to whether drug ans substance abuse was the only externalizing behaviour the children had which was a result of poor family communication. However, the current study only focused on the drug and substance use by recovering male adults in rehabilitation centres of Kiambu County, Kenya.

A correlational study to examine the role of spousal communication as a predictor of relapse among recovering patients was conducted in Nairobi (Githae & Namukoa, 2021). Purposive sampling yielded 394 participants with 147 of them married and the rest single were subjected to a self-report questionnaire adapted from Advanced Warning of Relapse (AWARE) scale. The Vulnerability Stress Adaptation Model (VSAM) and the General systems theory were used. Data was analyzed using the Pearson correlational Coefficient and Regression to get the relationships between the variables. Results showed a high relapse rate of 34.41% for those who had spousal relationships. This study was correlational and took a period of six months unlike the current study which is descriptive and took a shorter time.

From the ongoing discussion based on reseach, it is evident that communication as an interaction pattern within a family plays a pivotal rol in predicting the relapse of those in drug and substance use problem.it is imperative for families to learn skills that would help them communicate well with each other and probably thwart the menace of relapse.

2.4 Summary of Reviewed Literature and Knowledge Gaps

In summary, the reviewed literature indicated an influence of family functionality and relapse. However, most studies done were based on western populations, a few in Malaysia and Iran. In Africa, the literature was scanty, outdated and in Kenya, very few studies that were done on relapse were not specifically based on family functionality and substance and drug relapse thus warranting a study of this nature. Moreover, most of the reviewed literature focused on families with psychiatric conditions such as depression and anxiety while others were done on patients with comorbidity thus, affecting generalization of the findings. The current study only

focused on substance users who do not have psychiatric conditions that enabled a better conclusion of the influence of family functionality on relapse.

Most studies were based on relapse of only one substance especially alcohol which lacked a clear view on relapse of other drugs and substances. This study sealed that gap. Lastly, many studies that were reviewed focused on both males and females and very few studies addressed each gender alone. Given that most drug and substance abusers are males, there was need to focus on the influence of family functionality on males alone in order to find how they can be supported to maintain sobriety. This study mainly focused on the influence of family functionality and relapse of male adults recovering in inpatient rehabilitation centres of Kiambu County.

CHAPTER THREE

RESEACH METHODOLOGY

3.1 Introduction

This chapter described the research design, location of study and target population used in the reseach . Further, sample size and sampling procedures were also discussed, data collection instruments, data collection procedure, followed by data analysis and ethical considerations. This chapter was important in providing the procedures and methods that guided how the study was undertaken.

3.2 Research Design

This study employed a correlational study design to assess the influence of family functionality and relapse among the recovering male adults in rehabilitation centres in Kiambu County. This design examined the degree of relationship between variables as well as determine the direction and strength of such relationships (Whitley & Kite, 2013). This design was found to be appropriate because it allowed the researcher understand how family functionality may have led to relapse based on three variables that included: the family cohesion, family adaptability / flexibility and family communication. The researcher was also able to know the direction and strength of such relationships.

3.3 Research Site

The study was undertaken in Kiambu County with 27 male accredited rehabilitation centres that admitted patients across the country. The reason for the choice of this county was that it is synonymous with heavy alcohol drinking (NACADA, 2017). The presence of many rehabilitation centres was a pointer to high levels of addiction

due to drug and substance abuse. According to Kenya Bureau of statistics (2022), the. County is a home to multi ethnic communities and so findings could be generalized to most populations in the country

3.4 Target population

The target population was all male recovering in the 27 rehabilitation centres in Kiambu County each with an average of eleven clients at a single moment. This yielded a total of 297 clients. The choice for undertaking a study with males emanated from the great number of rehabilitation centres for males in the county. Again, there has been a great outcry by women in the County on the effect alcohol has on their men. (Ndungu, 2021 & Karobia, 2015). The researcher hoped that this study would shed some more light on family dynamics that could be contributing to this occurrence and salvage the men.

3.5 Sample Size

The 27 male only rehabilitation centres were purposively selected with an estimation of 11 clients at any single moment. This amounted to a total of 297 recovering substance users. Out of this, 40% were randomly selected which approximated to 11 rehabilitation Centres with an estimated 121 clients. Mugenda and Mugenda (2013) indicate that any population between 30% and 40 % is adequate for a small population. In these rehabilitation centres, the researcher collected data from all the recovering psychoactive drug users and 11 addiction counselors.

3.5.1 Sampling procedure

All 27 male rehabilitation centres were purposively selected. Out of this,11 centres were randomly selected by writing names of all the rehabilitation centres on a paper which were then carefully folded. The papers were then put in a basket and eleven (11) of them were picked, for the study. All the clients were used for the study due to the small numbers. This catered for the centres whose population at that time was less than 11 clients. Again one addiction counselor in each Centre were purposively selected. This is shown in the matrix frame below

Table 3.1: Sampling Frame

Rehab Centres Category	Rehab centres	Client population	Sample rehabs	Sample pop	Addiction counselors
Males only	27	297	11	121	11
Total	27	297	11	121	11

(Source:Reseacher 2024)

3.6 Data Collection Procedure

A letter of authorization to carry out research from the Graduate school, African Nazarene University was presented to the National Council of Science and Technology (NACOSTI) who issued research permit. The permit was presented to the Kiambu County Commissioner who gave a letter of authorization to get into rehabilitation centres. The researcher visited the Directors of the Centres to seek permission to carry out research with the clients as well as familiarize with the clients. Through the addiction counselor in the Centre, the clients were approached and the purpose of the study explained. The researcher then gave them the questionnaires to fill and also orally interviewed the addiction counselor using the interview guide.

3.6.1 Research Instrument

This study used questionnaires and interview guide for data collection. The questionnaires included demographic information, relapse questionnaire, family functionality questionnaire adapted from the Family Adaptability and Cohesion Evaluation Scales (FACES IV) and an interview guide for the addiction counselor in the rehabilitation Centre.

3.6.1.1 Relapse Questionnaire

This were researcher made questionnaire with six items seeking to get information about relapse. Some questions included “have you been to a rehab center before to “how many substances have you relapsed to”. This questionnaire was answered by all the clients in the rehabilitation centres. For those attending for the first time, question 1 was omitted. The questionnaire was close ended with a yes or no response, or a numerical answer. Three of the questions, “how many times the client has been to rehabilitation Centre before”, how long did you stay in the rehabilitation centre”, and “how often have you been using the substance after relapse” were coded and quantified to between 1-4. The remaining three questions that included, “How many psychoactive substances have you used before”, how many substances have you relapsed to?” and “after how long did you relapse?” were coded and quantified as between 1-5. The minimum score was 6 and the maximum 27. The higher the score for all questions apart from question 4, the more severe the relapse. The lower the score for number 4 the higher the relapse rate.

3.6.1.2 Family functioning questionnaire

This questionnaire was adapted from the Family Adaptation and Flexibility Scale (FACES IV) which has 62-item; self-report designed to measure three main aspects of family functioning according to the Circumplex Model of Marital and Family Systems (Olson et al., 2000). This study however used a modified form of the Circumplex model FACES IV with questions from the category of family cohesion, family flexibility, and family communication that was useful for this study. This yielded seven (7)questions from each variable (cohesion, adaptability, communication) giving a total of 21 questions. Cohesion refers to the emotional bond between family members and it was measured by disengagement, Cohesion and Enmeshment. Flexibility refers to the family's capacity to adapt its functioning to challenges and new situations based on roles, rules, and leadership. Its measurement range is from rigidity, unstructured, flexibility and chaotic. Communication refers to interchange of information between family members verbally or non-verbally and was measured by a single scale which is the communication scale. All questionnaires used a five-point scale to seek the family understanding of the functionality of the family.

3.6.1. 3 Interview Guide for the Addiction Counselor

There were seven (7) open ended questions given to the addiction counselor to seek information based on three themes: relapse of males recovering from drug and substance use, the role of the family in relapse and programmes for recovery and maintenance offered to recovering substance users for use after they leave the rehabilitation Centre. This supplemented the results from the questionnaire as well as improved the validity of results.

3.6.2 Pilot testing of Research Instruments

This was carried out in one of the rehabilitation centres in Kiambu County with similar characteristics with the centers that were used for the final study. This center was not however used for the final study.

3.6.3 Instrument Reliability

The family functionality questionnaire has largely been used in the west for many studies and therefore it is reliable. However, piloting of the same was done in a rehabilitation Centre that was not used for the study. This is because the questionnaire used was a modified version of FACES (IV). Internal consistency, was established through the split half reliability test where the items of the questionnaire was split into two equal parts either based on the odd or even numbers. Chakrabarty (2013) indicate that if the results are similar, then the test was seen to be reliable. The questions were also subjected to Spearman Brown Correction which yielded a correlation index greater than 0.7, hence the instrument was reliable.

3.6.4 **Instrument Validity**

The FACES (IV) questionnaire has been used for about 25 years in the west and has been found to be valid. Gorall, Tielesen & Olson, (2006) indicates that its alpha reliability ranges from 0.77 - 0.89 which is adequate for use in research. However, since the researcher used the few relevant parts of the questionnaire for the study, the tool was subjected to expert advice in the counseling psychology department in African Nazarene University. The feedback from the pilot study was also used to phase out any questions that were not found appropriate.

3.7 Data Analysis

Collected data were manually checked for accuracy, responses and omission in which editing was done appropriately. The data was then keyed in using the help of SPSS version 23. Descriptive analysis for demographic information was done through means, percentages, frequency distributions and standard deviations. Family functionality was coded using a Likert scale of 1 to 5 where one was strongly agreed and five was strongly disagreed. To measure the relationship between cohesion, and relapse, flexibility and relapse, and communication and relapse, ANOVA analysis were used. The qualitative data based on the interview guide was analyzed thematically and described in narrative form.

3.8 Legal and Ethical consideration

Permission was sought from the University through the department of counseling psychology that allowed the researcher get research authorization from NACOSTI (National Council for Science and Technology). Further permission was acquired from the County commissioner, Kiambu County as well as from the ministry of Education Kiambu County. The researcher then obtained permission from the Directors of the various sampled rehabilitation centres. The researcher explained the purpose of the study that helped the recovering drug and substance users to make informed decisions as to whether they wanted to participate in the study or not. A consent form was provided and respondents filled it. Confidentiality was then assured to the respondents. Security codes were also assigned on the information collected from the individuals so as to maintain anonymity.

CHAPTER FOUR

DATA ANALYSIS AND FINDINGS

4.1 Introduction

This section outlined the data findings, interpretation, and discussions of the study that examined the influence of familial functionality on relapse. The first objective was to establish the influence of family cohesion on male psychoactive substance use relapse among those recovering in rehabilitation centers. A questionnaire was adopted to obtain qualitative data and analyzed using the mean, standard deviation, and analysis of variance, while interview schedules from addiction counselors were collected and analyzed through content analysis.

The second objective was to determine the role of Family flexibility in male psychoactive substance use relapse among those recovering in rehabilitation centers. The data for this objective was also collected using both questionnaires and an interview schedule. The questionnaire provided quantitative data, which included the mean, standard deviation, and analysis of variance. The individual interviews were also integrated into the findings.

The final objective was to evaluate the influence of family communication on male psychoactive substance use relapse among recovering addicts in rehabilitation centers. The questionnaire results were examined using the mean, standard deviation, and analysis of variance. On the other hand, the qualitative results from the interview were analyzed through content analysis.

4.2 Response Rate

The response rate was 100% since all the 121 respondents were able to answer the questionnaires. Similarly, all the 11 addiction counselors representing 100% were interviewed which allowed the researcher to continue with the analysis.

4.3 Demographic Information

Demographic information was analyzed comprising of the age of the respondents, highest level of education, employee status, marital status, and the person who took care of the respondents within the last one year. The results were displayed in tabular presentation and in form of frequencies and percentages for marital status, however other demographic feature was presented in form of bar chart.

The results given in figure 4.1 represented the age bracket of the respondent in years.

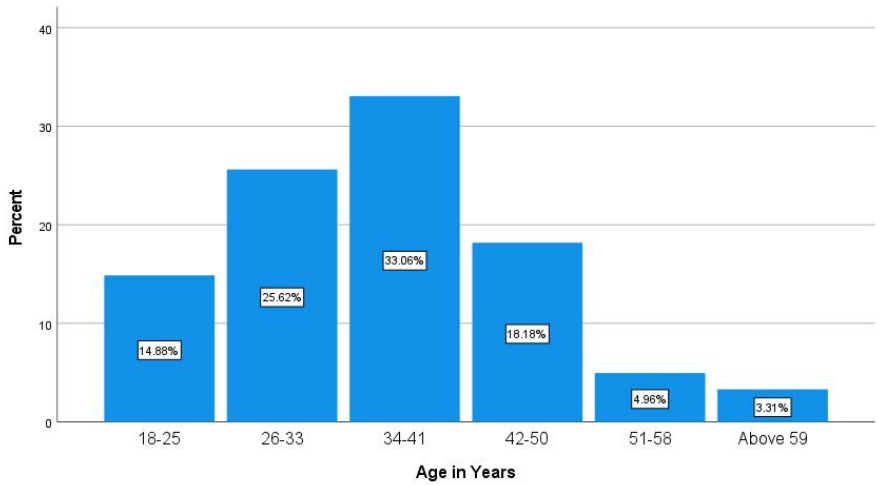

Figure 4.1: Age in Years of the Respondents

Source:Reseacher, 2024

According to the results in figure 4.1, the highest number of substance users came from the middle age of 34-41 years constituting of 33.1% of the respondents. This was followed by 26-31 years with 25.6%, 42-50 years with 18.2%, 18-25 years with 14.5%, 51-58 years with 5.0% and above 59 with 3.3% of the respondents. This indicated that the male psychoactive drug and substance users were mainly between the ages of 25 to 41 years which is an average age bracket of the life of person. The drug and substance use has therefore affected young energetic men who should be productive in the nation. This was a serious matter that warrants a re-look from policy makers in order to salvage the young men and turn them to economically productive citizens

The highest education level was also evaluated based on questionnaire response. The results were presented in figure 4.2.

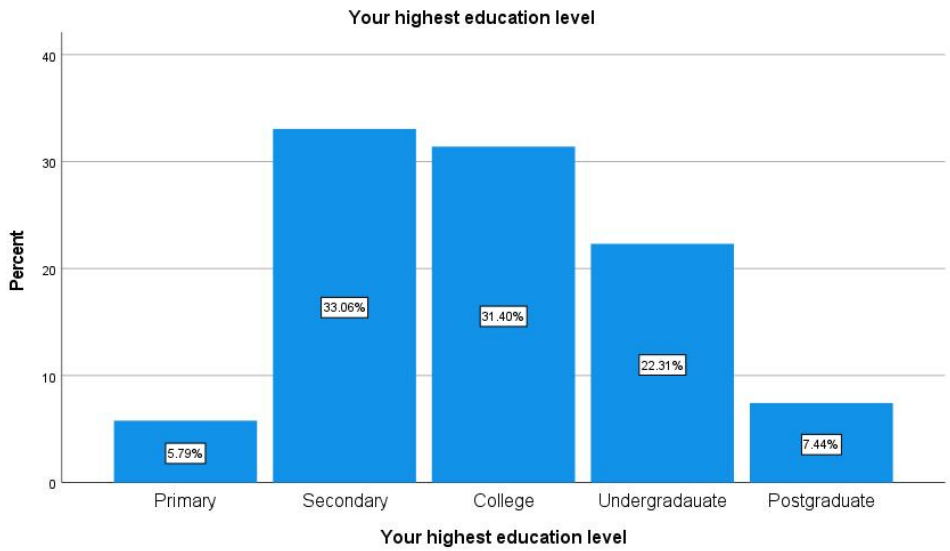

Figure 4.2: Highest Education Level

(Source: Reseacher, 2024)

The results of figure 4.2 showed that the highest users of drugs and substance users which was 33.1% of the respondents had attained secondary education as the highest level with those who had college level of education at 31.4%, undergraduate 22.3%, postgraduate 7.4% and primary 5.8%. the conclusion was that those who had attained secondary, college and undergraduate level of education had the highest number of drug and substance users. This indicates that a moderate literacy group were more likely to become addicted to drugs/substances than the more educated or under educated persons.

Employment status was also examined and data presented in the figure 4.3.

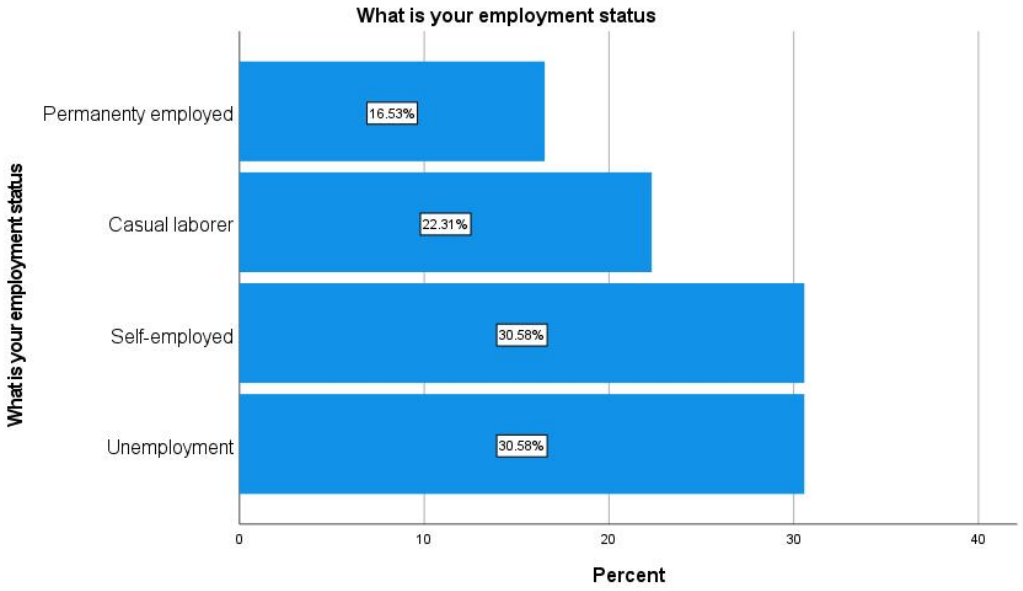

Figure 4.3: Employment Status

Source: Reseacher, 2024

According to figure 4.3 the employment status was examined and results showed that that the highest affected group were the unemployed and self-employed both with 30.6% of the respondents. This was followed by casual laborer with 22.3% and lastly

permanent employees with 16.5% of the respondents. This revealed that employment status played a role in drug and substance abuse. Those that were self-employed and unemployed had high chances of becoming victims of drugs and substance relapse due to low wage or economic reasons. Similarly, the casual laborers were also affected by low wages and high stress created by the nature of their employment. However, those permanently employed had lower chances of getting into drug and substance abuse probably because they were stable in terms of their income which could reduce tress levels.

Marital status was presented in form of frequencies and percentage in table 4.1.

Table 4.1: Marital Status

	N	%
Single	48	39.7%
Married	34	28.1%
Separated	20	16.5%
Divorced	15	12.4%
Widowed	4	3.3%

(Source: Reseacher, 2024)

Table 4.1 showed that single men who represented a 39.7% had a likelihood of relapsing to psychoactive drugs and substance . This was followed by the married people with 28.1% of the respondent. Those separated were 16.5%, divorced were 12.4% and widowed 3.3% of the respondents. This implies that being a single a man had a 71.9% possibility of abusing substance as compared to the married men whose rate stood at 28.1% of the respondents. Further an inquiry on whom the respondents stayed over the last one year was presented in figure 4.4.

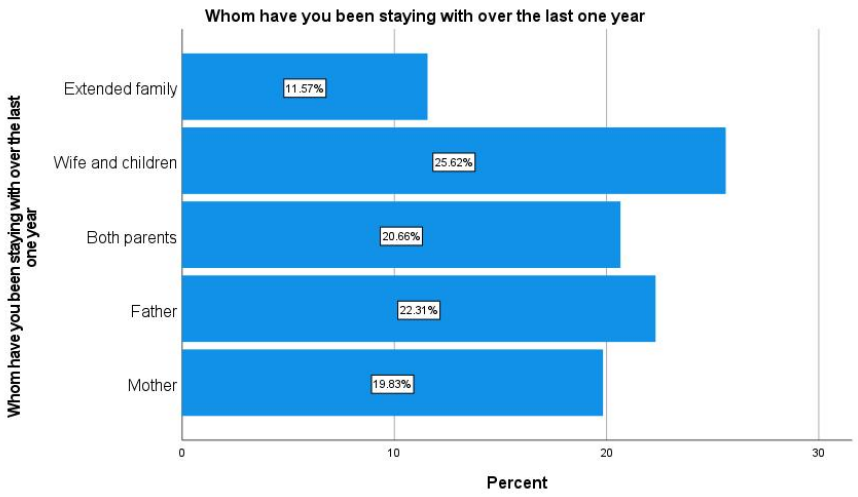

Figure 4.4: Whom you have been staying with

Source: Reseacher, 2024

As per the results in figure 4.4 there were 25.6% of the respondents who abused substances were staying with their wife and children. Those who stayed with their mother were 22.3%, with both parents were 20.7%, those with mother alone were 19.8% and 11.6% were respondents who stayed with their extended families. According to the results, the type of family structure had no much difference on substance and drug abuse.

4.4 Relapse

The findings examined measure of relapse using various measuring parameters. The results were presented using frequencies and percentages. An inquiry on how many times the respondent have been rehabilitated in the center was presented in figure 4.5.

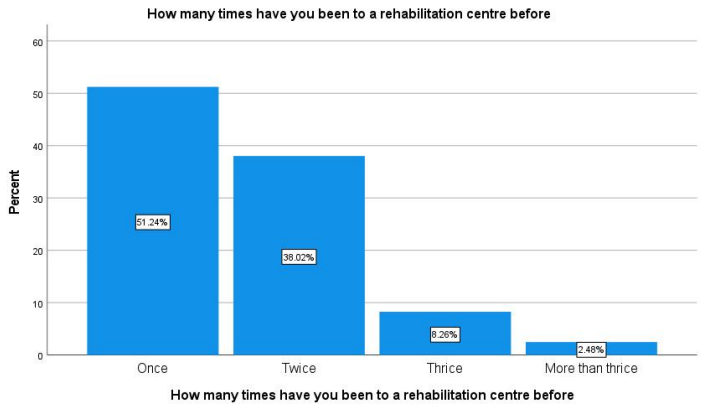

Figure 4.5: Frequency of been to a rehabilitation centre

Source: Reseacher ,2024

Figure 4.5 results showed that the largest number of those addicted to substances join the rehabilitation center once making 51.2% of the respondents. Those who had relapsed twice were 38.0%, thrice were 8.3% and more than thrice were 2.5% of the respondents. Therefore, there is a lower likelihood that a respondent will relapse once, twice or more times. This indicates a high efficiency of rehabilitation centers' as well as psychosocial support from the family.

In the interview question, "How often do the clients relapse?" most of the respondents pointed that majority have relapsed once or twice. These results concur with the response from the clients. The first relapse could have been associated with changes of coping with society once they left the rehabilitation centre or due to stress related with adjustment and peer influence. The study also examined the duration of stay in rehabilitation center. The results were presented in table 4.2.

Table 4.2: Duration of Stay in Rehabilitation Center

	N	%
Less than a month	22	18.2%
3 months	67	55.4%
6 months	23	19.0%
More than 6 months	9	7.4%

Source:Reseacher, 2024

Findings in table 4.2 revealed that majority of the respondents had stayed for a period of 3 months representing 55.4% of the respondents. Those who had stayed for 6 months were 19.0%, less than a month were 18.2% and more than 6 months were 7.4%. As per the results, over 50% of the substance users stayed in the rehabilitation centres for 3 months, followed by those who stay up to 6 months as well as less than a month. Isolated situations can lead to a person staying in the rehabilitation center for more than 6 months especially those with hard drug abuse.Further inquiry on relapse examined the number of psychoactive drugs used in the first treatment. The results were presented in table 4.3.

Table 4.3: Number of Psychoactive Drugs used in the First Treatment

	N	%
Only once	30	24.8%
Two	45	37.2%
Three	28	23.1%
More than three	16	13.2%
All of them	2	1.7%

Source: Reseacher, 2024

Findings further, revealed that the highest number of psychoactive drugs that was relapsed to is Alcohol, Tobacco, Bhang, inhalants, khat/Miraa and prescriptive drugs in that order. The respondents who relapsed to two drugs were 37.2 %.

Those who relapsed to one drug only were 24.8%, three were 23.1%, more than three were 13.2% and those who relapsed to all the substances were 1.7% of the respondents. Most with 37.2% of the rehabilitation centers were dealing with treatment of two psychoactive drugs though there those who use one and three respectively. This could be the reason why most respondents may have relapsed to two substances only.The duration it took for the respondent to relapse to drug and substance abuse was also examined and presented in table 4.4.

Table 4.4: Duration it took to Relapse

	N	%
Less than a month	26	21.5%
After 1 month	39	32.2%
2-3 months	17	14.0%
4-6 months	29	24.0%
Over 6 months	10	8.3%

Source: Reseacher, 2024

In table 4.4 results showed that there more that 50% likelihood for a person to relapse within the first two months where in within a month there was 21.5% and the second month 32.2% of the respondents. Second to third to sixth month there was 38% where second to third month had 14.0% and forth to sixth months had 24.0% of the respondents. Those over 6 months there was 8.3% of chance to relapse. This reveals that the relapse rate tends to reduce with time.

Similar, response was obtained from interview questionnaire, “After how long do they relapse?” where majority of relapses occurred before six months representing 91.7% of the respondents. The results revealed that this relapse was associated with the external factors. The study also evaluated the number of substance abuse after relapse. The data were presented in table 4.5.

Table 4.5: Number of Substances Abuse After Relapse

	N	%
Only one	35	28.9%
Two	42	34.7%
Three	21	17.4%
More than three	20	16.5%
All of them	3	2.5%

Source: Reseacher, 2024

After relapse it was evidence that most respondent would go back to two drugs representing 34.7% of the respondents. This was followed by 28.9 % for those who relapsed to one substance, 17.4%, for three substances and 16.5% for more than three substances those who relapsed to all of them were 2.5% of the respondents. This likelihood was associated with the drugs they used before rehabilitation.

The relationship of the relapse is revealed using Chi-Square test of association as presented in table 4.11.

Table 4.6: Chi Square Association of Drug Before and After Rehabilitation

	Value	Df	Asymptotic Significance (2-sided)
Pearson Chi-Square	30.096[a]	16	.018
Likelihood Ratio	18.238	16	.310
Linear-by-Linear Association	.962	1	.327
N of Valid Cases	121		

a. 15 cells (60.0%) have expected count less than 5. The minimum expected count is .05.

Source: Reseacher, 2024

As per the results in table 4.11 there was significant relationship between the drugs abuse before and after (P=0.018<0.05). This indicate that there could be availability of the same drugs in the environment they settle back into after rehabilitation.

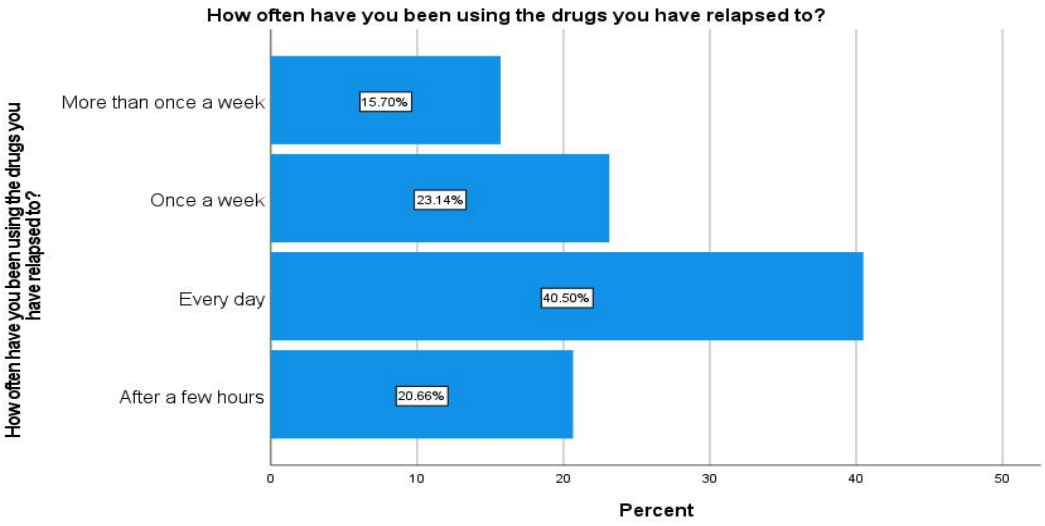

Figure 4.6: Frequency using the drug after relapse

Source Reseach, 2024

The frequency of abuse after relapse revealed that 40.5% used the substances every day, 23.1% used once a week, 20.7% used after a few hours while more than once a week were 15.7% of the respondents. These findings revealed that majority of the

respondents abuse the drug with every day representing 61.2% of the respondents. This implies high frequency of substance abuse after relapse.

Table 4.7: Duration of Recovery

	N	%
1 month	13	10.7%
1-3 months	33	27.3%
3-6 months	15	12.4%
6 months	43	35.5%
1 year	17	14.0%

Source:reseacher, 2024

Majority of those recovery time is six months which takes 35.5% of the respondents then between one to three months that 27.3%. However, those who take three to one year, six months, and one month were 14.0%, 12.4% and 10.7% of the respondents respectively.

Table 48: Chi-Square Association of Frequency of Abuse and Duration of Recover

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	21.282[a]	12	.046
Likelihood Ratio	20.827	12	.053
Linear-by-Linear Association	5.488	1	.019
N of Valid Cases	121		

a. 9 cells (45.0%) have expected count less than 5. The minimum expected count is 2.04.

(Source:Reseacher, 2024)

The results revealed that there high associated between frequency of abuse and the duration of recover in the rehabilitation center (P=0.046<0.05). This reveals that the frequency of abuse may increase the duration of stay in the rehabilitation center.

In responses to interview question " How long do the recovering addicts stay in the rehabilitation Centre?" the center counselor did not give any definite time but suggested the earliest as 30 days or 1 month but with no limited time depending on the health and status of the respondents. Hence, patient can go 30 days, 60 days, 90 days depending on individual needs.

The responds from C3, *"The length of stay varies based on financial support from the family as well as the rate of the recovering substance user, however, by the end of three months, most of them will have learnt enough skills to help them stay sober once they are released from the rehabilitation Centre."*

This observation by the Addiction counselor was an indication that some of the recovering drug and substance users could have existed before their full term which could have had an impact on relapse.

The interview questions, "Does your programs prepare the clients against relapse once they are out of the facility" response showed that the clients were released after counseling and guidance. The guidance is based on a release program that ensure that the clients are able to cope with family and society at large.

As per the respondents C5, "*We are equipped with sufficient counselors who are experienced and qualified. I am one of the lead counselors and before releasing a client we ensure that one person is assigned to provide counseling to the client and the family members. This will assist the client to cope with factors that could warrant their relapse as well as prepare the family members to offer support for their recovery."*

This is an indication that perhaps the males recovering from drug and substance abuse get proper skills from the counselors which should also be given to the family members to help them on their journey to recovery

4.5 Family Cohesion

Family cohesion was examined using a Likert scale where 1 was strongly agree, 2 agree, 3 was neutral, 4 was disagree and 5 was strongly disagree. The results were examined using descriptive statistics which revealed the mean and standard deviation as indicated in table 4.9.

Table 4.9: Family Cohesion Descriptive

	N	Minimum	Maximum	Mean	Std. Deviation
My family members are involved in each other's lives	121	1.00	5.00	3.1901	1.61407
We spend too much time together	121	1.00	5.00	3.0413	1.41065
Family members avoid contact with each other when at home	121	1.00	5.00	3.0165	1.43169
Family members are supportive of each other during times of difficulties	121	1.00	5.00	2.6364	1.37235
Family members are too dependent on each other	121	1.00	5.00	2.8017	1.29499
Family members have concern of each other	121	1.00	5.00	2.4215	1.41275
Family members feel guilty if they want to spend time away from family members	121	1.00	5.00	3.1653	1.42798

(Source: Reseacher, 2024)

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According to the results, majority of the family members had slight contact with each other when at home (mean of 3.0165). Its variance was high with standard deviation

of 1.43169 resulting to different family level of contact with the substance user. Family members were slightly more supportive of each other during times of difficulties as revealed by mean of 2.6364 with a high standard deviation of 1.37235. This implies that despite the family having low contact with each other at home they had high family social support during times of difficulties.

The results indicate that most of the family members had slightly high dependence on each other as revealed by a mean of 2.8017. However, the variance was slightly high with standard deviation of 1.29499. This was attributed to the different degrees of how families depend on each other. The results indicated that family members had more concern for each other with a mean of 2.4215. However, this varied greatly among different family members as indicated by a variation of a standard deviation of 1.41275. The family members did not feel guilty when the recovering substance user wanted to spend time away from family members (mean of 3.1653), despite, heterogeneous effect with different family setup (standard deviation of 1.42798).

In order to examine the relationship between several relapse measures and family cohesion ANOVA was adopted. The ANOVA was tested using a significant level of 5%.

Table 4.10: Family Cohesion and Relapse ANOVA

		Sum of Squares	df	Mean Square	F	Sig.
How many times have you been to a rehabilitation centre before	Between Groups	14.071	22	.640	1.195	.270
	Within Groups	52.441	98	.535		
	Total	66.512	120			
For how long did you stay in the rehab the last time?	Between Groups	23.654	22	1.075	1.938	.015
	Within Groups	54.363	98	.555		
	Total	78.017	120			
How many of these psychoactive drugs have you been using before the first treatment?	Between Groups	33.010	22	1.500	1.527	.082
	Within Groups	96.279	98	.982		
	Total	129.289	120			
After how long did you relapse?	Between Groups	48.451	22	2.202	1.449	.112
	Within Groups	148.971	98	1.520		
	Total	197.421	120			
How many of these substances have you relapsed to?	Between Groups	22.610	22	1.028	.773	.750
	Within Groups	130.266	98	1.329		
	Total	152.876	120			
How often have you been using the drugs you have relapsed to?	Between Groups	26.984	22	1.227	1.364	.152
	Within Groups	88.123	98	.899		
	Total	115.107	120			
How long have you been recovering	Between Groups	31.276	22	1.422	.860	.645
	Within Groups	162.047	98	1.654		
	Total	193.322	120			

(Source: Reseacher, 2024)

According to the results table 4.10 family cohesion was significantly related with how long a person stayed in the rehabilitation center (P=0.015<0.05). This implies that family cohesion determined the period of stay in the rehabilitation center where families that have high cohesion had less period of stay. However, it had no effect on the length of time before a member relapsed.

In response to the, “What do you think is the role of the family in relapse of the client?”. The respondent pointed that there was cohesion and support from the family

member which may have assisted the client in coping with their stresses. The response came from two respondents.

According to C4 response, *"The family should support the recovering substance user to cope with the anxieties. Majority of relapse happens because the substance dependent experience anxieties on how life would be without the substance of their choice. It is important that family members know that addiction is a disease like any other and so family members need to be close and offer necessary support to help quick recovery of the substance dependent persons"*

The sentiments by the addiction counselors in agreement with those of the recovering drug and substance user is a pointer to the need for family therapy. This would create awareness of how to handle family interactions when the client is back home from the rehabilitation

In response to, "What do you think family members should do to support the recovering substance dependent person?" revealed that the family should provide psycho social support. This included communication to the patient, collaboration and reduce isolation from the patients. This was further clarified by C4 and C7.

As per C7 response, "*We noted that families that did not isolate the client had a higher chance of recovery. Most of clients that come to this centre are isolated by the family members. The recovering substance users are patients they require close association that would provide emotional, physical and psychological support reducing chances of relapse."* Cohesion is therefore very key for protecting the client from relapsing.

4.6 Family Flexibility

Family flexibility was examined using a five-point Likert scale where 1 is strongly agree and 5 is strongly disagree. The mean and standard deviation were adopted as descriptive statistics. The results were presented in table 4.11.

Table 4.11: Family Flexibility Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
My family tries new ways to deal with problems	121	1.00	5.00	3.1240	1.55226
Once a decision is made it is very difficult to modify	121	1.00	5.00	2.5537	1.39613
Our family is able to adjust to changes when necessary	121	1.00	5.00	2.9174	1.44676
It is unclear who is responsible for things (activities and chores) in our family	121	1.00	5.00	3.2893	1.31300
Our family members get frustrated when there is a change in our plans and routine	121	1.00	5.00	2.6612	1.20107
Although family members have individual interest, they still participate inn family activities	121	1.00	5.00	2.5785	1.32760
We shift households' responsibilities from person to person	121	1.00	5.00	2.6694	1.47416

According to the results, there were more families who were reluctant to find new ways to deal with problems as a mean of 3.1240 revealed, however, this varied highly with different family setups as revealed by standard deviation of 1.55226. On the contrary, the decisions made by most of the families were flexible and could be modified as revealed by a mean of 2.5537 with high variation with standard deviation

of 1.39613. This could have been the reason why most of the families were focused on sending drug and substance abusers to the rehabilitation center.

It was found that most families were slightly able to adjust to changes, when necessary, in various things as indicated by a mean of 2.9174. Even though there was high variation with standard deviation of 1.44676 among different families. It was somewhat clear who was responsible for activities and chores in most families. This was depicted by a mean of 3.2893. This had moderately high variation across the families with a standard deviation of 1.31300. The families had clear roles and responsibility which pointed to flexibility to changes.

There was slightly low frustration by family members when there was a change in plans and routine as given by a mean of 2.6612. Its variation was slightly high with a standard deviation of 1.20107 which indicates different families had different sets of reaction. Although family members had individual interest, the family still participated in family activities as indicated by a mean of 2.5785 with slightly high variation (standard deviation of 1.32760). The households used shift of responsibility from person to person (mean of 2.6694) with slightly high variation (standard deviation of 1.47416). The results imply that the family members are flexible to changes in plans and routines despite each member having individual interest. They would still participate in family activities where households' responsibilities are given.

Table 4.12: Family Flexibility and Relapse ANOVA

		Sum of Squares	df	Mean Square	F	Sig.
How many times have you been to a rehabilitation centre before	Between Groups	10.045	22	.457	.792	.728
	Within Groups	56.468	98	.576		
	Total	66.512	120			
For how long did you stay in the rehab the last time?	Between Groups	21.215	22	.964	1.664	.048
	Within Groups	56.801	98	.580		
	Total	78.017	120			
How many of these psychoactive drugs have you been using before the first treatment?	Between Groups	16.947	22	.770	.672	.857
	Within Groups	112.343	98	1.146		
	Total	129.289	120			
After how long did you relapse?	Between Groups	31.929	22	1.451	.859	.646
	Within Groups	165.492	98	1.689		
	Total	197.421	120			
How many of these substances have you relapsed to?	Between Groups	20.830	22	.947	.703	.827
	Within Groups	132.046	98	1.347		
	Total	152.876	120			
How often have you been using the drugs you have relapsed to?	Between Groups	16.785	22	.763	.760	.765
	Within Groups	98.323	98	1.003		
	Total	115.107	120			
How long have you been recovering	Between Groups	39.786	22	1.808	1.154	.307
	Within Groups	153.537	98	1.567		
	Total	193.322	120			

According to the results in table 4.12, there existed a relationship between family flexibility with the length of stay in the rehabs the last time (P=0.048<0.05). The other variable of relapse was not significant. This implies that flexibility of a family affected the length of stay of the person in rehabilitation center. Therefore, family flexibility was seen to have had a significant role in the recovery process s or reduction of relapse.

4.7 Family Communication

Descriptive statistics were used to explain the nature and characteristics of family communication using mean and standard deviation. This was attained from a Likert scale where 1 is strongly agree and 5 is strongly disagree.

Table 4.13: Family Communication Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
I am satisfied with how my family communicates with me	121	1.00	5.00	3.2645	1.44204
My family members are very good listeners	121	1.00	5.00	3.1570	1.47201
Family members calmly discuss problems with each other	121	1.00	5.00	3.0331	1.47724
Family members discuss their ideas and beliefs with each other	121	1.00	5.00	3.1983	1.43539
Family members give honest answers when asked a question	121	1.00	5.00	3.0496	1.49917
Family members try to understand each other's feelings	121	1.00	5.00	2.9752	1.41694
Family members express their true feelings to each other's	121	1.00	5.00	3.0331	1.45450

(Source: Reseacher, 2024)

As per table 4.13 results, there was dissatisfaction with how the family communicates with the drug and substance abuser which had a mean of 3.2645. Its variation was slightly high with different families which translated to a standard deviation of 1.44204. According to the results most of the family member were poor listeners (mean of 3.1570) with high variation (standard deviation of 1.47201). This implies

that most of the recovering substance users were facing issues with poor communication and were hardly listened to by family members.

According to the results, family members were not calmly discussing problems with each other (mean of 3.0331) while the standard deviation was 1.47724 which showed high variation. It was also found that family members hardly discussed their ideas and beliefs with each other (mean of 3.1983). The variation was high based on different family setups as shown by standard deviation of 1.43539. This indicates evidence of poor problems solving approaches and absence of discussion of ideas and beliefs.

Family members did not give honest answers in most instances when asked a question as revealed by mean of 3.0496. However, there was high variation in respondents based on nature of the family with standard deviation of 1.49917. It was also found that family members tried somewhat to understand each other's feelings (mean of 2.9752) with high variation (standard deviation of 1.41694). More so, the family members did not express their true feelings to each other as shown by a mean of 3.0331 with a high variation (standard deviation of 1.45450). This implied that the families had low honesty in communicating with each other.

Table 4.14: Family Communication and Relapse ANOVA

		Sum of Squares	Df	Mean Square	F	Sig.
How many times have you been to a rehabilitation centre before	Between Groups	19.539	28	.698	1.367	.136
	Within Groups	46.974	92	.511		
	Total	66.512	120			
For how long did you stay in the rehab the last time?	Between Groups	25.686	28	.917	1.613	.047
	Within Groups	52.331	92	.569		
	Total	78.017	120			
How many of these psychoactive drugs have you been using before the first treatment?	Between Groups	34.496	28	1.232	1.196	.259
	Within Groups	94.793	92	1.030		
	Total	129.289	120			
After how long did you relapse?	Between Groups	51.317	28	1.833	1.154	.299
	Within Groups	146.105	92	1.588		
	Total	197.421	120			
How many of these substances have you relapsed to?	Between Groups	31.431	28	1.123	.850	.680
	Within Groups	121.445	92	1.320		
	Total	152.876	120			
How often have you been using the drugs you have relapsed to?	Between Groups	14.396	28	.514	.470	.987
	Within Groups	100.712	92	1.095		
	Total	115.107	120			
How long have you been recovering	Between Groups	74.594	28	2.664	2.064	.005
	Within Groups	118.729	92	1.291		
	Total	193.322	120			

(Source: Reseacher, 2024)

According to the results, the family communication was significantly low as revealed from descriptive statistics. The ANOVA results further confirms that family communication had an influence on how many times a recovering psychoactive substance and drug user relapsed. This was also associated with the duration of staying in rehabilitation center in the last time ($P=0.045<0.05$). It also affects the length of recovery of the drug and substance abuser significantly ($P=0.005<0.05$).

This implies that since most family members had poor communication there was high relapse and long period of recovery in the rehabilitation centers.

In response to, “What do you think is the role of the family in relapse of the client?” one of the responses was “to provided good environment for the patient which was further clarified in the response of “what do think the family members should do to support the recovering drug and substance user?” where three respondents C1, C2 and C7 agreed that proper communication is one of the methods of creating conducive environment.

According to C1, *“That is a good question, having good communication is like removing nonphysical barrier between two people. This is where most families go wrong. They welcome the patient and start isolating them in family issues as well as in family meetings. This leads to psychological trauma. The patient then searches for where his voice would be heard which happens to be in the company of his former drug and substance users without knowing. We inspire them by teaching them various techniques that can protect them from such occurrences. Therefore, we suggest that families should be well trained on how to handle the recovering substance user once they are out of the rehabilitation centres to reduce chances of relapse”*

Based on the response received from the addiction counselors, it is imperative that proper communication would go a long way in alleviating the desire to relapse for the recovering psychoactive drug and substance abuser

CHAPTER FIVE

DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

The chapter presents the discussions of the results from which viable conclusions and recommendations were extracted. The discussions were done based on objectives as well as the conclusions of the study. The recommendations were obtained from the discussions while others were used to suggest areas for further research.

5.2 Discussion

Most males recovering from drugs and substance abuse are in the age bracket of 25 to 41 years which is the productive life of a person. The 86.8% of the recovering substance users had moderate literacy level with secondary, college or undergraduate level as the highest education attained. Those who were unemployed and self-employed were leading with a total of 61.2% of the respondents. Those employed with casual labor was higher than those who are permanently employed respectively. Single males were leading in relapse rate, followed by the married, separated, divorced and widowed respectively. There was variation in family structure of the drug and substance abuser with the least being those supported by the extended family and highest being by the nuclear family.

According to the findings, the number of relapses reduced after every rehabilitation. which means the risk of relapse is reduced every time a recovering substance user goes to the rehabilitation center. Most respondent would stay an average of 3 months in the rehabilitation center. It was also found out that most males relapsed to at least

two psychoactive drugs with most of the relapses taking place after the first six months rather than over six months. There existed an association between drug/substances abused before and after rehabilitation at relapse stage. Most of those who relapsed abuse daily the substance they relapse to.

5.2.1 Family Cohesion and Relapse

In order to answer the first research question, "to what extent does family cohesion influence on relapse among recovering addicts in the rehabilitation centers in Kiambu County?" both questionnaire and interview results were integrated. According to the questionnaire results, most of the families lacked cohesion in their interaction. This was evident through lack of sufficient family involvement (mean of 3.1901), low time of engagement (mean of 3.0413) and low guilt among family members even when they spent time away from each other (mean of 3.1653). However, the family members had improved in support to each other in difficult times (mean of 2.6364), dependence on each other and high concern for one another (mean of 2.4215). therefore, it means that the level of family cohesion was instrumental in determining the relapse of the recovering substance and drug users.

Russell, Simpson, Flannery, & Ohannessian, (2017) pointed out that most of the dysfunctional families results to an increase of drug abuse mainly alcohol among the youth. This agrees with similar findings byAlvarez, Fabrero, Tanyang and Orbon (2017) who revealed that the recovery of addict is affected by poor family cohesion. The current finding reveals that there is need to improve on family cohesion to help curb relapse of the recovering substance users. This will in turn reduces chances of spending too much money to send them back to the rehabilitation centres.

5.2.2 Family Adaptability and Relapse

The results were based on the research questions “In which way does family adaptability influence relapse among recovering male psychoactive drug users in the rehabilitation centers in Kiambu County?”. These questions were answered using questionnaire responded to by the recovering substance user and interview guide of the addiction counselors. The results revealed that the families were somewhat flexible in several aspects of their relationship with the recovering substance user. The family members for example were able to adjust moderately to the fact that their substance user was recovering. Specifically, the family was slightly able to adjust to changes that occurred within them whenever it was necessary (mean of 2.9174), they were able to make difficult decisions (mean of 2.5537), alter the change of plans and routines (mean of 2.5785), participation in family activities (mean of 2.5785) and responsibility through shifting of households’ activities (mean of 2.6694). However, most family members did not seem to have new ways of dealing with the problem at hand as yielded by a mean of 3.2140. Therefore, family adaptability was found to have a significant influence ($P=0.048<0.05$) for most recovering male substance and drug abusers and may have slightly prevented some of them from relapsing many times. Those with high family adaptability helped to accelerate the recovery process.

According to the current study, most families were adaptable in nature which was not associated with relapse. This contradict Rahgozar, Yousefi, Mohammedi & Piran, (2012) results who found that most relapse is associated with family flexibility besides family cohesion. The current study indicated that most families of the recovering substance users in the rehabilitation centres in Kiambu County were flexible despite most of the patients having relapsed more than once.

5.2.3 Family Communication and Relapse

The final research question, “In what ways does family communication influence relapse among recovering male psychoactive substance users in rehabilitation centres in Kiambu County?” was examined using both questionnaire and interview guide. The questionnaire results revealed that there existed poor communication between the substance user with their family. According to the results in this study, most substance users were not satisfied with the communication environment (mean of 3.2645). This was visible based on poor listening (mean of 3.1570), difficulty having calm discussion of problems (mean of 3.0331), low discussion on their ideas and beliefs (mean of 3.1983), dishonesty among the members (mean of 3.0496) and poor expression of truth in their communication as revealed by a mean of 3.0331. However, most members of the family have been trying their best to understand each other’s feelings. This poor communication has been associated with high rates of relapse and long periods of stay in rehabilitation centres ($P<0.05$). The response from the interview showed that the recovery process was achieved through family communication.

Poor communication was one the aspect of a dysfunctional family which was found by Wu, Wong, & Yu (2016) to have negative effect on youth leading to relapse of drug and substance abuse. The current results registered poor communication that sometime were hostile in nature. According to Vertino (2014) interpersonal communication is important factor of reducing stress and promote wellness and quality life. Since, most communication among families of the substance and drug users are toxic based on unhealthy communication, they seek solace from their drug

of choice hence relapse. There is therefore need to improve on communication among families through training and counseling session even outside rehabilitation center.

5.3 Summary of Main Findings

The results indicated that there is a rise in relapse to psychoactive substance and drugs use among middle aged and moderately educated males. Most of them are unemployed, self-employed or causal labors. Based on the hardship they could be facing in life; they have resulted to poor coping methods hence relapse.

The study summary in the first objective indicated that the families were more financially supportive but had low emotional connectedness. The low cohesion might have been associated with the fear from family members in response to what was happening to the substance user. This was seen in their low involvement, less time spent together and less contact with family members. Otherwise, the financial support had a positive contribution which suggested care from the family members.

The families of the recovering substance user were more flexible in handling different things like in decision making process, adjustment to change in family plans and routines, participation in family activities and households' responsibility. However, most families did not seem to have new ways of solving issues. This could suggest that most families were rigid which could have triggered relapse of substance use.

Family communication was found to be poor among most families. This was evidenced by poor listening, poor problem solving, poor discussion of ideas and dishonesty. This factor may have resulted into a hostile relationship which affected cohesion and relationship within the family hence a likelihood of relapse.

5.4 Conclusions

The study concluded that families of the drug and substance user had low cohesion However,the families showed slightly high financial support when there were difficulties. Despite this, the respondents felt more isolated and went to look for their former friends leading to relapse. Therefore, the conclusion was that family cohesion plays an important role in reduction of relapse.

The study concluded that the families were adaptable in many areas like in decision making, participation in family activities, taking up responsibilities, change in plans and routine. Accordingly, it was evident that for most of them, they were able to adapt to changes where necessary. This adaptability enabled to family members to release the substance user to join rehabilitation center. However, despite this flexibility, most families were rigid in terms of using new ways to solve problems which could have caused the substance user become stuck whenever he was faced with challenges and just like the family members found themselves employing the old methods hence relapse. Family flexibility is likely to reduce relapse rate of the drug and substance users.

The study concluded that the families had poor communication which contributed to relapse of most drug and substance users. The communication was hostile in nature where most family member resulted to unsatisfactorily communication with the substance abuser. This was evidenced by lack of listening to each other, dishonesty and poor sharing of ideas. Therefore, the study concluded that family communication plays an important role in reduction of relapse of substance abusers.

5.5 Recommendations

The following are some of the recommendations:

1. Addiction counselors should continue offering counseling to family members so that they increase cohesion and communication among themselves hence reduce isolation that leads to relapse.
2. The family members should be psycho education by social workers on how to integrate the recovering substance users back into the family and society.
3. There is need to conduct training and counselling programmes in schools and churches for healthy communication, so as to improve wellness and quality of life that could prevent relapses among those that recovering from substance abuse. This can be done through government initiatives.

5.6 Areas for Further Research

Results attained from the current study lay a ground for future researches in similar field. While the current study explored the familial functionality and its influence on male psychoactive substance users in rehabilitation centres in Kiambu County, future research could be done to:

i. Establish how familial functionality would influence the female psychoactive drug and substance users.
ii. Find out how different family types would influence relapse of drug and substance users .
iii. Investigate how familial functionality would impact recovering substance users in non residential rehabilitation centres.

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APPENDICES

Appendix I: Letter of Introduction

THE DIRECTOR
----------,
P.O BOX-------
KIAMBU
DEAR SIR/MADAM

I wish to kindly request for permission to collect data among the recovering addicts, the addiction counselor and the members of AA in your rehabilitation Centre. I am a student at African Nazarene University undertaking a degree in Masters of Arts in Counseling psychology (MA) and I am carrying out a research to establish how familiar functionality affect relapse among the recovering addicts in rehabilitation centres. The results will help in providing intervention for relapse using family dynamics. The title of my study is: **"Influence of Familial Functionality on Relapse among Adult Male Psychoactive Substance Users. A study among recovering addicts in Rehabilitation Centers in Kiambu County"** which is part of the requirements for this Degree.

Any information received will be treated with utmost confidentiality and will only be used for purposes of this study. I hope my request will be considered favorably.

Yours faithfully

Esther Waruguru Muchiri
MA (counseling Psychology) student
African Nazarene University

Appendix II: Consent Form

Dear Respondent,

My name is Esther Waruguru Muchiri, a student at African Nazarene University undertaking a degree in Masters of Arts in Counseling Psychology. I am conducting a research **"Influence of Familial Functionality on Relapse among Adult Male Psychoactive Substance Users. A study among recovering addicts in Rehabilitation Centers in Kiambu County".** You have been selected as a participant to respond to a questionnaire I have attached. Any information given will be treated confidentially and will only be used for purposes of this study. Kindly answer the questions as honestly as possible to help me complete this study. Thanking you in advance

Appendix III: Questionnaires for Recovering Substance Users

This questionnaire intends to gather information on the influence of family functionality and relapse of male psychoactive substance and drug abusers recovering in rehabilitation centres. Kindly answer the questions as honestly as possible. The information will be treated with confidentiality. Kindly tick (√**)** appropriately

Section 1: Demographic information

1**. Age:** 18-25( ) 26-33( ) 34-41( ) 42-50( ) 51-58( ) 59 and above ( )

2: **Gender:** Male ( ) Transgender ( )

3: **Education level:**

Primary ( ) secondary ( ), college ( ) undergraduate ( ) postgraduate ( )

4**: Employment status**

Unemployed ( ) self-employed ( ) casual laborer ( ) permanently employed

5: **Marital status**

Single ( ) married ( ) separated ( ) divorced ( ) widowed ( )

6) **Whom have you been staying with for the last 1 year?**

Mother ( ), father ( ) both parents ( ) Wife and children ( ) extended family ( )

Section B: Questionnaire on Relapse: please tick appropriately

1.How many times have you been to a rehabilitation Centre before.

Once ( ), twice ( ) thrice ( ) more than thrice ( )

2) For how long did you stay in the rehab the last time?

Less than a month ( ), 3 months ( ), 6 months ( ) more than 6months.( )

3) How many of these psychoactive drugs have you been using before the first treatment?

Alcohol, Tobacco, Bhang, inhalants, khat/Miraa, Prescription drugs.

One only ( ), two ( ) three ( ), more than three ( ) all of them ( )

4) After how long did you relapse?

Less than a month ( ), after 1 month ( ), 1-3 months () 3 - 6 months ( ) over 6 months (

5) How many of these substances have you relapsed to? Alcohol Bhanghi Tobacco Miraa/khat inhalants, Prescription drugs,

One only ( ), two ( ) three ( ), more than three ( ) all of them ( )

6) How often have you been using the drugs you have relapsed to?

After a few hours ( ), everyday ( ) once a week ( ), more than once a month ( )

Section C: Family Functionality Questionnaire

Family Cohesion

The following are statements of **family cohesion**. Please read the statements and tick appropriately where 5=strongly disagree,4-disagree,3=undecided,2 agree,1=strongly agree					
Statements	5	4	3	2	1
My family members are involved in each other's lives					
We spend too much time together					
Family members avoid contact with each other when at home					
Family members are supportive of each other during times of difficulties					
Family members are too dependent on each other					
Family members have concern for each other					
Family members feel guilty if they want to spend time away from family members					

Family Adaptability

The following are statements of **family adaptability**. Please read the statements and tick appropriately where 5=strongly disagree,4-disagree,3=undecided,2 agree,1=strongly agree					
Statements	5	4	3	2	1
My family tries new ways to deal with problems					
Once a decision is made it is very difficult to modify the decision					
Our family is able to adjust to changes when necessary.					
It is unclear who is responsible for things(activities and chores) in our family					
Our family members get frustrated when there is a change in our plans and routines.					
Although family members have individual interests, they still participate in family activities.					
We shift household responsibilities from person to person.					

Family Communication

The following are statements of **family communication**. Please read the statements and tick appropriately where 5=strongly disagree,4-disagree,3=undecided,2 agree,1=strongly agree					
Statements	5	4	3	2	1
I am satisfied with how my family communicates with me					
My family members are very good listeners					
Family members calmly discuss problems with each other					
Family members discuss their ideas and beliefs with each other					
family members give honest answer**s** when asked questions					
Family members try to understand each other's feelings					
Family members express their true feelings to each other's					

Appendix IV: Addiction Counselor Interview Guide

Thank you for accepting to participate in this study. Kindly answer the questions and whatever information you give remains confidential and will only be used for this study.

Interview guide

1) How long do the recovering addicts stay in the rehabilitation Centre?
2) Does your programs prepare the clients against relapse once they are out of the facility/
3) How often do the clients relapse?
4) After how long do they relapse?
5) What do you think is the role of the family in relapse of the client?
6) Does the facility train the family members on handling the recovering addict?
7) What do you think family members should do to support the recovering addict?

Thank you so much for your response.

Appendix V:Introduction letter from PGS Of ANU

AFRICA NAZARENE
UNIVERSITY

21st June, 2022

RE: TO WHOM IT MAY CONCERN

Esther Waruguru Muchiri (**17J03DMCP008**) is a bonafide student at Africa Nazarene University, in the School of Humanities and Social Sciences, Counseling Psychology department. She has finished her course work and has defended her thesis proposal entitled: - ***"Influence of Familial Functionality on Relapse Among Adult Males Recovering from Psychoactive Substance Use in Rehabilitation Centres in Kiambu County, Kenya".***

Any assistance accorded to her to facilitate data collection and finish her thesis is highly welcomed.

Rodney J. Reed

Prof. Rodney Reed.
DVC, Academic & Student Affairs

Appendix VI : Reseach Permit from NACOSTI

REPUBLIC OF KENYA

NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Ref No: **587154**

Date of Issue: **19/July/2022**

RESEARCH LICENSE

This is to Certify that Ms.. Esther waruguru Muchiri of Africa Nazarene University, has been licensed to conduct research in Kiambu on the topic: Influence of familial Functionality on relapse among adult males recovering from psychoactive substance use in rehabilitation centres in Kiambu County,Kenya for the period ending : 19/July/2023.

License No: **NACOSTI/P/22/18854**

587154

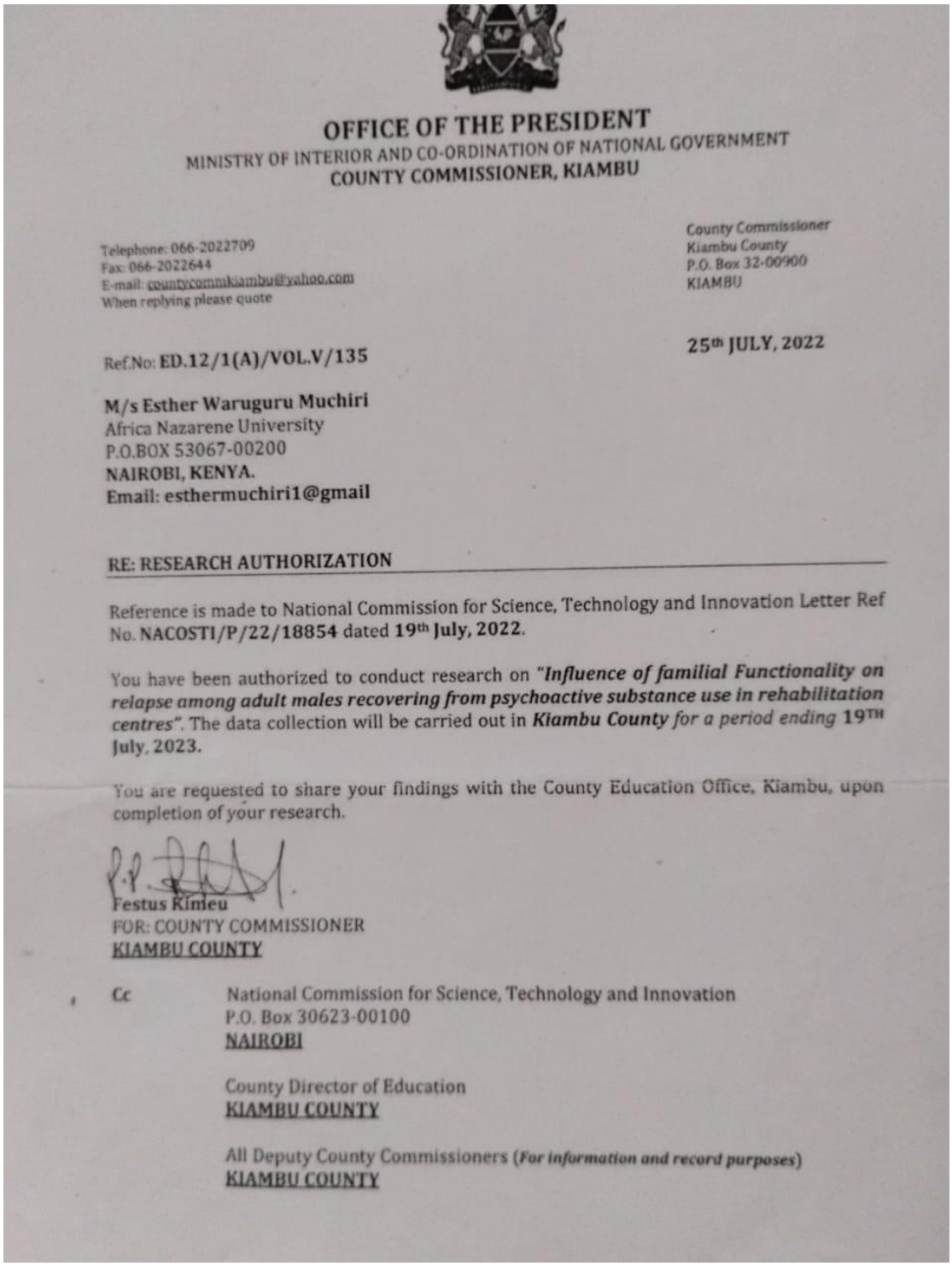
Applicant Identification Number

Director General
NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Verification QR Code

NOTE: This is a computer generated License. To verify the authenticity of this document, Scan the QR Code using QR scanner application.

Appendix VII : Reseach Authorization by County Commissioner



OFFICE OF THE PRESIDENT
MINISTRY OF INTERIOR AND CO-ORDINATION OF NATIONAL GOVERNMENT
COUNTY COMMISSIONER, KIAMBU

Telephone: 066-2022709
Fax: 066-2022644
E-mail: countycommkiambu@yahoo.com
When replying please quote

County Commissioner
Kiambu County
P.O. Box 32-00900
KIAMBU

Ref.No: **ED.12/1(A)/VOL.V/135**

25th JULY, 2022

M/s Esther Waruguru Muchiri
Africa Nazarene University
P.O.BOX 53067-00200
NAIROBI, KENYA.
Email: esthermuchiri1@gmail

RE: RESEARCH AUTHORIZATION

Reference is made to National Commission for Science, Technology and Innovation Letter Ref No. **NACOSTI/P/22/18854** dated **19th July, 2022**.

You have been authorized to conduct research on ***"Influence of familial Functionality on relapse among adult males recovering from psychoactive substance use in rehabilitation centres"***. The data collection will be carried out in ***Kiambu County*** *for a period ending* **19TH July, 2023.**

You are requested to share your findings with the County Education Office, Kiambu, upon completion of your research.

Festus Kimeu
FOR: COUNTY COMMISSIONER
KIAMBU COUNTY

Cc National Commission for Science, Technology and Innovation
P.O. Box 30623-00100
NAIROBI

County Director of Education
KIAMBU COUNTY

All Deputy County Commissioners (***For information and record purposes***)
KIAMBU COUNTY

Appendix VIII: Map of Kiambu County