CHAPTER I

Introduction

With notable consistency across the domains of risk, the role of parents and families in shaping the health of adolescents is evident...while physical presence of a parent in the home at key times reduces risk (and especially substance use), it is consistently less significant than parental connectedness (e.g. feelings of warmth, love, and caring from parents). (Resnick et al. 1997)

Adolescence is a period of transition into new roles and responsibilities that has few equivalents. It is a period of conflicting directions in which the youth strives to gain some autonomy in decision making and life tasks, but is not ready to function on his or her own in society. Simply stated, adolescence is a departure from childhood and a preparation for adulthood and is by definition transitional.

Every culture has traditions, norms, and role expectations for this transition. In the natural world, young male mammals are often excluded from the social group in which they were raised. They are trained in the skills of hunting and warfare that are essential for adult survival. In the twentieth century, the training has evolved into apprenticeships, the armed forces, or advanced schooling (Konner, 1982).

Whatever the framework of training and support for their future adulthood, adolescents are forced to enter a challenging, adult world which is uncertain and for which they are only partially prepared. They are learning what they need to know as adults; they are trying out adult roles, such as working and socializing on their own; and they are experimenting with adult norms. Through this experimentation the young person begins to incorporate new information and decision making into what he or she has learned from the long period of dependency on their families (Konner, 1982).

In the nineteenth and twentieth centuries, industrialized societies have held special challenges for adolescents. These challenges may include separating from the family socially, financially, and often physically, as they prepare to enter adulthood. As a result of these challenges, teenagers are expected to gain the skills that will enable them to achieve the expected independence of young adults.

As the roles and tasks of adolescence have changed in industrialized society, so has the composition and organization of the family. If one observes primitive societies as one model for human social organization, the nuclear family is a part of a larger functioning family unit. Families raising children often live in proximity to the parents' families who may become a social, emotional, and physical resource in time of need. Children are not exclusively the responsibility of their parents, but are cared for and trained by grandparents, aunts, uncles, and cousins. A larger social system allows a flexibility of support for parents raising children (Konner, 1982).
In contrast, modern Western society has experienced an erosion and fragmentation of the extended family unit. The nuclear family unit is often miles away from the extended family, mostly due to employment opportunities. The larger social units, which provided nurturing and care, are no longer available, so the family is shrinking to its lowest denominator, the mother and her children.

At the same time, another phenomenon has developed in which children, who have never achieved the adolescent tasks necessary for self-sufficiency in the adult world, are having children. In some families, grandmothers have responsibility for caring for the grandchildren from several children. The grandmother is no longer in the role of offering backup support to a mother, but has become the primary caretaker of children at a time when her health and energy levels are waning. Although the focus of this study is not to explore the sociological changes in the modern American family, these broad trends form a context for understanding the families of adolescents with substance abuse who will be studied in this research.

Teenagers are facing a myriad of choices regarding sex, drugs, and alternative lifestyles at a time when less adult supervision, nurturance, and guidance is available. Drugs and alcohol can be used as a vehicle for appearing and feeling adult in a teenager’s eyes. Despite the fact that the legal drinking age is 21 in most states, alcohol is still easy for teenagers to obtain. It can be an entry way to social acceptance in a peer group, either a loosely organized one or one with the more formal structure of the gang. For some teenagers, alcohol and drugs are the social glue that binds together a relationship system which supplants their emotional reliance on a family whose resources are already strained (Sherouse, 1985).

Not surprisingly, teenage substance use is endemic in the United States. According to the National Institute for Drug Abuse’s (NIDA) 2000 Monitoring the Future Study, 51% of 8th graders and 80% of 12th graders drink and 20% of 8th graders and 48% of 12th graders have used marijuana. Marijuana use has remained stable in grades 8, 10, and 12 since the mid-1990s. In 2000 the use of inhalants and hallucinogens declined, while the use of Ecstasy and anabolic steroids increased (NIDA Infofax,).

In light of these statistics, the majority of teenagers are fulfilling the normal tasks of adolescence. They do not abuse alcohol or drugs. They experiment and try a substance, only to decide that it interferes with their goals. These adolescents learn a trade, attend college, care for their families--and enter adulthood with appropriate skills for survival (Resnick, Bearman, Blum, Bauman, Harris, Jones, Tabor, Beuhring, Sieving, Shew, Ireland, Bearinger, & Udry, 1997).

A groundbreaking research paper, “Protecting Adolescents from Harm” made front page headlines when it was published in the Journal of American Medical Association (JAMA) on Sept. 10, 1997 (Resnick et al.). The goal of the study was to identify risk and protective factors in the family, at school, and among individual levels as they relate to the adolescent’s health: emotional health, violence, substance abuse, and
sexuality. The variables examined included closeness to, perceived caring by, satisfaction with relationship to mother or father, and feeling wanted by family members. The researchers measured parent-adolescent activities, parental presence in the home, and parental school expectations. They concluded that parent-child connectedness, as measured by the variables mentioned, regardless of whether there was one or two parents in the home, was the single most protective factor against every health risk except pregnancy. This finding, the quality of the relationship between the teenagers and their parents, has enormous implications for both clinical work and societal programs. The focus on parent-child connectedness differs widely from programs advocating drug education for protection against teenage drug abuse.

This study seeks to further investigate and broaden the conclusions from the “Protecting Children from Harm” research by studying connectedness in a small cross section of families in which the teenager has been identified as a substance abuser. The theoretic framework for the study is family systems theory, which conceptualizes the family as an interdependent and interactive group, the function of which includes the raising and successful launching of children. From the theoretic perspective used in this research, while one family member, such as the adolescent, may be experiencing difficulties, the emotional context for the problem is the family relationship system.

This research study measures the connectedness of the parents with the teenagers, as well as the level of substance abuse and six other variables associated with the teenager. The study also examines the connectedness of the parents to each of their parents. The goal of studying the parents relationship to their parents is to better understand what contributes to the parents’ ability to nurture and maintain connections with their teenagers. This study also examines the parents’ perceptions and contact with the grandparent generation, as a backdrop to their relationships with and the functioning of the adolescent.

The questions that follow are the context for examining the parental relationship with their parents: If connectedness between parents and adolescents is the most important protective factor against risky behavior, what promotes this ability in the parents? Does presence or absence of viable family bonds and support for parents with their own parents affect the parents ability to provide the structure and guidance that the teenager needs to chart a path to adult independence? Is the protective connectedness a quality that is passed from one generation to the next? Conversely does cutoff or lack of connectedness contribute to parents whose children are more apt to choose risky and harmful behavior?

**Background of the Problem**

Rarely does one open a newspaper in which the issue of teenage drinking and drug use is not reported in the headlines. A car wreck, an overdose, a fight at a football game, a speech by a paralyzed teenage drunk driver to high school students--these are the
incidents which help to give meaning to the statistics of teenage drinking and drug use in the United States today.

Certainly, this generation of teenagers is not the first to sample and misuse drugs and alcohol. Early in the 20th century, the Harrison Act of 1914 outlawed heroin, which was followed by Prohibition, which sought to ban alcohol. In 1937, the government enacted the Marijuana Tax Act to tax the growing of marijuana. Since 1962 when President John F. Kennedy convened the White House Conference on Drug Abuse, the government has increasingly put into policy its mission--"the elimination of illicit traffic in drugs and the rehabilitation and restoration to society of the drug addict" (Gonet, 1994).

The 1960s saw the rise of the view that drugs were mind expanding. Experimental use of drugs was widespread, especially on college campuses. During those years, Timothy O’Leary, a college professor, popularized the hallucinogen, LSD, as an educational psychedelic experience. In the 1970s, drugs were thought of as recreational by a wide spectrum of young Americans, with 54% of high school seniors taking at least one illicit drug in 1979. The 1980s saw the crack epidemic, while in the 1990s a general decline in overall usage was noted (Gonet, 1994).

The decline in alcohol use by adolescents has continued over a 20-year period. The proportion of seniors who are current drinkers fell from 72% in 1978 to 64% in the 1980s to just over 60% in the 1990s. Since the 1970s, the typical quantity of alcohol consumed by teens has dropped 11%, while those who drink daily declined 40%. These statistics may reflect the overall push in society for moderation and the decline of adult drinking as well (Vogler & Bartz, 1992).

Perspectives vary on the etiology of teenage substance abuse. Research indicates that teenage substance abuse is influenced by a number of factors, including physiological/genetic makeup, psychological well-being and self-esteem, family relationships, community values and practices, and societal norms (Muisener, 1994). Some professionals believe that individuals are biochemically predisposed to addiction (Alibrandi, 1978), although there are studies that question the concept of predisposition (Muisener, 1994). Some also believe that individuals are influenced by their peers and their environment (Muisener, 1994).

The biopsychosocial model of drug addiction incorporates a number of variables, including the ability of the teenager to accomplish his or her developmental tasks, the functioning of the family, including its stressors and life stage, and the choice of peers. These psychosocial factors interact with the individual’s physiology, and with the societal influences which come to bear at a particular time and place to create teenage substance abuse (Beman, 1995; Fitzgerald, 1994; Muisener, 1994). As numerous as the theories are, there are a variety of approaches to addressing this problem of substance abuse, including education and prevention in the schools, legal action against drug dealers, and counseling and rehabilitation programs for teenage substance abusers.
The research in this study is based in the conceptual framework of family systems theory. The behavior of the teenager both influences and is affected by the patterns of interaction in the family. The family relationships are a context for the teenager’s behavior and will provide the support and strength for changes to take place in the teenager (Bowen, 1978). Systems ideas do not discount physiological, psychological, or societal influences, but view them as secondary to the powerful imprint and emotional pull of the primary relationships of an individual’s life.

Systems theory is a paradigm shift from the disease model of addiction and from psychodynamic theory, both of which view the individual as the primary unit of focus. In the 1950s, a number of pioneers in systems ideas emerged. Gregory Bateson, Don Jackson, and Jay Haley worked in Palo Alto using cybernetic theory as a basis for research family interactions as feedback loops. The idea that a family system was homeostatic, or operating with predictable interactional patterns that were stable over time, was borrowed from General Systems Theory. A very different family thinker, Carl Whitaker, who worked in Wisconsin, challenged family patterns through whimsical and humor interactions with family members. Salvador Minuchin developed his ideas at the Child Guidance Center in Philadelphia and suggested that symptoms arose from lack of boundaries and clear hierarchy in families. Virginia Satir examined communication patterns as reinforcing behavior in families. Murray Bowen began to examine the multigenerational patterns of emotional functioning in his work at the National Institute of Health, where he ran a research program on schizophrenia.

What each of these pioneers sought to understand and describe was a shift from the individual to the system as the primary unit of emotional functioning. A system is made up of individuals, but it is more than a sum of the individuals in it. It is an interactional unit, with predictable patterns, so that each individual is impacted by and has an impact on the other family members. A change in one person in a family system will affect the functioning of the entire group (Bowen, 1978).

Family systems concepts were applied to alcoholism and addiction, viewing the use of substances in families as regulating the emotional distance and the balance of responsibility among the partners. (Berenson, 1976; Bowen, 1974; Steinglass, 1985) Edward and Pauline Kaufman edited The Family Therapy of Drug and Alcohol Abuse in 1979, which was one of the first in depth examinations of families with addiction. E. Kaufman concluded: "There is now substantial evidence to conclude that family systems play a significant role in the genesis of alcoholism, as for example in the transmission of marital and family roles of alcoholism from one generation to the next" (Kaufman & Borders, 1984, p. 241).

As family systems ideas became more widely understood, research began on families with drug addiction. One of the most interesting was the study on families of heroin addicts at the Philadelphia Child Guidance Center using Minuchin’s ideas on Structural Family Therapy. Stanton and Todd (1982) summarized the work of the project in The Family Therapy of Drug Abuse and Addiction. Working with families of chronic
addicts, the therapists examined and challenged the reciprocity of the addict’s dependence and the family’s helpfulness.

Since these pioneer works, much has been written about family therapy for families with addiction, in particular, teenage substance abuse. Particularly influential has been the work of Jay Haley, who wrote *Problem Solving Therapy* (1977) and *Leaving Home* (1980). According to Haley (1980), problems that prohibit the adolescent from fulfilling his or her developmental tasks toward adult maturity include the parents’ inability to disengage from the child and to communicate what is necessary for the child to be able to leave home in a functional manner. In sum, a child’s symptoms, whether psychosis or substance abuse, are a failure of the system, not a pathology of the adolescent.

These theorists provide the background and context for the primary theoretical base for this study, Bowen Family Systems Theory (BFST), which is examined in more detail in Chapter II. Central to this theoretical approach is the idea that the child’s emotional maturity is based on his or her attachments to caretaking relationships in their family. Bowen thought that patterns of emotional functioning operated in families across generations. The level of maturity of the family, as well as particular problems and strengths, are transmitted from one generation to the next (Bowen, 1978; Gilbert, 1994; Kerr, 1984; Papero, 1992).

In a general sense, parents provide the opportunity for a child to individuate a sense of identity in a nuclear family, only as far as the parent was able to separate from his or her own families. Families vary in the capacity to launch children into adulthood as functional people. The variation in functioning between individuals is described as the level of differentiation. Families with higher levels of differentiation have fewer dysfunctional symptoms and more self-directed lives. Families at the lower end of the scale are flooded with emotional, social, and physical difficulties (Bowen, 1978).

The scale of differentiation is a conceptual tool to examine the range of emotional functioning in families. Substance abuse in a teenager is one type of emotional and social problem that interferes with the maturation of the child toward adulthood. BFST theorizes that the problem in the child reflects emotional patterns and functioning of the family over several generations (Bowen, 1978).

Statement of the Problem

Teenage substance abuse is a pervasive and entrenched problem. While the problem is widespread, the answers for treatment are elusive. And, while research is widespread about the factors that influence teenage substance abuse, the literature and examination of the families of these teenagers is not extensive. Although the Resnick (1997) report published in JAMA finds family connectedness as primary in protecting teenagers from risk for substance abuse, little is understood about what promotes that quality in families. A problem in the clinical field of counseling is that time, energy, and financial resources are channeled to the teenage substance abusers, without a
comprehensive understanding of how to marshal the resources and strengths of their families to support healthier lifestyles.

Many treatment centers attempt to aid the teenager by urging him or her to learn about the progression of addiction and to engage in 12 step recovery groups for substance abusers. For some teenagers, this is helpful on a road of recovery. However, others observe that the markers for addiction in adults, such as tolerance and legal problems, are widespread among teenagers and they have difficulty identifying with lifetime abstinence. Many adolescents cannot use the Alcoholics Anonymous (AA) model of lifetime abstinence for the rest of their lives, and so continually relapse. Often they return to the same peer group or set of family problems that was part of their original drift toward alcohol. A revolving door of treatment and substance abuse can be the outcome for many teenagers.

When families are involved in their child’s rehabilitation program, the focus is often on drug education, not the emotional functioning of the family. The use of drugs and alcohol is thought of as "the problem," rather than as a coping mechanism for a child who cannot find success and self-esteem in other areas of his or her life. Often when the teenager abstains from drugs and drops out of the drug-using peer group, he/she has few other support systems. He or she faces parents who are isolated and cutoff from meaningful support systems and who do not have the capability to lend guidance and support to their offspring. One of the central questions for every treatment program for teenagers is whether the program is expecting more mature and directed behavior from the teenager than that which the child is receiving from his or her parents.

In summary, teenage substance abuse is widespread in society. The goals of abstinence from substances and moderation in lifestyle by teenagers are generally not maintained in the community, and often the teenager goes through a merry-go-round of treatment centers or other institutions. In focusing on the teenager's usage as the "problem," clinicians are ignoring an important influence and resource—his or her families. The problem becomes how to address teenage substance with as deep an understanding of how the relationship with the parents and the extended family both contributes to the child turning to drugs and could be tapped to help the teenager become more functional.

**Significance of the Problem**

The significance of the research in studying the variable of cutoff in families is to better understand how the disruption of contact and support in three generations of families contribute to the level of impairment in teenagers. If significance is found, this research may add to a broader understanding of how family involvement and treatment could be essential in the treatment of teenage substance abuse. This can contribute to how families are involved in treatment programs for teenagers. If relevance is found that the quality of parenting is affected by the support systems of the parent, then a focus on counseling for families could possibly be to increase the parents’ ability to be connected
with the teenager. The research into cutoff can inform the clinical direction of work with teenagers and their families.

**Purpose of the Study**

The purpose of this study is to examine cutoff in three generations to gain a longitudinal view of families in which substance abuse develops in a teenager. Cutoff of parents is examined separately for the mothers and fathers in terms of self-functioning, impairment, and cutoff of the teenager.

The objectives of the research are the following

1) To examine whether the degree of cutoff of parents with each of the parents is related to the degree of cutoff of their teenager with them.
2) To examine whether the degree of cutoff of the parents from each of the parents is related to the level of impairment in the teenager.
3) To examine whether the degree of cutoff of the parents from each of the parents is related to their level of functioning.

This research is guided by the following research questions:

1) Is there a significant relationship between the degree of cutoff of the mother from her mother and her level of self-functioning?
2) Is there a significant relationship between the degree of cutoff of the mother from her father and her level of self-functioning?
3) Is there a significant relationship between the degree of cutoff of the father from his mother and his level of self-functioning?
4) Is there a significant relationship between the degree of cutoff of the father from his father and his level of self-functioning?
5) Is there a significant relationship between the degree of cutoff of the mother from her mother and the level of impairment in the teenager?
6) Is there a significant relationship between the degree of cutoff of the mother from her father and the level of impairment in the teenager?
7) Is there a significant relationship between the degree of cutoff of the father from his mother and the level of impairment in the teenager?
8) Is there a significant relationship between the degree of cutoff of the father from his father and the level of impairment in the teenager?
9) Is there a significant relationship between the degree of cutoff of the mother from her mother and the degree of cutoff of the teenager from her?
10) Is there a significant relationship between the degree of cutoff of the mother from her father and the degree of cutoff of the teenager from her?
11) Is there a significant relationship between the degree of cutoff of the father from his mother and the degree of cutoff of the teenager from him?
12) Is there a significant relationship between the degree of cutoff of the father from his father and the degree of cutoff of the teenager from him?

Recording patterns of cutoff in several generations contributes to a broader understanding of the emotional patterns in families with children who are impaired through substance abuse.
Theoretic Framework

The theoretic framework for this study is Family Systems Theory as developed by Murray Bowen, M.D. A central premise that emerged from his research was that a family formed an emotional unit, in which the functioning of each family member is interwoven in patterned responses to other members of the family (Bowen, 1978). A symptom, such as addiction, is not seen as an intrinsic pathology, or disease, but an outcome of factors resulting in particular behaviors in an individual (Bowen, 1978, Kerr, 1984).

Family systems ideas provide a context for understanding the emotional process and issues underlying the dependence, as well as the substance abuse of the teenager. The family system is not fulfilling its life task of raising children if they cannot face the challenges of adulthood in a functional way. One of the multigenerational themes which families with teenagers who are not making the transition to adulthood face is whether that child is repeating the same pattern that their parents enacted with their own parents (Kerr, 1984).

Definitions

Family systems theory is based on a set of concepts that describe the emotional life of a family. The basic concepts include are summarized from Kerr and Bowen (1988):

**Individuation (differentiation)** describes the variation in human functioning. It is measured in overall terms by how much an individual meets the tasks of adulthood in a thoughtful, self-directed, and autonomous manner. It describes the ability to establish an identity while staying connected in a personal way to important relationships.

**Cutoff** is a term used to describe a reaction to intense emotionality in a family by severing contact. A person cuts off by being emotionally or physically unavailable. Bowen describes cutoff:

> ….cutoff can be accomplished by physical distance, keeping contacts with family brief and infrequent and/or through internal mechanisms such as withdrawal and avoidance of emotionally charged areas while in the presence of family”. (Kerr, 1980, p. 271)

**Fusion** describes the emmeshment of family members in emotional reactivity to the extent that it compromises the individual's ability to function separately and autonomously. This term signifies a degree of dependency, which interferes with a person’s mature functioning.

A **symptom** in an individual develops as a response by a family to anxiety or external pressure from the environment, rather than a pathology in an individual.
**Multigenerational transmission process** is the repetition of relationship patterns from one generation to the next. These emotional patterns may take the form of repeating particular symptom, such as addiction, or by patterned emotional responses.

Bowen (1978) identified four emotional patterns in human relationships:

*Over/underfunctioning* refers to the relationship in which one person is overly responsible for the others’ emotional, physical, or social functioning, while the other appears dependent.

*Distancing/Pursuit* is the process in which one partner pursues the other for emotional closeness only to find the other distances, whereupon the first again pursues.

*Conflict* is the overt or covert discord between two people to resolve their differences and to manage the connection between them.

*The projection process* operates when tension rises between two people and is resolved when they agree on a problem in another. When a child is an identified problem in a family, the child is viewed as the recipient of the parents’ projection.

**Limitations**

Several limitations of this study should be cited. Families may engage in a self-selection process in being studied. Some may not have the emotional resources to attend and participate in an evaluation process. Others may choose other agencies or providers in the community, so that a random selection of the population studied cannot be assured.

Cutoff is a complex and subtle process in families. The Emotional Cutoff Scale attempts to capture the perception of an individual about his or her relationship with each parent, which is open to subjective interpretation and may not reflect the behavior of the participant. In addition, an individual may not be comfortable in self-disclosure in an initial interview. How successfully the ECS captures isolation of one generation from another is a question that merits further study.

This study attempts to measure how cutoff of parents from grandparents and cutoff of a teenager from his/her parents affect the level of impairment in the teenager. However, other factors, such as level of stress for the family, life events, emotional, social and physical symptoms in the individuals, and emotional patterns of conflict, distance, and projection, are also relevant variables in assessing a family’s functioning.

The size of the sample is 60 families, which is not a large study for significance in correlations. The research was carried out in a suburban community in Northern Virginia, which may limits its generalizability to other areas. It studies one aspect of family functioning—cutoff—and the study does not propose control findings for other family variables, such as alcoholism in the parental generation.
Research bias could result from the researcher conducting the interviews.

**Summary**

Adolescence is a developmental stage of transition and a time of vulnerability for risky behavior, including drug and alcohol abuse. Research (Resnick, 1997) has indicated that the single most protective factor to risky behavior is a teenager feeling connected and supported by a parent. This research study, based in the theoretical framework of family systems theory, examines whether the parents’ connection or cutoff from their parents is related to their level of functioning, the level of impairment of the teenager, or the teenagers’ connection with them. The significance of the research in studying the variable of cutoff in families is to better understand how the disruption of contact and support in three generations of families contribute to the level of impairment in teenagers.