Family Therapeutic Alliance and the Prevention of Relapse in Collectivist Malay Community in Malaysia

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Abstract

Being a drug addict makes one's alienation possible, even if one belongs to a strong interdependent familial relationship community. Culturally it is simply that he has deviated from his family piously held values and norms. By capitalizing on the idea of therapeutic alliance (Rogers, 1957), researcher managed to identify yet another stronger but slightly different form of therapeutic alliance which is a core value flourishes naturally in the Malay collectivist culture. Working on this collectivist family therapeutic alliance has enhanced effective communication and cooperation among the recovering addict (RA) and their family members which resulted in RA capability to stay drug-free. In this study, four RAs and thirty two of their family members were drawn together to form four research groups. Open-orientation group is adopted to suit the unpredictable group member's attendance during the four-month period of treatment. For the purpose of data collecting, researcher used 3 sets of inventory called Establishing and Maintaining Therapeutic Alliance Inventory or IKMP.1, IKMP.2 and IKMP.3, partly based on modified version of Working Alliance Inventory (WAI: Tracy &Kokotovic version, 1989) format. The results from pre and post-test have shown that there is strong readiness among the subjects to establish and to maintain therapeutic alliance. The follow up test, conducted 2 years after the last research group received treatment, showed that three out of four RAs successfully 'kick the habit' and are living drug free lives.

Keywords: collectivist family therapeutic alliance, relapse prevention

Introduction

In traditional Malay collectivist community he or she who addicted to drug is labeled as deviating against his or her family's values and norms. And to get back into the family circle, one has to go through a long way to prove to the family that he has repented and really committed to a new drug-free life. This is largely due to traditional role as the guardian of the culture/religion played by their parents and families apart from self-guilt experienced by the addict himself. For the family, giving in to a member of the family who is apparently against the family values may be seen as encouraging the addict to continuously using and repeating other unbecoming drug-related behaviors of which also punishable sins from their religious perspective. On the other hand, for the addict to walk straight back into the circle of his family-of-origin, after the 'shameful' and heart breaking experiences inflicted upon his or her family, is a another challenge to the family reunion. In such a situation, action shouldbe taken to help dissolve alienation of recovering drug addict (RA) within his own family and community

There are many Malay old sayings such as, "*Sebusuk-busuk daging, dibasuh, dimakan juga"* and *"Setinggi-tinggi terbang bangau, akhirnya hingga di belakang kerbau,"* (Malay idioms /perumpamaan) which reflect two important values of unconditional positive regard and homecoming. The first saying means no matter how bad a blood brother or a sister is, should he or she repent, he or she should be accepted back into the family. The latter means no matter how far, how long or on what reasons one leaves his family, he will come home eventually. Combining both sayings witness a situation where members of the conflicting parties are showing strong inclination to get together and to revive their familial relationship or "*silaturahim*" but hindered by various undefined cultural values. Exploring these values may help researcher to get closer to the heart of the problem faced by RA and his family members in Malays collectivist culture.

Respecting the tense relationship amongthe RA and his family members in this research, an acid test is applied to investigate whether the underlying values which determines the nature of therapeutic relationship among collectivist community is strong enough to sweep aside existing conflicts and to establish alliance between them. Inevitably, one of the most challenging tasks of this project is to convince both parties to get together in a group, putting their conflicts aside and work together to achieve the set goal of helping the RA preventing relapse.

Therapeutic Alliance vs. Collectivist Family Therapeutic Alliance

Rogers (1957) defined therapeutic alliance as, *". . . the degree to which the client and therapist care about one another and agree on the goals and tasks of therapy."*The kind of caring is preferable at a high level and strong enough to put aside individual self-interest in helping one another toward achieving the counseling goals. Strupp (1992) put up a stronger definition of therapeutic alliance. He said that the degree of relationship that qualifies for the therapeutic alliance is when individuals are able to

"communicate commitment, caring, interest, respect, and human concern for the patient."

In the Malaysian Malay community, probably as most races of the East collectivist society, a slightly different form of therapeutic alliance or family therapeutic alliance has always been a foundation of family unity. Recognizable associated collectivist values such as faithfulness, family identity and cooperation which related to the concept familial-self (Sinha & Sinha, 1997; Masaka, 2003; Sue & Sue, 2008; Corey, 2008),are functioning similarly to qualities underlying therapeutic alliance mentioned by both Rogers (1957) and Strupp (1992). But as the degree of relationship in the family therapeutic alliance occurs at family level, it is assumed that the alliance created is much stronger then the former alliance. Both Malays cultural and their religious beliefs are part of the enforcing or binding elements to their family alliance. For example, among the traditional collectivist Malays, the belief is that, it is individual's as well as family's responsibilities to uphold the religious value of *"silaturahim*" or familial relationship and failing to do so, is punishable from their religious perspective. So, in order to uphold this deep rooted value and religious teaching of *"silaturahim"*, one is ever willing to do as much as he can, even to the extent of *"bergadai bergolok"* (Malay proverb) or giving out to the last-penny.

Considering this cultural and religious value of the Malays, collectivist family therapeutic alliance or simply family therapeutic alliance is defined as "*A nature of relationship that tangled by love and concern for blood brothers/sisters and also by responsibility to balance family homeostasis."* It differs from the therapeutic alliance (Rogers, 1957) mainly in term of its membership, values and the nature of the relationship it forms.

Research Background

In 1984, a research found that prisoners charged under Malaysian Dangerous Drug Act (1952, amended 1980) confessed that the issue closest to their heart and found most disturbing about being released (from prisons) was whether or not they would be accepted by their family (Zall, 1984). Again after 20 years, in 2004, the same question was asked to the prisoners from two prisons and one rehabilitation centre (a Therapeutic Community), the answers were the same (Zall, 2004). Another research finding showed that 94.5% residents of a Malaysian Anti-Drug Agency Rehabilitation Center in Sabah chose to go home to their family once they completed their program (Zall, Amran & Ismail, 2007).

Literature Review

Therapeutic alliance has been widely recognized as basic to therapeutic relation(Corey, 2008).For more than thirty years ago researches showed that quality therapeutic alliance *"is a modest yet robust predictor of treatment outcome in individual psychotherapy with adults" (Horvath, 1994, 2000; Horvath & Lubrosky, 1993; Horvath & Symonds, 1991; Martin, Farske, & Davis, 2000). For older client, therapeutic alliance measured at the early treatment stage showed a better indicator than the result measured at middle stage (Hovath, 1994, 2001; Hovath & Symonds, 1991)*. Researchers also found that the alliance between therapists and their clients, and therapists with clients families showing encouraging results (Horvath, 1994a; Perkinson, 2002; Shirk &Karver, 2003; Corey, 2008; Gladding, 2009). In drug addiction treatment, family involvement forms a vital part in counseling (Hook, 2008;

Capuzi & Sauffer, 2008). Family members have the influence in motivating drug addicts to stop taking drug or prevent them from getting involved in dangerous activities (Steinberg, Epstein, McCrady, & Hirsch, 1977). This has been a strong indication that where family forms a significant entity as in thecollectivist society, alliance between family members is a potential element to be used in psychotherapy.

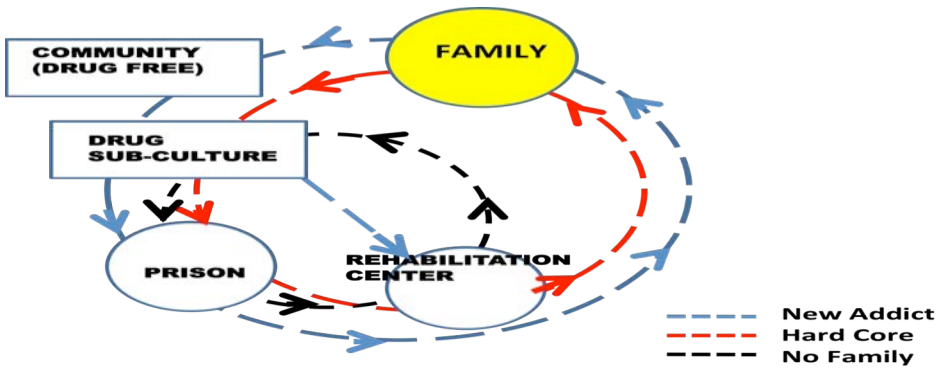
Research Questions /Objective

The main objectives of this study are destined to answer research questions as; i) Whether or not the Malays collectivist RAs and their family members, are willing to go through a therapeutic alliance based group treatment together, in spite of their continuous strenuous relationship? ii) As the treatment meant to empower the family, does the family therapeutic alliance last through a critical period of two years? iii) Does the therapeutic alliance-based empowered family capable of helping the RA prevent relapse? iv) How feasible is a cultural/religious friendly therapeutic alliance based approach used in this study to the clients of Malays collectivist subjects?

Theoretical Framework

Figure 1 shows the pathway commonly travelled by the Malays drug addicts who walk out on his family's main cultures to embrace or get acculturated into contesting addict sub-culture. When he gains sobriety after doing his time in prison or compulsory drug rehabilitation center, he eventually race home hoping to find shelter under the care of his family. Though most of the time this 'stay in' with the family occur just for a while, before he decide to get back to the old trail to addiction, but this is the point where his motivation to cooperate with the family to prevent relapse is high. Empowered and skilled family members would have the opportunity to take the advantage of this short stay of RA at their family home to form family therapeutic alliance and foster changes in him.

FIGURE 1
MALAY RECOVERING ADDICT HOMECOMING CIRCLE



Theories such as system, collectivism, multicultural and social learning theory are used in explaining the research theoretical framework. From social learning theory, the research believes that drug addiction is a socially learned behavior and certainly it can be unlearned. Family approach with multicultural perspective is adopted to enable the family see things from RA's perspective in order to have a deeper understanding of the issues surrounding their RA. The concept of familial-self is strongly supported

by the Malay culture and religious teaching, in which priority is given to family over individual needs. This in turn helps to increase the bargaining power for a therapist to encourage re-establishment of family therapeutic alliance for both RA and his family. Once the subjects enter the alliance, the values of faithfulness, family identity and *"silaturrahim"* are put to their best effect to create feeling of closeness, wanted and love which makes kicking the habit of going back to drug is worthwhile for the RA. This also brings satisfaction to family members as union means to be able to adhere to the religious teaching of "*silaturrahim"* and a chance to balance family homeostasis. The RA would also culturally free himself from the sin of being *"durhaka"* or infidel towards his family especially his parents.In Malay collectivist community, a drug free life is a life that is free from cultural and religious sanctions.

Methodology

This research uses is a mix-method with field experiment longitudinal design. A purposive-snowball sampling was conducted to select samples for the research. A briefing on the research project was given to a group of 37 final phase residents of one of the Malaysian Government drug rehabilitation program in Kuala Lumpur, Malaysia. Four residents out 7 residents who volunteered to participate and managed to get their families involvement, and selected for this research project.

Table 1.1: Research Groups

Families' Labels	**Age**	**Male**	**Female**	**Total**
Small Family	21 –50 years	2	3	5
Large Family	12– 48 years	4	6	10
Remarried Family	30– 53 years	5	2	7
Extended Family	27– 61 years	8	5	13
		19	16	35

Table 1.1 shows number of groups / families and total members of each individual group i.e. range from 5 to 13 members. Three of the groups are nuclear families while the fourth is extended which shows the participation of an uncle, cousins and brothers /sisters in laws.

A pre and post-test were conducted using a set of questionnaire (IKMP.1, IKMP.2 and IKMP.3) before and after the groups went through 8 sessions of a specially created Collective Family Group Therapy (CFGT). The follow up test was conducted 2 years after all groups completed their treatment sessions.

Research Instruments

Instrument used in this research is called the Readiness to Establish Therapeutic Alliance or IKMP were constructed partly based on modified version of Working Alliance Inventory (WAI: Tracy & Kokotovic, 1989) format. However, IKMP differs from the modified version of WAI (Tracy & Kokotovic, (1989) in many ways i.e. number in inventory sections, its sub-scales used and of course the items. There are only two sections in IKMP (Client Section and Family Section) whereas WAI consists of 3 sections. As IKMP focuses on collectivist clients, it uses 'faithfulness', 'family identity' and 'perception of the treatment approach or family alliance' as it sub-scales. Faithfulness and family identity domains are widely used to measure collectivist trait of interdependent and familial-self (Triandis, Chan, et al. 1995; Masaki Yuki, 2003; Heine, Lehman, Markus, & Kitayama, 1999, Sinha & Sinha, 1997; Kim, 1997). While perception toward treatment and therapist approach is an important indicator for measuring individual's tendency to get professional help (Cusack, Deane, Wilson, & Ciarrochi, 2004).

The first 12 items of the two sections IKMP.1 and IKMP.2 namely the Family Section and the Client Section levels of reliability are 0.76 and 0.95; 0.88 and 0.98 respectively, whereas the follow up IKMP.3 level of reliability is 0.89 (Family Section) and 0.9 (Client Section) as on the Alfa Cronbach.

The Treatment Module (Collective Group Family Therapy)

Based on working experience with Malay clients in Malaysian Prisons more than 30 years, researcher introduced an integrated multicultural family therapeutic alliance based Collective Family Therapy for the treatment of the subjects. Theoretically CFT is an integration of the Structure, Social Contructionism, Adlerian and multicultural theories with underlying Malay collectivist cultural and religious values. The main aim of CFT is to help RAs and family members (co-dependents) to empower their family. Steps are taken to initially redefine certain traditional Malay values that form stumbling block to effective communication, and also by collaborating with values that are commonly embedded in psychotherapy and counselling such as levelling, openness, feedback and confrontation. The long term snowball effect of the therapy is observed in term of family capability to maintain the alliance through the two years critical period and its effect on the group ultimate goal of helping their RAs to prevent relapse.

Data Analysis

For the quantitative data, descriptive analysis is used particularly using percentage, table and also charts to explain data collected during the pre, post and follow up test. This is due to the small sample of research subjects and open group orientation that allows family members attending the treatment sessions based on their free times. On the other hand, qualitative data analysis is used to analysis the data collected through various activities such as observation of the therapy process, structured and unstructured interviews, telephone conversations and short messaging system (SMS). The accessibility of data from numerous resources also enables the researcher to use triangulation method to explain the research conclusion.

Result

Table: 1.0 shows both qualitative and quantitative evident used to reach at the conclusions. IKMP.1, IKMP.2 and IKMP.3 used at pre, post and follow up test show 100% positive scores. Family identity gets the highest scores of 66.11% and 75.6% respectively. These indicate that family identity is the predictor for readiness to establish and to continue the family therapeutic alliance (after RA completed residential drug program). On the other hand, to be able to really stick to the alliance for a long time, a stronger value of faithfulness toward one's family is essential. Follow-up test shows that faithfulness scores 91.8% and is the indicator for maintaining family therapeutic alliance over a long period or in the case of this study is an interval of 2 years.

Data collected from various resources are used to construct a triangulation, as demonstrates in Table 1.1 below, to explain the research conclusion.

Table: 1.1
Triangulation Evident

Evident	Conclusions
1. Subjects successfully forming and maintaining their therapeutic alliance through treatment and interval period of two years.	1. The subjects were 100% ready to establish and to maintain family therapeutic alliance. 2. The therapeutic alliance empowered family has a 75% chance to survive through the 2 years critical period. 3. Family therapeutic alliance capable of helping RAs to stay drug free. 4. The intervention approach used in this study is feasible in treating collectivist Malays family subjects.
2. Data established in form of Metric Resources and Data Extract (Fairclough, 1995) show changes in various aspects of relationship.	
3. All IKMP.1 items scores showed 100% support to establish therapeutic alliance	
4. All IKMP.2 items scores showed 100% support to continue therapeutic alliance	
5. All IKMP.3 items scores show 100% support to maintain therapeutic alliance	
6. Three out of four groups/families (subjects) managed to maintain therapeutic alliance throughout the 2 years critical period	
7. Three out of four RAs managed to stay drug free lives during and after the two years critical period.	

Two critical findings collected from the follow-up test are i) three out of four families managed to maintain therapeutic alliance over the two years of research interval period, and ii) all three RAs from the survived empowered families saw their RAs are able to stay drug free. The family that failed to maintain the therapeutic alliance

among its family members, due to the unsettled broken-home related issues, saw their RA going back to using drug.

As for CFT, the above results are supportive of its feasibility as a treatment approach for research subjects (collectivist Malay families and their RAs). Item number 14 of the IKMP.2, conducted during post-test, "*I agree to recommend for more residents and their families to be treated with this approach (CFT)*," showed a 100% positive response (Agree, 20%; Very Much Agree, 80%)

Discussion

Homecoming is a common phenomenon among the Malays as well many other Eastern collectivist communities. This phenomenon, as shown it the theoretical framework of this research, is also common among the addicts who had served time in prisons or compulsory rehabilitation center is high despite of their worry of not being accepted by their family (Zall, 1984, 2004; Zall, Amran & Ismail, 2007). Generally they recognize that family is a very significant entity. For an addict, going home also means*"...balik ke panggal jalan"* (Malay idiom) or go back to where you started (as a non-addict) when you are lost at the end of the road. This old saying has been considered as an advice or a call from the family to its member to stop being unruly.

A related research conducted among addict's family members and friends show that there is a significant social support for the RAs to start a drug free life (Zall, Balan & Joki, 2009). Since this support is not explicitly echoed to the addicts by the family members due to lack of open-communication between them and also for the fear that they would be taken for granted, alienation among the addict is prevalent. The family seems not trying hard enough to help its member to free themselves from drug addiction.

On the other hand, self-guilt and the uncertainty of the chance to be accepted by their family, due to their past experience of rejection, tend to pull the addict back into the same old track leading them to their addict peers. As it is, both parties seem to have reasons of their own to not start the effective communication ball rolling.

As there are positive inclinations for both parties to re-establish relationship between them, steps to initially educate the family members, helping them to understand the need to get to the bottom of their issues and to revive their hope for a balance family homeostasis, as shown by the research finding, is high. At this point they need a good persuasion or reasons for doing it or even a common goal. The next thing is an appropriate strategy to address the issues around the RA and his family. Consideration should also be given to the cultural values and religious belief of the family. This is where cultural/religious-friendly family therapeutic alliance based therapy (CFT) is crucial, mainly to encourage a full acceptance of the treatment strategy and to effectively mend the rift of communication between the both parties

The Malays cultural/religious teaching demand respect of individual member for the elders, especially one's parents. This in turn, helpsto ease the elderly members or one's parents' role as leaders in his family when the power is made available and strongly supported by the cultural and religious teaching. For example, as

"silaturahim" is in their blood and their mind, establishing a proposed family therapeutic alliance to this family is just like helping them to get together again as they used to be but with a new and better perspective of living together. This is a gateway to overcome various issues among the family members, which is most welcomed as in the case of this study.

The cultural and religious demand also reflected during the running of 8 sessions of Collective Family Group Therapy (CFT). Begin with the 100% response to the call for establishing, completing the entire treatment, continuously adapting to the norms and values practiced in the group, and maintaining the alliance throughout the interval of 2 years period. Although family decision sometimes is not truly a collective decision, rather it may be the father's or parents' decision, but the inclination to abide to this decision is genuinely resulted out of faithfulness, family identity and "*silaturrahim*". The fact that a hundred percent readiness to establish, to continue and to maintain therapeutic alliance showed by the subjects in this research demonstrates the support given to the concept of familial-self. It is an imperative act in a collectivist Malay community as it stresses on individuals compliance to give priority to their family over their own individual interests. For example, in this research, to be able to participate in the 8 sessions of all members' family-of-origin of therapy group, a member is required to leave their own immediate family on weekends for a period of three to four months, abandon other social obligations, and travel over hundreds of kilometers. In a situation like this, one may not hesitate to appreciate the kind of love the members have towards their family which includes the problematic ones.

Therapeutic alliance (Rogers, 1957) in form of family therapeutic alliance is much relevant to the Malays interdependent way of life as it is culturally and religiously supported concept. By integrating certain theories and strategies commonly found in the western originated counseling and psychotherapy with these critical aspects of the Malay community, it has resulted in a friendlier CFT.

Research Limitation

Obviously one major setback of this study is its small sample. This has greatly affected the data analysis for it minimizes researcher's option to descriptive and qualitative analysis only. As the treatment approach is combining both RAs and their family in a same group, many potential subjects seem reluctant to come out and to join the research project. Several factors contributed to this refusal such as low confidence in getting familial participation and support, not all RAs, particularly the older ones who still have their family-of-origin around or at least still communicating with them. Most importantly, the researcher is in no position to guarantee positive outcome for those who participated in the research treatment.

Being hardcore and had been in and out of drug programs several times, the RAs are very much exposed to various approaches of counseling and therapies or other modalities but without success. Their perception of an unknown therapy like the one proposed in this study might be just 'another therapy'. As one of the subjects (RA) commented, when he was first asked for the reason of joining the research project, "I don't think I can change or get cured, but I would like to give a try especially with my family around". But the risk he took paid off and now he is living a drug-free life.

Suggestion

As limitation of this research is small sample, more researches with bigger sample is required in order to get a more satisfactory and consistent results. Even though this research is focusing on Malay subjects, therapeutic alliance or family therapeutic alliance is an approach to bring the traditional values which much relevant in this modern-day Eastern collectivist community. Many aspects both culturally and religiously/spiritually, may be different from one community to another, but values such as living interdependently, faithfulness, family identity and cooperation, which is the core aspects of a strong family therapeutic alliance, are common. Researchers from different ethnic groups seem capable of studying their own family therapeutic alliance and its potential to resolve multiple issues between family members.

Conclusion

Alienation from one's family-of-origin or the other way round can occur even in a close knitted family such as the collectivist Malay family.This can be caused by the lack of effective communication which is hindered by conflicting values such as the tendency to uphold the *'silaturrahim'* but refusing to have anything to do with a 'sinful person'. Therapeutic alliance in forming a family therapeutic alliance is a convincing way to reunite the family, enhance communication by redefining the conflicting values as well as injecting values common to the psychotherapy or family counseling. The multicultural approach for special group of people such as the Malays of Malaysia (CFGT) would be best if some considerations are given based on various aspects of cultural/ spiritual or religious beliefs of the community.

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