ADOLESCENT DRUG ABUSE IN CHINESE FAMILIES: AN INSIDER PERSPECTIVE

QUERY SHEET

Q1: Au: Words missing.
Q2: Au: Is it clear to reader who is in Group A?
Q3: Au: 11.02 in Table 5, ok?
Q4: Au: Is "however" necessary? Second sentence seems to follow the first logically.
Q5: Au: "Converesely" OK?
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Q8: Au: "abstaining" adolescents
Q9: Au: Pls verify spelling see ref.
Q10: Au: This sentence is a repeat of previous sentence?
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Q12: Au: Pls verify spelling see p. 17.
Q13: Au: Cited in Text? If not, pls do so pr delete ref.
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ADOLESCENT DRUG ABUSE IN CHINESE FAMILIES: AN INSIDER PERSPECTIVE

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Understanding of the role of the family in adolescent drug abuse and rehabilitation in Chinese contexts is scarce, particularly from an insider's perspective that elicits the voices of the participants. This study maps the salient aspects of family relationships in adolescent drug rehabilitation in Hong Kong. Thirty-four Chinese male adolescents, 32 mothers, and 25 fathers participated in pretreatment and posttreatment interviews using the family grid. From a content analysis of the constructs employed by the families, tenderness, forcefulness, social interaction, and emotional arousal were prevalent at both pretreatment and posttreatment. Surprise findings include the presence of tenderness at both pretreatment and posttreatment. The study concludes that there is a need to reconceptualize the idiosyncratic role of Chinese parents in adolescent drug rehabilitation.

Introduction

Knowledge of family processes and structures in drug abuse has been growing since the mid-1950s. Brook and Brook (1992) proposed a list of family risk factors that indicate the need for therapeutic interventions, which they believed were more effective when made in an intrafamilial context. When adolescents attempt to stay clear from drug abuse, their families inevitably undergo some negotiation and reorganization (Cormack & Carr, 2000; Rowe & Liddle, 2003). An initial search revealed a serious gap in understanding the families of adolescent drug abusers in Hong Kong even though the family is an important unit in Chinese communities (Chung & Chou, 1999; Lam, 1997). Moreover, families have yet to be systematically engaged in adolescent drug

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treatment despite evidence that family-based treatment is effective (Narcotics Division, 2002).

In the field of drug abuse, there is an array of studies that utilizes Personal Construct Theory and the grid method as a framework to explain drug dependency (Burrel & Jaffe, 1999; Dawes, 1985; Klion & Pfenninger, 1997), addiction experience (Viney, Westbrook, & Preston, 1985), self-identity of drug addicted individuals (Norris & Makhlouf-Norris, 1976; Ryle, 1975), and drug rehabilitation (Ng, 2002). There is not research yet that uses the grid method to study family relationships of drug-addicted individuals. This study uses the family grid to assess family relationships of adolescents who abused drugs for various reasons. This is a simple-to-use measure, which proves to be extremely practical for both therapists and researchers in the way it generates therapy and research procedures (Feixas, 1992; Procter, 1985). It emphasizes the ethical as well as psychological aspects of family dynamics and therapy (Procter, 1996). It also has an advantage over many family assessment tools in that it relies on the family members' own constructs and categories (Procter, 1985). The family grid is based on the belief that although the family construct system may consist of a complicated structure of abstract and implicit beliefs, it is manifested in concrete behaviors and daily interactions among its members (Alexander & Neimeyer, 1989).

In order to examine the dynamics of family in adolescent drug rehabilitation involving Chinese families, this study aims to map the salient aspects of family relationships in adolescent drug rehabilitation using the family grid.

Method

Participants

All participants were drawn from cases referred or self-referred to a residential drug rehabilitation center for young males who have a problem with drugs. The duration of the rehabilitation is for 1 month but can be extended to a maximum period of 3 months. The samples consisted of 34 adolescents and their parents. The selection criteria follow:

1. Male adolescents who abused drugs. Both heroin and psychotropic drugs were included; no distinctions were made among the specific types of drugs abused.
2. Below 21 years old at intake.
3. Living with both parents; or if parents were separated or divorced, living with one of their biological parents but maintaining regular contact with the other parent not less than twice a month.
4. Not destined for further or long-term drug rehabilitation.

The Family Grid Measures

Upon consent, two interviews were conducted for all adolescents and their family members using the grid method. The first interview, conducted 1 to 2 weeks before the adolescents were admitted to the center, entailed a family session first to elicit the constructs of the male adolescents and their parents. The adolescents and parents then rated the family grid individually. The second interview was conducted 3 months after the adolescents were discharged from the center, but all the family members were required to have participated in the preadmission family interviews using the same grid measures at preadmission. This initial 3-month-after-discharge phase is of critical clinical importance because it requires an acute and demanding adjustment. Prior research has shown that relapses are most likely to occur during this time, both in the case of adults and adolescents (Brown, 1993). All interviews were conducted in Cantonese Chinese.

The use of the family grid in this study attempted to elicit the "inside" perspective of family members on the family relationship, which is based on the family relationship grid (RelGrid) developed by Harter, Neimeyer, and Alexander (1989) to investigate the personal constructions of relationships within family triads made up of the father, the mother, and an adolescent child. This study enlisted the adolescent drug abusers and their parents as *elements* of the grid, which indicate the realm of the discourse, and help to determine the kinds of constructs to be elicited by hinting at the range of convenience involved (Jankowicz, 2004). The adolescents and their parents were invited to describe

the following nine dimensions of family relationships through a family interview:

1. How Mom currently relates to Dad,
2. How Mom currently relates to the adolescent who abuses drugs,
3. How Mom currently relates to one other child,
4. How Dad currently relates to Mom,
5. How Dad currently relates to the adolescent who abuses drugs,
6. How Dad currently relates to one other child,
7. How the adolescent who abuses drugs currently relates to Mom,
8. How the adolescent who abuses drugs currently relates to Dad,
9. How the adolescent who abuses drugs currently relates to a sibling.

Instead of providing 10 sets of constructs as in the case of the RelGrid (Harter et al., 1989), the family members were invited to elicit 10 of their own constructs. The purpose of eliciting constructs instead of providing them in this study was to capture the perspective of the family (Dallos, 1991). Specifically, the adolescents and their family members were invited as a group to give their respective comments or descriptions. They could use a word or a phrase to describe each element or set of relationships from their perspective in the presence of the other two family members. The male adolescents and their parents were encouraged to use any words or phrases of their choice, without having to seek consensus with the other family members, to describe each set of relationships.

Where there were disagreements, the researcher facilitated a discussion about their assumptions and reasons for the disagreements. The family members were invited to reach consensus. In cases where there was a strong objection to the use of a particular construct by two family members, the construct was not included. This was based on the assumption that family constructs should not imply that family members are simply always in agreement. As Kelly (1955) suggested in his sociality corollary, the constructs that people have about one another need not be exactly similar as long as they are adequate to allow social relationships to occur. This means that there can be disagreement as long as

there is basic agreement about the overall family agenda (Dallos, 1991). Thus, in this study, constructs that all family members used repeatedly and agreed upon were considered first. Constructs that two family members agreed upon were considered next. Constructs preferred by only one family member were considered if there were no strong objections from the other two family members. Each construct or phrase was considered once and not repeated in the list of 10 constructs. Then, with reference to the constructs generated by the family, the family members were invited to generate conjointly another list of opposing constructs. Again, disagreement was moderated by the researcher through a discussion of underlying beliefs or reasons for deferring views. Table 1 gives an example of what a family grid looks like.

Once 10 sets of constructs were elicited, each family member was invited to rate each of the now bipolar constructs in the family grid using the rating of "1" to "6" individually without discussion. The grid completed by the adolescent, mother, and father of each family then were put through the Gridlab for analysis.

Classification of Constructs

The grid measures were derived from Gridlab (Walter, 2002), which is modified based on the most widely used grid-analysis package INGRID (Slater, 1972). It employs principal component analysis to break down the total variation in the grids into separate amounts according to the variation in orthogonal dimensions (components) from largest to smallest (Bringmann, 1992). Most grids can be satisfactorily approximated by two or three factors as long as more than 80% of the variance is explained (Bell, 1990). The analysis of the grid data focused on the participants' perception of family relationships through the constructs, specifically words or phrases they used to describe the dyadic relationships. Content analysis was performed on the elicited constructs using Landfield's (1971) classification of constructs to capture the salient aspects of family relationships and chart changes in participants' perceptions of family relationships at both the pretreatment and posttreatment stages. Only constructs with eigenvalues of.32 or larger were considered as meaningful and included for categorization (Tabachnick & Fidell, 2001).

TABLE 1 An Example of a Repertory Grid with Family Members as Elements

How Mom relates to Dad	How Mom relates to the adolescent	How Mom relates to the adolescent's sibling	How Dad relates to Mom	How Dad relates to the adolescent	How Dad relates to the adolescent's sibling	How the adolescent relates to Mom	How the adolescent relates to Dad	How the adolescent relates to sibling		Dad/Mom/The adolescent Q1 Date Case reference	
E1	E2	E3	E4	E5	E6	E7	E8	E9	Sort No	Construct (emergent pole) 6–5–4	Construct (contrasting pole) 3–2–1
2	2	2	1	1	1	2	2	2	1	Love	Give up
5	5	6	4	5	6	5	5	5	2	Usual	Concerned
3	2	1	2	3	2	2	2	2	3	Irritating	Not irritating
5	4	5	6	4	6	4	4	4	4	Soft hearted	Jovial
5	4	6	4	1	6	4	5	4	5	Calm	Discord
2	3	1	2	1	1	2	2	2	6	Seldom meet	Meet often
5	4	5	4	4	6	4	4	5	7	Disappointed	Hopeful
5	4	6	6	2	2	2	2	2	8	Helpful	Ignore
4	5	4	4	2	2	2	2	2	9	Rejecting	Accepting
5	6	4	5	5	4	5	4	4	10	Unyielding	Weak

Note. Numbers represent hypothetical ratings for each element on each construct. E1 refers to Element 1 (How Mom relates to Dad); E2 refers to Element 2 (How Mom relates to the adolescent); E3 refers to Element 3 (How Mom relates to the one other child); E4 refers to Element 4 (How Dad relates to mom); E5 refers to Element 5 (How dad relates to the adolescent); E6 refers to Element 6 (How Dad relates to one other child); E7 refers to Element 7 (How the adolescent relates to Mom); E8 refers to Element 8 (How the adolescent relates to Dad); and E9 refers to Element 9 (How the adolescent relates to a sibling).

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Two local Chinese postgraduate students, who were studying in law and social work and had experience in working with adolescents, were asked to study Landfield's scheme according to his manual containing a list of 1,500 scored descriptions. The researcher conducted a 4-hour training session that involved understanding the classification scheme and the procedures of classification for the judges prior to their classifying independently. They were considered ready to carry out the classification of constructs when each of them was able to reach a match of about 80% to Landfield's classification scheme.

An identical list of constructs in Cantonese Chinese by the participants then was given to each of the judges to classify independently using the emergent pole as a reference without considering its contrast, as stipulated by Landfield (1971, p. 51). The judges took about 16 hours over one week to conduct the coding. Where there were discrepancies, the judges negotiated by referring to the definitions and examples of categories, as well as to the list of scored descriptions in the manual to arrive at a consensus. Discrepancies were found mostly when a construct seemed to fit more than one category, such as those of "social interaction" and "tenderness," which may be due mainly to fitting Chinese constructs into a classification scheme in English. The interrater agreement reached 70.58% before negotiation and 97.78% upon negotiation for all cases.

Results

Participating Families

One hundred and fifteen participants, including 43 male adolescents, 41 mothers, and 31 fathers, all of whom were Chinese and spoken Cantonese Chinese, were recruited for this study, giving a total sample of 43 families at pretreatment. Nine families were not followed up, however, because 5 of the adolescents could not be contacted, 2 passed away, and 2 were incarcerated upon discharge. As a result, 91 participants, including 34 adolescents, 32 mothers, and 25 fathers, interviewed at pretreatment were followed up for a second interview 3 months after the adolescents' discharge from the Center, giving a total of 34 families at posttreatment. This amounted to 79% of the 43 families interviewed at the

TABLE 2 Demographic Characteristics of the Adolescents

Group	Total ($N = 34$)	Abstain ($n = 24$)	t	chi-square	Relapse ($n = 10$)
Age	19.15	19.29	.96		18.80
(Standard deviation)	(1.35)	(1.23)			(1.62)
Years of schooling	9.29	9.25	.53		9.40
(Standard deviation)	(1.34)	(1.42)			(1.17)
No. of siblings	1.79	1.95	.21		1.40
(Standard deviation)	(1.87)	(2.16)			(.84)
Living arrangements					
Living with both parents	31	23		.14	8
Living with one parent	3	1			2
Type of housing					
Public and aided rental	18	13		.55	5
blocks	10	7			3
Private/home ownership	6	4			2
estates					
Other housing types					

Note. All unmarked values are statistically insignificant. For the age, years of schooling, and number of siblings of the adolescents, the values represent mean scores. For the marital status, living arrangements, and the type of housing, the values represent the frequency. Percentages are presented alongside frequencies.

pretreatment stage. To capture any attrition effects in families that did not complete the 3-month posttreatment interviews, thus potentially affecting any analyses of change over time, attrition analyses were conducted. This included comparing the demographic characteristics and the initial interview responses of the families that were followed up 3 months posttreatment and those that dropped out by chi-squared and two-sample t tests whenever appropriate. No significant differences were found between the two groups based on the measures assessed.

As presented in Table 2, the average age of the Chinese adolescents was 19 years old, they had completed an average of 9 years of education, and they were all unmarried. Most of them had two siblings and lived with both parents, normally in public and aided rental blocks. No differences were found among the demographic characteristics of the adolescents who abstained and those who relapsed. Twenty-four of the adolescents abstained from drug use and 10 relapsed at 3 months posttreatment.

TABLE 3 Age and Employment of Mothers and Fathers

Group	Total	Abstain	*t*	chi-square	Relapse
Mother	($n = 32$)	($n = 23$)			($n = 9$)
Age	45.31	45.30	.01		45.33
(Standard Deviation)	(5.92)	(5.66)			(6.91)
Manual jobs	18	14		2.91	4
Housewives	13	9			4
Professionals	1	—			1
Father	($n = 25$)	($n = 17$)			($n = 8$)
Age	48.76 (6.82)	47.47 (6.99)	1.46		51.50
(Standard Deviation)					(5.92)
Manual jobs	20	13		1.03	7
Professionals	3	2			1
Unemployed	2	2			—

Note. For the ages of the mothers and fathers, the values represent mean scores. For the employment of the mothers and fathers, the values represent the frequency of different types of employment. Percentages are presented alongside frequencies.

As seen in Table 3, the mean age of the mothers was about 45, and they mostly had manual jobs such as service and sales workers, or cleaners and cooks; another two-fifths were full-time homemakers. Most of the fathers, who were 49 years old on average, held manual jobs such as bus or truck drivers, construction workers, and security guards.

Salient Aspects of Family Relationship

Categories of Constructs

Table 4 presents the pre- and posttreatment constructs loaded onto components 1 and 2.

TABLE 4 Variance (Component Space) by Family Groups at Pretreatment and Post-treatment

	Abstain-No-FT ($n = 24$)		Relapse-No-FT ($n = 10$)	
Component	Pretreatment	Posttreatment	Pretreatment	Posttreatment
1	55.60	62.55	62.53	66.69
2	23.11	20.13	18.48	15.77
1 + 2	78.71	82.68	81.02	82.46

In general, components 1 and 2 for pretreatment and posttreatment explain about 80% of the total variance. Most grids can be satisfactorily approximated by two or three factors as long as more than 80% of the variance is explained (Bell, 1990). Moreover, as previously mentioned, only constructs with eigenvalues of.32 or larger were considered as meaningful and were included for categorization (Tabachnick & Fidell, 2001). The categories, in percentages, indicating the kind of constructs preferred by the adolescents and their parents at pretreatment, are presented in Table 5.

The first four categories account for 83.73% of the constructs out of the 13 categories for Group A, comprising all 34 participant

Q2

TABLE 5 Classification of Constructs (Components 1 and 2) of All Participants at Pretreatment

	Pretreatment		Pretreatment	
Category	No. of Constructs	Percentage	No. of Constructs	Percentage
Tenderness, high	127	21.5	152	27.0
Tenderness, low	73	12.4	53	9.4
Forcefulness, high	100	17.0	83	14.7
Forcefulness, low	31	5.3	27	4.8
Social interaction, active	70	11.9	70	12.4
Social interaction, inactive	28	4.8	25	4.4
Emotional arousal	65	11.0	61	10.8
Involvement, high	16	2.7	17	3.0
Involvement, low	9	1.5	9	1.6
Status, high	18	3.1	13	2.3
Status, low	1	0.2	3	.5
Extreme qualifiers	18	3.1	17	3.0
Self-sufficiency, high	—	—	2	.4
Self-sufficiency, low	10	1.7	7	.7
Morality, high	9	1.5	4	.7
Morality, low	2	0.3	3	.5
No score	6	1.0	10	1.8
Alternatives, closed	2	0.3	2	.4
Egoism, high	4	0.7	3	.5
Humor, high	1	0.2	3	.5
Organization, high	—	—	2	.4
Total	590	100.0	563	100.0

families at pretreatment and 83.65% at posttreatment, respectively. They include tenderness, forcefulness, social interaction, and emotional arousal, in that order. The analysis of constructs will focus on constructs in these four categories loaded onto components 1 and 2, which explain about 80% of the variance.

Definitions of Construct Categories

The definitions of the four categories with reference to Landfield's (1971) classification scheme are provided, followed by some examples.

Tenderness. Tenderness refers to any statement denoting susceptibility to softer feelings toward others such as love, compassion, gentleness, kindness, considerateness, or the opposite (Landfield, 1971, p. 173). Some examples used by the families include the following:

High Tenderness:		
Care about	—	Do not care about
Good toward each other	—	Bad toward each other
Love	—	Give up on the person
Buddy with	—	Fighting
Harmonious	—	Distant
Low tenderness:		
Something unpleasant about the relationship	—	Nothing serious in the relationship
General	—	Care greatly
Usual	—	Concerned
Rejecting	—	Accepting
Don't understand	—	Know too well

Forcefulness. Forcefulness refers to any statement denoting energy, overt expressiveness, persistence, intensity, or the opposite (Landfield, 1971, p. 168). Some examples of high and low forcefulness expressed by the families include the following:

High forcefulness:		
Irritating	—	Not irritating
Whining	—	Remaining quiet
Argumentative	—	Obedient
Unyielding	—	Weak
Beat up	—	Love

Low forcefulness:		
Jovial	—	Soft-hearted
Calm	—	Discord
Not quarrelsome	—	Bickering
Not talkative	—	Voice out
Not fierce enough	—	Overly fierce

Social Interaction. Social Interaction refers to any statement in which face-to-face, ongoing, continuing interaction or lack of face-to-face, ongoing, continuing interaction with others is indicated (Landfield, 1971, p. 166). Examples follow:

High social interaction:		
Mutual help	—	Ignore
Communicate	—	Do not communicate
Listen to others	—	Insist on own ways
Helpful	—	Ignore
Talkative	—	Quiet
Low social interaction:		
Little contact	—	Frequent contact
Difficulty in communicating	—	Communicating well
Does not answer back	—	Answer back
Seldom meet	—	Meet often
Not friendly	—	Congenial

Emotional Social Interaction. Emotional arousal refers to any statement denoting a transient or chronic readiness to react with stronger feelings such as anger, anxiety, disgust, enthusiasm, fearfulness, grief, joy, nervousness, surprise, yearning, and so on (Landfield, 1971, p. 173). Emotional arousal constructs of the participants tended to be more negative in mood:

Emotional arousal:		
Tempestuous	—	Nice to others
Worrying	—	Not worried
Provocative	—	Happy
Annoyed	—	Liking
Disappointed	—	Hopeful

In general, the families seemed to describe their family relationships in mostly positive emotional expression terms, that is, high tenderness at both pretreatment (21.5%) and posttreatment

(27%), followed by negative interaction, that is, high forcefulness at both pretreatment (17%) and posttreatment (14.7%). While expressions of low tenderness or low positive regard is the next evident dimension of family relationship (12.4%) at pretreatment, active or functional social interaction was considerably salient at both pretreatment (11.9%) and posttreatment (12.4%). Emotional arousal or negative emotional expression constructs were also meaningful to them at both pretreatment (11.02%) and posttreatment (10.8%), unlike those of low forcefulness and inactive social interaction. The constructs represent "a consistent way for each of us to make sense of some aspect of reality in terms of similarities and differences among objects and things" (Blowers & O'Connor, 1996, p. 3). Consequently, the results suggest that families with an adolescent who abuses drugs perceive tenderness, forcefulness, social interaction, and emotional arousal as significant aspects of their family relationships. Table 6 details the list of constructs loaded onto components 1 and 2 at pretreatment and posttreatment according to the different family groups, respectively.

All families emphasized themes related to tenderness, forcefulness, social interaction, and emotional arousal at both pretreatment and posttreatment. But in view of the constructs used by the various family groups, a profile can be elicited to reflect the respective views of family relationships, expressed in their own language between pretreatment and posttreatment.

Families whose adolescents abstained became much more susceptible to tender or positive feelings toward one another at posttreatment as they spoke of feelings, for example, feeling "close" and "harmonious." There was a decrease, however, in their susceptibility to low tenderness, reflected in expressions such as "don't understand" and "rejecting." High forcefulness decreased in a stronger form (e.g., "unyielding" and "beat up"), but low forcefulness increased in a less intense form (e.g., "not fierce enough" and "not talkative"). While continuing interaction (e.g., "mutual help" and "talkative") increased at posttreatment, lack of continuing (e.g., "little contact" and "seldom meet") decreased. Readiness to respond with stronger feelings (e.g., "worry" and "disappointing") decreased at posttreatment. Hence, these families expressed positive regard and interacted more readily at posttreatment, while they had less conflict and negative regard.

TABLE 6 Classification of Constructs (Component 1 and 2) at Pretreatment and Posttreatment

	Abstained ($n = 24$)		Relapsed ($n = 10$)	
Stage of treatment	Pre (%)	Post (%)	Pre (%)	Post (%)
Tenderness, high	19.0	23.7	27.8	34.3
Tenderness, low	10.7	8.0	16.6	12.6
Forcefulness, high	17.6	16.2	15.4	11.4
Forcefulness, low	5.7	6.4	4.1	1.1
Social interaction, active	13.1	14.4	8.9	8.0
Social interaction, inactive	5.0	4.4	4.1	4.6
Emotional arousal	13.8	13.4	4.1	5.1
Involvement, high	3.1	3.4	1.8	2.3
Involvement, low	.7	.8	3.6	3.4
Status, high	2.9	2.1	3.6	2.9
Status, low	.2	.3	—	1.1
Extreme qualifiers	2.9	1.8	3.6	5.7
Self-sufficiency, high	—	.3	—	.6
Self-sufficient, low	1.4	.3	2.4	1.7
Morality, high	1.4	.5	1.8	1.1
Morality, low	—	—	1.2	1.7
No score	1.0	1.6	1.2	2.3
Alternatives, closed	0.5	.5	—	—
Egoism, high	1.0	.8	—	—
Humor, high	0.2	.8	—	—
Organization, high	—	.5	—	—

Families whose adolescents relapsed became more sensitive to positive feelings at posttreatment, using expressions such as "care about," "good toward," and "playful." Low tenderness feelings (e.g., "rejecting" and "don't understand") tended to have decreased at posttreatment, too. Continuing interaction at a high level of intensity decreased at posttreatment, but continuing interaction at a low level of intensity increased. High forcefulness and aggressive expressiveness (e.g., "unyielding" and "beat up") decreased, along with less forceful expressiveness (e.g., "remaining calm" and "not quarrelsome"). Expressions of negative emotions such as "annoyed" and "disappointed," however, were found to be used more frequently at posttreatment. In other words, though these families showed more tenderness and less forcefulness and conflict at posttreatment, they had less functional interaction and more negative emotions.

In sum, tenderness, forcefulness, social interaction, and emotional arousal were four salient categories at pretreatment. At posttreatment, all families used more expressions of high tenderness, but fewer expressions of low tenderness or of high forcefulness and conflict. However, the families whose adolescents abstained tended to have (a) an increase in social or functional interaction and (b) a decrease in negative emotional arousal. The families whose adolescents relapse, on the other hand, showed a decrease in functional interaction and higher negative emotional arousal. In sum, at posttreatment, family relationship among the families whose adolescents relapsed was generally found to be less favorable, when compared with relationships among the families whose adolescents abstained.

Discussion

Swadi (1999) noted a definite trend toward emphasizing the family in studying adolescent drug abuse. The rationale for this shift seems to come from the observation that home environment, family relationships, and parenting styles are almost always involved as risk factors, mediators, and protective factors for adolescent drug abuse. When considering the family factors of adolescent drug abuse, however, we should consider the possible ambiguity and difficulty. This is supported by the results of this study, which showed that positive interaction in terms of social interaction was found alongside negative interaction in terms of forcefulness. Similarly, positive emotional regard in terms of tenderness occurred alongside negative emotional regard in terms of emotional arousal.

This study identified two major categories of interaction amongst family members: (1) positive interaction, which includes continual interaction, attentive behaviors, and mutually helping actions as expressed by constructs in the social interaction category; and (2) negative interaction, which includes conflicts, physical fights, arguments, and irritation as expressed by constructs in the forcefulness category. There was a generally high level of conflict among the families at pretreatment and when the adolescents relapsed at 3 months post-treatment. Conversely, when the adolescents abstained, the family members were found to have more positive interaction.

This finding draws attention to the negative consequences that drug use may have on productive communication or intimacy among family members, which would keep the family in an unhealthy state (Glick, Berman, Clarkin, & Rait, 2000). Q5 Conversely, negative interaction, especially in terms of conflict (i.e., forceful interactions) could aggravate adolescent drug use, as has been widely reported in the West. Steward and Brown (1993) looked at family functioning after adolescent substance Q6 abuse treatment. In their longitudinal study, they discovered that improving adolescents experienced better family relations and Q7 less conflict-related behavior within the family than did adolescents who returned to drug use. Two years following treatment, Q8 the families of the improving adolescents demonstrated greater cohesion and expressiveness and less conflict than did the families of those who relapsed. It is unclear from their study, as it is from this study, whether the increased family cohesion and decreased conflict were responsible for the improvement, or whether they were simply the result of living in a home in which ongoing drug use was not occurring. Nevertheless, higher levels of family cohesion also have been found to reduce adolescent drug use (Ducan, Tildesley, Ducan, & Hops, 1995).

Q9 While it is not surprising that the family members expressed negative emotional arousal when adolescent drug abuse was present, it is rather surprising that positive emotional regard in terms of tenderness (such as love, care, and concern) was found to be salient at both pretreatment and posttreatment, regardless of the drug use status of the adolescents. This is a surprising finding because little literature has been found on positive emotional regard among family members. In fact, this finding runs contrary to overseas findings that families with adolescent drug abuse are usually emotionally constricted (Barnes & Windle, 1987) and lack intimacy (Wright, 1990). The theme of perceived absence of love and acceptance in these families emerged in a number of investigations (Kirschenbaum, Leonoff, & Maliano, 1974; Norem-Hebeisen, Johnson, Anderson, & Johnson, 1984).

Cultural considerations could shed some light on this finding. According to Bond and Hwang (1986), Chinese societies define a person by his or her relationships with others, which tend to be hierarchically structured and maintained by the requirements and responsibility of interpersonal relationships in order

to maintain social order and harmony. Specifically, the parental role emphasizes that parents are responsible to appropriately and justly govern, teach, and discipline children. This parental discipline role has a very positive connotation because it can mean to care for or even to love as well as to govern (Tobin, Wu, & Davidson, 1989). The parental role in Chinese families emphasises that parents are responsible for appropriately and justly governing, teaching, and disciplining children, given that relationships are hierarchically structured and maintained by the requirement of the role relationships to maintain social order and harmony (Chao, 2000), even in the case of a highly modernized city such as Hong Kong (Ma, Lau, & Chan, 2002). Q10

Another plausible explanation is the way warmth is expressed and considered in Chinese families. Chao (1994) has reported that parental control and restriction, including physical punishment for behaviors that are viewed as unacceptable by parents, may connote the meaning of care, involvement, and discipline, and thus may be considered to be positive and beneficial to the child (Chao, 1994). Stewart and colleagues (1998, 2002) found that parental control and discipline correlated positively with parental warmth and love, and with desirable psychosocial outcomes in Hong Kong. In reconceptualizing parental warmth and support in Chinese families, Chao (2000) argued that instead of expressing their support of the child through physical and emotional demonstration, as in the case of families in some cultures, support is expressed through involvement and investment, which reflect the fulfillment of role responsibilities of parents.

When interpreting the findings, however, we should consider some of the limitations of this study. The study used a small sample of only 34 families comprising 91 participants. Partitioning the sample created small groups, which decreases the stability of comparisons. The results are further limited by the nature of the sample because it is primarily a convenience sample from one treatment site. The longitudinal design of this study is not appropriate for establishing causality in the relationships given its two-point data collection over a period of only 3 months. The family grid interview conducted at preadmission involved the adolescents and their parents sitting together in order to elicit the constructs describing their family relationships. While some of the adolescents might consider their drug use as a normal

developmental phenomenon and feel angry toward their parents for coercing them into treatment, others might consider their drug use as inappropriate and feel ashamed for disappointing their parents. The arrangement to elicit constructs with the adolescents and their parents conjointly may have deterred the adolescents in verbalizing their thoughts openly due to anger or shame. Last but not least, the use of Landfield's classification scheme has posed difficulties in analyzing the constructs that were not translated into English, apart from its drawbacks such as the use of nonexclusive categories and the mixed use of related categories at different levels of abstraction (e.g., emotional arousal and tenderness; Feixas, Geldschlager, & Neimeyer, 2002). It would be interesting, though, to conduct a content analysis on the elicited constructs using another scheme, such the Classification System for Personal Constructs presented by Feixas and colleagues (2002) to corroborate the findings of this current study, since this system proposes emotional and relational as two of the six areas.

These limitations preclude definitive findings or generalizations to a larger population. It is the intent of this study, however, to point the way for further research into an important yet complex milieu of adolescent drug rehabilitation. These limitations do not negate the value of this study. There is much wisdom contained in what the participants have told us about living in a Chinese context like Hong Kong.

This study attempts to examine the salient aspects of family relationships from the perspectives of the adolescents and their parents. This study suggests that interaction and emotional regard be conceptualised as a continuum. This means that both interaction and emotional regard exist with varying degrees of negative and positive aspects at different stages of rehabilitation. This also means that while families in adolescent drug rehabilitation experience stresses in interaction and emotional regard, they also have strengths and possibilities that can be unleashed and maximised. This will, it is hoped, help to "thicken" the description of families in adolescent drug rehabilitation, and reduce the risk of labelling and undermining the strengths of these families by the tendency to magnify the problematic dimensions. The dynamics of the relationships between the adolescents and their parents, siblings, and other significant others need to be further extrapolated, as these

salient relationships could provide support for or sabotage the recovery process. Various family domains, including interaction and emotional regard, parent–child relationship, and parenting practices, should be given due attention in Chinese families. In such an evaluation, it is imperative to explore the attitudes of Chinese parents, siblings, and significant others toward helping the adolescents who abuse drugs.

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