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# REVITALIZING EMOTIONAL COMMUNICATION IN THE SOCIAL REINTEGRATION OF DRUG SURVIVORS' FAMILIES: A PARTICIPATORY ACTION RESEARCH

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## Abstract

Drug survivors generally have difficulty in returning to their families from rehabilitation due to impaired emotional relationships between family members. Social reintegration program, therefore, should include improving emotional communication. This study used the Participatory Action Research approach, which involved four families of drug survivors from the Dayak Ngaju tribe in Central Kalimantan Province, Indonesia, who refused their family members returning home from rehabilitation. Together with each family, the researcher identified communication problems and planned interventions. To transfer the idea of emotional communication, the researcher used the six-step Narrative in Action strategy. Accompaniment to the families was done through the presence of physical, telephone, Short Message Services, WhatsApp, and Facebook. The Family Adaptability and Cohesion Evaluation Scale – FACES IV was used to measure communication impact and indicated that communication scores increased. Qualitative measurements showed progress in family phrases and decisions, transforming mental attitudes from helpless to empowerment. Four drug survivors were welcomed at home by their families and received support to prepare their future life plans. This study concludes that the Participatory Action Research approach is useful for improving relationships within the drug survivors' family. Based on the results of this study, it is recommended for policymakers to develop a professional accompaniment program for the families of drug survivors.

Keywords: drug survivor, family refusal, emotional relationship, social reintegration, Participatory Action Research.

## Introduction

Drug survivors who have completed rehabilitation programs should ideally return to their families. However, the breakdown of relations with their families makes it difficult for them to go home. On the other hand, Piercy, Volk, Trepper, & Sprenkle (1991) found that family factors, i.e., low cohesiveness, no discipline, and lack of open communication proved to be more prominent causes for individuals to be vulnerable to using drugs, while family support was the strongest predictor of the level of drug use and its consequences (Tuttle, 1995). One study found the high alcohol use in Mexican adolescents was associated with low familiarity and parental-teen communication (Martyn, Loveland-Cherry, Villarruel,

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Cabriales, Zhou, Ronis, & Eakin, 2009). A study in Indonesia revealed that adolescent drug users felt less accepted by their families, experienced incompatibility, encountered conflict, and were not close to their fathers (Afiatin, 2001).

In some cases, damage to family relationships is the trigger for family members to use drugs. Some studies recommended improving family communication to support the recovery of drug addicts Lyons, 1995; Terjanian, 2002). If families cannot improve communication by themselves, they should seek professional help (Wahlroos, 1995).

The social reintegration program should include efforts to improve relations between drug addiction survivors and their families. The European Union report on the implementation of the drug survivor's social reintegration program of The Triple R project Team (2016) reinforces the idea that social reintegration activities must start from the first day that individual users/drug addicts undergo rehabilitation programs. In other words, social reintegration should be a segment integrated with rehabilitation. Without improving the damaged relationship between drug survivors and their families, survivors may face family rejection when they have completed the rehabilitation. Also, many studies have found that drug survivors without family support are vulnerable to use drugs again (Marlatt & Witkiewitz, 2005; Xiong, & Jia, 2018; Yang, Mamy, Gao, & Xiao, 2015).

Mallick (2007) conducted Participatory Action Research (PAR) in Australia among parents who have children using drugs, by inviting young drug survivors who have no family relationship with them to share their experiences. The aim was for the parents to get a balanced perspective on drug addiction. It turns out that the presence of non-family-related young people removed barriers in family communication and turned them into open and honest communication and activated two-way communication between generations.

In this study we replicate Mallick's research, Participatory Action Research (PAR) by providing a friendly professional presence to the families of drug survivors. PAR includes four stages, namely: (1) identify communication problems; (2) collect communication process data; (3) data analysis and interpretation; and (4) development of family communication. After the PAR process was completed, we followed an emotional communication module for professionals who care about the families of drug survivors.

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We started the study from a drug rehabilitation home (in Indonesian, drug rehabilitation homes are termed Panti) by building relationships with drug survivors who had completed a rehabilitation program for one year but were still in Panti because they were refused to return home by their families. We visited the families of the drug survivors and listened to family members telling stories. In the task of transferring the idea of emotional communication to the family, we used the Narrative in Action (NA) approach.

The principle of the NA, as stated by Wortham (2001), is that when someone is telling his/her own story, there is a self-transformation. The narrator can then strengthen himself/herself and reinterpret his/her story. The NA approach in this study, therefore, aimed to transform the mental attitudes of the survivors of drugs from being helpless to becoming empowered, which was demonstrated through changes in their expressions and decisions.

In Indonesia, the drug rehabilitation, which includes the idea of social reintegration, involving a series of efforts to coordinate relevant parties to reconnect drug survivors with their families, has been far from optimal. The Therapeutic Community (TC) method that is run in most Panti involving families of drug survivors is Family Saturday and Family Support Group activities. Family Saturday is a family meeting with drug survivors and all Panti employees on Saturdays once a month. While the Family Support Group is a meeting between parents of drug survivors (without the presence of drug survivors) to share experiences. TC's focus is on individual drug survivors through building a community of institutions (Panti) that support the recovery of drug survivors (Departemen Sosial Republik Indonesia, 2002). In its implementation, Panti's mentors have not mediated the connecting between drug survivors and their families. The mentors also did not have a close relationship with the family of drug survivors, which allows family members to share their stories with the mentors (Yeyentimalla & Afiatin, 2016b). Thus, there was a gap between expectations and the fact that drug rehabilitation included the restoration of relations between drug survivors and their families, in reality, it did not.

Our research was interested in identifying communication problems and devising plans to intervene with four families of drug survivors from the Dayak Ngaju tribe. Professionals were present among the family and immediately established a relationship of intimacy with the family to identify and improve family

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communication. Revitalizing emotional communication aims to make family members feel connected to one another. A family conversation becomes more comfortable for its members when feelings are animated, meaning that feelings are transmitted in acceptable ways and positive valence emotions are created (e.g., joy, empathy, compassion, respect, etc.) (Fitness & Duffield, 2004).

**Research question**

Can revitalization of family emotional communication improve the quality of relationships and empowerment of families of drug survivors?

**A pattern of relationship between families of drug user**

Drug users, especially those who are already at the level of addiction, which means that they cannot do “anything” or engage in “daily life” activities without drugs, sometimes are also people with drug dependence. The word "dependence" shows that drugs control that person. People who are controlled are helpless people. Silk (2016) states that often, the first aspect that expresses a helpless mindset is a helpless language. The words “I can't” and “I have to” are signs of someone helpless. For example, a helpless person might say, “I have to stay at Panti.” and “I have to spend time with A and B.” All of these expressions say: “I feel powerless to take responsibility for my actions so I will say that someone or something else made me do it.”

Silk (2016) also states that powerless people tend to use good relationships for their interests. They are always looking for people who are abundant with love, happiness, joy and are comfortable in a relationship with them. The classic dynamics of relationships created by helpless people are called triangulation. If these people see other persons are frightening, threatening, or stronger than them, they will try to make those persons do something for them by one of the three types of roles; i.e., as victims, bad persons, or saviors. When s/he plays the victim role, they look for a savior to make them feel safe and happy. If someone plays a bad person, s/he uses controlling and intimidation to protect themselves or force others to meet their needs. If someone plays a savior role, s/he takes responsibility for the lives of others to feel strong. Helpless individuals will change these roles alternately in their interactions and relationships. Unfortunately,

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helplessness may also be formed by the parenting style if helpless persons have parents who are also helpless (Thomas, 2015).

## Methods

The design of this study was Participatory Action Research which involved families recognizing their own problems communication and developing intervention plans to overcome the problems. We conducted relationship-enhancement methods, which is a way of influencing families to improve their communication in a close relationship with them. We followed the steps of the NA method to transfer the idea of emotional communication involving six steps, namely, dialogue, education, persuasion, motivation, promotion, and empowerment (Wortham, 2001).

### 1. Subjects

The subjects of this study were four families of drug survivors from the Dayak Ngaju Tribe in Central Kalimantan Province, Indonesia. Taking family subjects as the unit of the study starts with family members who were still in Panti, namely Peter (39), Tedi (27), Roni (19) and Jeremy (19), which are not their real names. At the Panti, they had completed their rehabilitation program for one year. Peter and Tedi both face family refusal and the threated of divorce from their wives. Roni and Jeremy were not expected to go home by their family. Tedi and Roni entered the same Panti for the second time. For Roni, the first time was in 2015-2016, after that he returned to his family and started using shabu-shabu (methamphetamine) again. Roni first used shabu-shabu at his father's karaoke house. Jeremy explained he used drugs as an escape from the anger toward his father, who left him with his mother and two younger siblings. Jeremy's father left his family and eloped with his affair woman. When Jeremy was in the Panti, his mother remarried. Roni's and Jeremy's family were willing to pay the 7 million rupiahs On Job Training fee organized by the Panti in preparation for being a Panti employee. When we started building relationships with Roni and Jeremy in August 2018, they proudly shared their experiences with the training and enthusiasm in becoming employees of Panti in December 2018.

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## 2. Instruments

The main instrument of this study was the researchers themselves to reveal data through naturalistic observation, stimulation of discussions, and conversation interviews. The questionnaires used were: (1) the Parent-Teen Communication Scale; (2) and the Teen-Parent Communication Scale both adopted from Terjanian (2002); (3) Sieburg's Perceived Confirmation Scale adopted from Goldberg (1983); (4) Family Adaptability and Cohesion Evaluation Scale (FACES) IV from Olson & Gorall (2006); (5) The Perceived Social Support Scale adapted from the Multidimensional Scale of Perceived Social Support (MSPSS) developed by Garth W. Martin (Efditianur, 2018); and (6) Drug Avoidance Self-Efficacy Scale (DASES) adopted from Norozi et al. (2016).

## 3. Data collection

The protocol of the study was approved by the Ethics Committee of the Faculty of Psychology Universitas Gadjah Mada with Ethical Clearance No. 2296/SD/PL.03.01/V/2018. Obtained permission from the Development Planning Agency at Sub-National Level and Research (BAPPEDA LITBANG) of Central Kalimantan Province No. 072/628/I/Bapplitbang. The researcher presented herself to build a relationship of trust with the family. The researcher explained the procedure of the study to the family. Family members completed written informed consent forms. According to the protocols of the Declaration of Helsinki, the identities of all participants in this study were protected by representing their names with pseudonyms, and their home addresses were not disclosed to ensure their anonymity and confidentiality.

We built rapport with a family of drug survivors by during four stages of therapeutic communication (Kozier et al., 2015) namely: (1) pre-interaction; (2) orientation; (3) action; and (4) termination. The principle of building rapport involves meeting other people on their terms (Horton, 2013). We interacted with the full awareness that when communicating, we and our study participants both have emotions that will influence our communication.

Measurements using the six sets of questionnaires were conducted twice within two months. Measurement 1 was aimed to describe the basic conditions. The Sieburg's Perceived Confirmation Scale was completed by the parents. The Scale Communication Parent-Teen was completed by fathers and mothers

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separately. The Scale Communication Teen-Parents was completed by drug users, where they assessed their conversation with their parents. The FACES IV was completed by family members who were ≥ 12 years old and willing to be involved in this study. Drug survivors also completed the Perceived Social Support Scale and Drug Avoidance Self-Efficacy Scale.

After Measurement 1 and the collection of qualitative data through naturalistic observation, conversational interview, and discussion stimulation, several family communication problems were identified, namely, distrust toward the drug abusers and family helplessness reactions. Helplessness is a situation where family members do not take responsibility for dealing with and solving their problems. Helplessness can be seen from their sentences; for example, “Roni is still at the Panti, if he comes home, he likely will use drugs again." Or "Jeremy is still in the Panti to get work experience. If he comes home, maybe he will start using shabu-shabu again.”

In the task of transferring the idea of emotional communication, we conducted the six NA steps, including dialogue, education, persuasion, motivation, promotion, and empowerment.

Dialogue is a form of advocacy that provides an excellent opportunity for families to express their issues, aspirations, and views. The ideal outcome is families are willing to tell their own stories. When they told stories, we accepted them. The following is an example sentence: “When you talk to family members and receive silent responses, how do you feel? When did you last experience something like that?”

Education is an effort to help families achieve optimal health status; in this case, they can communicate emotionally well. The ideal outcome is families understand the knowledge of emotional communication, including what is meant by emotional communication, why it is crucial, and how to do it. The following is an example explanation: “Family functions because there is communication. Our emotions affect our communication. Emotions are part of our humanity, inherent and inseparable. No one of us when we wake up in the morning leaves his emotions in bed; we carry them all day long. We will make us more aware of our emotional existence and express it in acceptable ways. Being able to be aware of emotions yourself is a condition where we can be aware of the emotions of our family members.”

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Persuasion is creating opportunities or providing a stimulus that encourages family members to make emotional communication. The ideal outcome is family members are interested in communicating emotionally. The following is an example sentence: “A family is where people connect. If family without communication is nonsense because all behaviors have communication meanings, why don't we improve this skill?"

Motivation aims to trigger awareness of the family members how they can carry out emotional communication activities. The ideal outcome is families have hope of increasing their familiarity. The following is an example sentence: "We all have the potential to become more capable of communication. In families, training takes place every day; space is unlimited because you have communication devices. The more you practice, the more you are skilled."

Promotion is support for the process of improving family members’ communication skills so that they can meet their needs to be cohesive and flexible in responding to problems and overcoming the environment. The ideal outcome is families experience changes in the perspectives of emotional communication resulting in changes in communication behavior. The following is an example sentence: “When family members communicate to be connected, the family becomes familiar and comfortable discussing any issues. The family can openly discuss all alternative solutions to the problem; the problem is not heavy anymore.”

Empowerment is positioning the family to have a significant role in decision making and determining activities that affect their health/welfare. The ideal outcome is the family decides to communicate better involving emotions. Families can overcome the main obstacles in their communication, namely distrust. For a productive family conversation to solve problems, family members must trust one another. An important point in the empowerment step is building the self-confidence of each family member. Then, only confident people can trust others. The following are example sentences: “The main obstacle to communication is not trusting another person. Let’s see what family can do to trust their members again. When a family member states his need to be trusted, start giving him some trust. When he can maintain that trust, give appreciation. The family has many reasons and opportunities at all times to build a trusting relationship.”

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In the flow of the NA, the family was encouraged by the idea of emotional communication, which involved conscious communication to share animated feelings between communicators. Revitalizing emotional communication means building a climate of relationships that allows message recipients to check the message for clarity and at the same time, allows the sender to receive a message confirmation. Thus, trust is established.

We applied the principles of emotional communication when interacting with study participants. As an example of the situation, Roni mentioned his mentor in the Panti by name only and with emotional feeling of hatred, “I hate A, he is arrogant and rude, there are times when I want to punch his mouth!” We listened quietly then responded softly, “Can Roni call A with Bro?” (Bro is short for Brother, a common word used in the Panti for mentors). As we responded softly, Roni then lowered his tone. We recognized that the way we behave is important when it comes to influencing other people’s communication behavior. That was why we spoke softly to him.

At Measurement 2, the same set of questions were given to the same respondents after two months, to observe the progress of family communication. Meanwhile, qualitative measurements involving observations on the emotional communication in each family continued since the beginning of the recruitment, during Measurement 1, Measurement 2, and in the period between Measurement 1 and 2. Measurement 2 was conducted by using the same set of questions given to the same respondents.

### 4. Analysis of data

Content analysis was done for qualitative data, including verbatim transcripts, and the researchers’ log book. Nonparametric statistical analysis used the Excel Program for data collected using the questionnaires. FACES IV was analyzed according to the FACES IV Manual (D. Olson, Gorall, & Tiesel, 2006).

## Results

### Peter’s Family

Peter was 39 years old, married to Dewi (37), they have three children, Rudi (6), Tania (4), and Vivin (2). Peter's family was Christian. Peter's wife and children live in his in-laws' house in the PR city. In addition to Peter's family, his mother-in-

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law's residence was her mother-in-law and her two sons, Kardi and Robert. Dewi was a middle child and a woman herself within her siblings. Kardi was married, his wife and child live in a different district because his wife was a government official in the district. Robert was not married but has a biological child who was a female who lives with him. Peter's father-in-law died not long ago (June 2018) and the family was still in a state of grief. Peter's rehabilitation program was completed in June 2018 but his wife's family refused to return home. Before he died Peter's father-in-law wanted Peter and Dewi to divorce because Peter was considered irresponsible with his wife and three children. Peter entered the Panti in June 2017 in a state of heavy drinking. The initiative to bring Peter to Panti came from Peter's (original) family, and the monthly fees at Panti were borne by Peter's siblings.

**Tedi's Family**

Tedi was 27 years old, married to Evi, and they have two children, Zon (10) and Ezy (6). Before entering Panti Tedi was a gold mining worker on his mother's land and had a history of using shabu-shabu. Entering the first Panti in 2015, the rehabilitation program at PRN X lasted 1 year, but in the 8th month Evi asked Tedi to leave Panti by fulfilling the sanctions imposed namely paying a fine of 10 million rupiah. At the time of entry into the Panti to the prospective resident and his family, a written statement form was to be completed, the contents of which include if the resident/family request to leave before the rehabilitation program was completed, he must pay a fine of 10 million rupiah to the Institution. The fine was paid by Evi and Tedi, and they could leave Panti. Tedi then used drugs again (relaps). On October 16, 2017, Tedi's mother put another Tedi to the Panti with the financing at Panti borne by her.

**Roni's Family**

Roni's family lives in KK, located 170 km from the Panti which could be reached by car in 3 hours. The Roni family was a blended family. Roni's father (66) had four children from his first wife, who had passed away. Roni's father remarried and then had two children from the second wife, including Roni (19) and Gita (13). Roni's father ran a karaoke house, as a front for selling drugs and sex workers. Two of Roni's half-brothers lived with their parents, Badi (36) and Evrin (32). Badi separated from his wife, and Puput (5), his daughter, lived with him. Badi worked

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as a government official. Evrin was unmarried and worked as a treasurer in a village office nearby. Roni's mother was a government official and had a side earning as a loan shark in their small town. Roni's mother wanted her husband to stop the drug business but was ignored. Roni had a fondness for motorbike racing, and his left hand was broken by accident in a motorbike racing. Drug use and motorbike racing made Roni not seriously consider going to school. This truancy was why Roni only has a Package C high school diploma. The relationship between Roni and his mother was bad. According to Roni, he and his mother spoke normally for only 5 minutes, after which they shouted at each other.

**Jeremy's Family**

Jeremy family lived in PR, a provincial capital located 20 km from the Panti. Jeremy entered the Panti by force in June 2017, after his mother requested the Panti staff to take him in. Jeremy had a history of using shabu-shabu, drugs, and sniffing glue (in Indonesia termed lem Fox). Jeremy was 19 years old. Jeremy's formal education was interrupted due to using drugs in the second grade of junior high school. Jeremy has two younger brothers named Anto (14) and Nita (7). Jeremy's biological mother named Naomi (36) and stepfather named Didi (34), they just married six months ago. The job of Jeremy's stepfather was a builder. Jeremy's mother's daily activity was keeping pigs. (For Dayaks, keeping pigs in the household is common). When we contacted Jeremy's mother via WhatsApp, she responded friendly. The next day we first visited her home. Jeremy's mother came from a large family, her mother was still alive, she had 11 siblings, and seven lived in the same city.

During the first interaction at Panti in August 2018, Roni and Jeremy completed the On Job Training held by Panti for residents who were interested in becoming Panti employees. Peter had completed his rehabilitation in June 2018 but was refused to go home so Panti gave a job to keeping pigs and help with work at the Panti with a salary of 1 million rupiah each month. While Tedi will complete his rehabilitation on June 16, 2018, but his mother said she could not receive Tedi go home because she thought Tedi had not recovered.

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Then we visited Roni's family in KK on 27-29 August 2018. We were also accompanied by Roni who had received permission from the Panti. As we built a rapport immediately in the first few minutes, Roni's mother felt comfortable sharing her story with us. Measurement 1 was done on August 27, 2018. On the following days, we continued interactions with the family and had the opportunity of having lunch with them. The visit to Jeremy's family in PR was done on 2 September 2018 while Jeremy was at the Panti. The meeting atmosphere was enjoyable. We had lunch with the meals that we prepared together. Present at the meeting were Jeremy's mother, Nita, Jeremy's stepfather, and Jeremy's aunt.

Following the step of NA approach, we first built a pleasant dialogue with the family to build an atmosphere of intimacy, then to find out the family's understanding of emotional communication. At the second step, we shared with them the principles of emotional communication, that every family member had an emotion that could influence the quality of communication. Therefore, it was important that each family member emotions was being valued and accepted. In the situation of trust damage among family member, we conveyed the Trust Cycle Silk (2016) covering the five possible points to improve: (1) need; (2) need expressed; (3) response to need; (4) need satisfied; and (5) comfort. We invited families to see their problems at whatever point in these five points. We discussed it with family and family showing interest in understanding their problems.

In the third step, we persuaded the entire family that if they intensively engaged emotional communication, the family relationship would improve. We gave examples of situations when children were trusted; they felt valued and brought out the best in themselves.

In the fourth step, we motivated families to express acceptance and trust in every family conversation, both oral and written. For example, when Jeremy's mother told us that she didn't trust Jeremy if Jeremy would come, we responded by asking what Jeremy's mother had done to help preparing Jeremy's future. We motivated Jeremy's mother by referring to her own story.

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The fifth step of the NA is a promotion at a practical level. It means that the family practices communication by having an update on understanding emotional communication. At the promotional step, family members showed mutual respect between themselves. For example, Jeremy's mother uploaded photos on her Facebook account. The photos were in her new kitchen, which had just been renovated by her husband, and she appreciated her husband. The Facebook account of her husband left a comment with love emoticons. We confirmed her feeling that she seemed happy because the kitchen looked beautiful. Then, Jeremy's mother sent us some photos of her kitchen via WhatsApp. We felt Jeremy's mother's happy mood, and we were also happy with her. While sharing their happiness, we were strengthening our relationship with Jeremy's mother and Jeremy's stepfather.

The sixth step of the NA is empowerment. In practice, the family can start having more frequent conversations with the aim to solve family problems. In conversations with us, family members told of situations where they seemed to be in control of the situation. For example, Evrin and Roni visited their brother in the MT city on the New Year holiday. Evrin and Roni decided independently to take a vacation and had fun. They knew that visiting their brother while on vacation was very good for them.

In the occasion with Roni's family, they had the opportunity to stimulate discussions. We managed to encourage spontaneity, where families were gathering, and Roni was having problems that need solutions. Roni wanted to buy a grass track motorbike and wanted to continue his education. We saw that Roni did not need to ask us to convey his wishes to his parents; he could do it himself. The stimulus of the discussion was followed by Roni, Evrin, Roni's mother, Roni's father, and lasted for 20 minutes. Roni's family could see their communication problem. Namely, their children were afraid of talking to their parents. We pointed out the problem and explained that productive discussion involves family members who were comfortable talking to one another. We explained gently that the first purpose of family communication was understanding, not agreement. That the desire to be right person must not be greater than the desire to maintain

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a healthy relationship. The family listened attentively. Roni's father seemed impressed and gave us money that we rejected delicately.

In Jeremy's family, we gave appreciation for the family communication that had been built well. To the families of Roni and Jeremy, we emphasized that they communicate focusing at present, not on past situations. Family members should try to share with full awareness in every family conversation. We introduced the AABC formula, namely the Art of self-revelation, Accepting, Believing, and Confirming. All parts of the formula were in the form of verbs, meaning they can be used in sentences to express themselves artistically, that is only showing one's feelings and not representing the feelings of family members, expressing acceptance of family members' feelings and ideas, expressing trust, and doing confirmation in each conversation.

In the following two months, we conducted a family accompaniment from a distance, and communicating was intensively engaged by phone, WhatsApp, and Facebook. This was possible because the familiarity relationship had been built. Tedi, Tedi's mother, Evrin, Roni, Jeremy, Jeremy's mother were interactive in WhatsApp and Facebook conversations. While Peter and Dewi, his wife, do not have a WhatsApp application so we contacted them using telephone and short message services. We often started the dialogue; sometimes, they initiated the dialog messages, photos, short videos that show their activities. We conveyed education and persuasion messages through WhatsApp status, which were often read by Tedi, Tedi's mother, Roni, Evrin, Jeremy, and Jeremy's mother.
Measurement 2 was done after the above mentioned two-month accompaniment. The Peter-Dewi conversation confirmation score increased from 27 to 29, above the hypothetical mean 21. Likewise the Peter-Dewi, the score increased from 24 to 30. Items "accepting" and believing "have improved both the perceptions of Peter and Dewi. The couple improved their relationship and canceled divorce. Peter returned home, then began working as a gold miner in TT village, about 100 km from where his wife and children lived. When we asked Peter how he faced the situation at the site of a drug-intensive gold mine, Peter confidently said that he could keep himself from using drugs anymore. Among the four drug survivors, Peter's score was highest for self-efficacy against drugs, the score 104 being 109,

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above the hypothetical mean 62. Peter's perception of the social support he received was high, the score 75 being 76, above the hypothetical mean 48.

Unlike Peter, Tedi had no contact with his wife anymore. His wife had an affair and left home. We met with Evi once during our visited to their city. When we made an appointment to meet her again at a friend's house, Evi never came again. Until this research ended in March 2019, Evi still asked for divorce from Tedi, but they were still disputing about the property. Tedi's communication score with his mother was low but showed an increase from 55 to 61, while his stepfather's score 51 became 52 below the hypothetical mean 50. Tedi did not like his stepfather, he did not mention his stepfather's name, but changed it to the tribal name of his stepfather. Tedi-Tedi's mother's communication score increased from 50 to 69. The trust aspect increased. Tedi’s mother said that she was glad Tedi could get a job as a staff in an NGO in PR.

In Roni's family, the results of measurements of parent-child communication showed progress in the area of trust between Roni and his father-mother. Roni-mother's total communication score increased from 47 to 59 was above the hypothetical mean 50. Roni-father's overall score increased from 46 to 59. The evaluation of the confirmation of father-mother Roni's conversation included conscious, interested, accepting, respecting, liking, and trusting, initially below the mean hypothetically but showed little progress.

An increase in the social support assessment score supplemented by Roni increased from 67 to 70, above the hypothetical mean 48. However, the scores for drug avoidance self-efficacy did not improve. The Roni score was 61 slightly below the hypothetical mean 62. In a WhatsApp conversation with us, Evrin told us that on New Year’s Eve 2019, Roni got permission to go home from the Panti. While he was home, Roni got involved in drinking alcohol with friends. According to Evrin, Roni was instigated by his friends, and while his visit home was short, he had started drinking again. This situation fits with how Roni expressed himself during the self-assessment on drug avoidance.

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The results of the FACES IV questionnaires of Roni's family completed by Roni, Evrin, and Roni's mother, placed the family in a somewhat connected and somewhat flexible box in the Circumplex Model mapping, meaning the family's cohesiveness and flexibility levels were at the level of balance. The "Cohesion" dimension score in Measurement 1 was 23.55 and in Measurement 2 was 23.05, while the score for the dimension of "Flexibility" was 20 and 24.225. In observations on Facebook, Roni often wrote status and uploaded photos of his family. This sharing confirmed the improvement of cohesiveness in Roni's family. FACES IV questionnaires by Jeremy's family were completed by Jeremy, Jeremy's mother, and Jeremy's stepfather. The "Cohesion" score was 25.175 and 24.6. The "Flexibility" score increased from 22.575 to 23.4. The family of Jeremy occupied a somewhat connected box and was somewhat flexible in mapping the Circumplex Model, which means family balance.

The items 43 – 52 of FACES IV reveal family members' perceptions of family communication. Increased scores occurred in three families. In Peter's family, the scores were 32 (low) to 31 (low). In Tedi's family, the scores were increased from 32 (low) to 33.5 (moderate). In Roni's family, the scores were 28.6 (very low) to 35 (moderate). Jeremy's family scores were 36.3 (moderate) to 38 (high). The difference between these four families is that Jeremy's family was a family that lives side by side with a large family. Jeremy's mother and her siblings are familiar, visiting each other, and having full support.

The items 53 – 62 of FACES IV reveals family satisfaction. All four families experienced an increased in scores even though the level remained. In Peter's family, the initial score of 22 (very low) increased to 26.5 (very low). Tedi's family experienced a slight increased in the score from 30 (low) to 31.5 (low). There was an increase in family satisfaction scores in Roni's family from 28.3 (very low) to 34 (low). Jeremy's family scores increased from 28.6 (very low) to 32 (low).

Results of Jeremy's family of communication measurements showed progress in the area of trust and openness between Jeremy and his stepfather and mother. The same was true for Jeremy's mother and stepfather's perceptions of their communication with Jeremy. An evaluation of the conversational confirmation of

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Jeremy's mother and stepfather, Jeremy's mother's version, showed an increase in the score above the hypothetical mean, which increased from 21 to 33 with the hypothetical mean 20, whereas in Jeremy's stepfather version, his conversation with Jeremy's mother showed an increase from 21 to 28. Jeremy's social support score 74 increased to 78, surpassing the hypothetical mean 48. Jeremy's drug self-efficacy increased from a score of 77 to 96, surpassing the hypothetical mean of 62. Jeremy seemed confident he could control himself from using drugs again.

After the extension of the observation period was done, and in the third, fourth, fifth, sixth month, the family increasingly showed a sense of empowerment as seen from their sentences during their interactions with us. Results of qualitative measurement using conversation analysis showed there was a transformation from helplessness to empowerment. A strong attitude from someone is easily seen from the sentences that imply empowerment. For example, in a WhatsApp chat with Evrin on February 20, 2019, Evrin recounted their parents' agreement after Roni had left Panti on February 18, 2019. The family had decided after discussion that Roni would not work as a drug rehabilitation officer anymore, and planned to continue his education at the Aerospace Technology College in Yogyakarta in the 2019/2020 academic year.

We were impressed that Roni WhatsApp's conversation was cheerful and excited. Roni said he was working as a gold miner for a while before leaving for Yogyakarta. For Roni's problem that he was easily incited into using liquor and drugs, the family decided that Roni would be escorted by his cousin's brother while working as a gold miner. Then during WhatsApp chats with Roni in March 2019, Roni announced that the money he earned was enough to buy a ticket to fly to Yogyakarta.

> "Roni has left the Panti. Now Roni works to mine gold in the TP village. He is with his cousin brother. Our parents give Roni the responsibility for Roni to work for additional money to start his education in Yogyakarta." (Evrin, WhatsApp chat on February 20, 2019).

> "The money to buy tickets to Yogya is enough! I'm going to Yogya in April!" (Roni, WhatsApp chat on March 22, 2019).

We also continued to maintain good relations with Jeremy's mother through frequent WhatsApp and Facebook conversations. Excitedly, Jeremy's mother told

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us that Jeremy left Panti on November 15, 2018. The family discussion had decided that Jeremy should cancel the assignment as a rehabilitation center employee and choose to become an employee of Wuling Motors in PR. Jeremy's new monthly salary of 1.6 million rupiahs exceeded the Panti's initial salary of 800 thousand rupiahs. WhatsApp conversations on March 2, 2019, revealed that Jeremy's mother said that Jeremy went to work riding his motorbike. Jeremy bought a motorbike with an installment payment from his salary. Jeremy's mother said it was important to give responsibility to Jeremy. Jeremy was taught to save money by his mother by bringing food supplies to the office. Jeremy got the support of his mother, stepfather, younger siblings, and his mother's extended family. Some sentence excerpts of Jeremy's mother were as follows:

> "Jeremy has his motorbike now. He is proud to have a motorbike and pay the installments with the results of his sweat. We support Jeremy to take responsibility in his own life. His salary is small but enough for him. For the sake of savings, Jeremy brought food supplies to the office. I prepare food for Jeremy's lunch." (Chat via WhatsApp on March 2, 2019).

> "I am happy with my life now. My husband is good and increasingly accepts my children like his children. We are not rich, but we are happy." (Chat via WhatsApp on March 10, 2019)

The sentences are spoken by Jeremy's mother increasingly showed empowerment. Jeremy's mother believed that her family could choose responses that take responsibility, and stop throwing responsibilities to others. Jeremy's mother admitted that she had thrown responsibility to Panti when Jeremy was there even though the rehabilitation program was completed. It is important to say that our relationship with Peter's family, Tedi's family, Roni's family and Jeremy's family remains good until today.

## Discussion

We have successfully blended into the family of drug survivors. Then, together with family members, we managed to eliminate family communication barriers, namely distrust of family members of drug survivors. At the end of this 7-month study, four families of drug survivors were restored to be more able to trust their members. Peter and his wife can improve their relationship. Peter's wife canceled applying for divorce. Peter was determined to work hard as a gold miner to be able to bring his child and his wife independently, out of his in-laws' house. Peter did not save the hurt to Robert who refused him. Peter focused on his dream

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to bring his family to live independently. Tedi exit Panti on December 12, 2018, still faced divorce charges from his wife, but Tedi was more calm and able to control himself. Tedi said that he would discuss with Evi about the distribution of property gono-gini well. "So that no party is harmed." While Roni and Jeremy were finally accepted at home from drug rehabilitation institutions (Panti) and received family support to plan their future.

The success of fixing problems through building close relationships confirms the thinking of Goldstein and Kanfer (1975) about “relationship-enhancement methods,” that emphasize the better the professional-client connection, the more the professional opportunity influences changes in the perceptions and behavior of his clients. We support Bell's (2013) ideas for building capacity at the heart of the matter of the family nursing care, namely relational skills, in this case, with the families of drug survivors to support them overcome their suffering.

In families with children who use drugs, in this case, as Roni's family whose parents have married about 20 years ago, we found that the relationship between Roni's mother and father had long been less harmonious. We know this from the stories of Evrin, Roni, Roni's mother, and our observations, as well as low scores for confirmation of conversations given to couples. Likewise, in Jeremy's parents, it even ended tragically with divorce. The marriage of Jeremy's mother and Jeremy's stepfather had lasted five months, and still in the honeymoon atmosphere. In this study, the two teenage drug users came from two families with emotional relationship damage. Their history of difficulties in marriage supported Silk (2016), who stated that parent-child relationships were poorly preceded by a bad husband-wife relationship. The negativity and stress from marital relationships extend to parent-child relationships with negative implications (Segrin & Flora, 2011). Based on the results of this study, it is suggested that when professionals are present in the task of improving family communication, communication of couples is essential to get their attention on positive aspects to be improved.

We conducted the NA steps carefully. The NA approach used in this study helped to reinforce the positive changes not only in perceptions but also family actions. Unlike the case with family therapy in general, where experts come with a program then leave, in this study, we involved family members’ participation (with the consent of the drug survivors, Roni and Jeremy), and therefore our

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relationships continue after the steps in the NA are finished. The participants and the family could better understand their problems and realize that it is their problems, so they are determined to find solutions to help Roni and Jeremy to have a better future. The establishment of rapport was vital for us, so we managed all spontaneity as well as possible. As a result, we received the trust of families of the drug survivors.

The results of this study support the previous study (Terjanian, 2002) that found the communication dimension improvements have a positive effect on intimacy and family flexibility to solve a problem and cope with their environment. Olson, DeFrain, & Skogrand (2014) through the Circumplex Model, showed family functioning in three dimensions, namely communication, cohesiveness, and family flexibility. They stated that improving family communication increased the dimensions of family cohesiveness and flexibility.

This study also provides support for Bronfenbrenner's (1979) Ecological Theory which is still relevant to date and describes individual microsystems as family, church/house of worship, peers, school, and health services. Relationships between individuals and their microsystems are reciprocal. Of all the elements of microsystems, family togetherness is the longest togetherness that an individual can have. Friedman, Bowden, & Jones (2014) state that family can be a risk factor for problem behavior; on the other hand, it functions protectively for its members. In individual drug survivors, social support is very much needed because it maintains abstinence. Families, partners, friends living together can prolong the length of abstinence (Moeeni et al., 2016).

Among drug survivors, by improving family communication, the results of measurements of assessment of social support and self-efficacy of drug users showed an increase. This result means that individuals increasingly believe they can no longer use drugs while in the family that supports them. The results of this study are in line with the results of the study of Martyn, K.K., Loveland-Cherry, C.J., Villarruel, A.M., Cabriales, E.G., Zhou, Y., Ronis, D.L., & Eakin (2009) which necessitated an increase in family intimacy and improvement in parental-teen communication in the prevention of alcohol use and binge drinking in Mexican teens.

Drug re-use or relapse is a significant problem after rehabilitation, and one of the factors that play a role is family Havassy, Hall, & Wasserman, 1991; (Marlatt

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& Witkiewitz, 2005; Xiong & Jia, 2018; Yang et al., 2015). Thus, the results of this study provide hope for declining relapse rates. This finding is in line with the international mandate so that countries in the world coordinate the treatment, rehabilitation and social reintegration of drug abuse as essential components in the strategy of drug demand reduction (International Narcotics Control Board, 2017).

The limitation of this study is that we cannot adequately provide family accompaniment with our physical presence. We made use of communication devices and transcribed the conversations but could not capture the nonverbal instructions as well as all of the face to face communication.

## Conclusion

The Narrative in Action approach in the task of revitalizing the emotional communication of the family of drug survivors gives good results. It is important for policymakers of drug addiction program handling to consider the empowerment of families of drug survivors through accompaniment by trained professionals.

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