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The Social Exchange Theory Applied to Substance Abuse:  
A Guide for Social Workers

Bryon Harkleroad and Ashley Parker

Social Work With Families

Dr. M. Sebrena Jackson

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Abstract

Although there seems to be little or no research conducted to date to prove or disprove our theory, it is our belief that the social exchange theory can be a useful tool for social workers working with substance abusers and their families. We intend to prove that those addicted to substance abuse make their decisions based on a system of benefits and costs, the same way every person weighs decisions, according to social exchange theorists. We also believe that understanding this decision making process will allow us to teach substance abusers to acknowledge the difference between permanent costs and temporary ones and to instill a recognition of the other people those choices affect. When working with families, utilizing this theory will allow us to help the other family members understand the decisions made by their loved one and also their own choices in interactions with that person. Overall, it is our intention to help those affected by substance abuse in the best way we know how, and we believe that the social exchange theory can aid us in that effort.

The psychologist Carl Jung once stated, “Every form of addiction is bad, no matter whether the narcotic be alcohol or morphine or idealism” (1973). In all of its many forms, addiction has the power to wreak havoc not only on individual lives, but also on the families of those who fall victim. There are a particularly high number of cases in which substance abuse has led to problems within the family system. When working with families dealing with this issue, it is often helpful for social workers to turn to theory and previous research to learn the most efficient way of helping. When applied to a family dealing with substance abuse, the social exchange theory can describe the patterns of behavior and relationships that are affected by the addiction.

To understand individual relationships within a family, one must first understand the family as a whole. According to Dr. Murray Bowen (1988), developer of the Bowen Family Systems Theory, the family is a system comprised of “interconnected and interdependent individuals, none of whom can be understood in isolation from the system” (p. 10). The actions of one family member have a reverberating effect on the other members. It is Bowen’s view that each part of the family system must be working toward the good of the whole for the system to be considered functional (1988, p. 12). Although substance abuse may appear to be an individual problem, it is not isolated. When one member suffers from addiction, the whole family suffers. However, although the family systems theory explains why and how a family sometimes encounters obstacles, it fails to address the reasons behind individual behaviors that are the root of the problems.

There are many theories to explain why an individual is not “functioning” correctly. The social exchange theory asserts that human beings are “rational creatures with the desire to maximize benefits and minimize costs” (Hutchison, 2008). There are those that would argue that

this theory cannot apply to individuals under the influence of a mind altering substance, because those individuals cannot be considered rational. According to Dr. Gene Heyman (1996), a professor of psychology at Harvard University, “addictive behavior results from substantial impairments in the cognitive control of voluntary action resulting in aberrant desires that compel drug-seeking and drug-taking actions.” However, other views assert that “addicts are intentionally able and choose to perform the drug-seeking and drug-taking actions needed to satisfy their desire” (Viens, 2007). Examples of persons recovering from addictions back up this way of thinking. Those people chose to change their behavior. If an individual is able to choose to act in a certain manner, then he or she must weigh the consequences of the action. Even though this process of rationalization may have an outcome that does not make sense to the average person, to the addict the choice makes sense. Therefore, to that person, the choice is rational.

There are many different types of rewards and costs. Rewards can be praises, positive reinforcements, affection, etc. Costs can be punishment, negative reinforcement, lack of affection. A withholding of punishment can also be considered a reward. In the case of substance abuse, the reward for an addict is often the high or euphoria that comes with the drug. There are many costs that can occur, such as less time spent with family, the loss of a job, or divorce. For other members of the families the rewards and costs are harder to define. For children, the cost of having an addicted parent can be abuse, neglect, or the unrequited love of a parent.

To better understand any theory, it is helpful to understand its development. In his book, *Contemporary Social Psychological Theories*, Peter Burke details the history of the theory. The social exchange theory has several ties to the economic as well as the scientific communities.

Adam Smith and David Ricardo were economists that put forth the assumption that people exchange goods within the marketplace based on a system of rewards and costs. Other influences on the social exchange theory can be traced back to the seventies when Irwin Altman and Dalmis Taylor introduced their Social Penetration theory. This theory describes the way that people self-disclose information about themselves. However, the theory failed to explain the motivations and reasons that relationships change. John Thibaut and Harold Kelley sought to understand this by introducing an early version of the social exchange theory. They came up with a way to evaluate outcomes by comparing how happy or sad the outcome levels are. George Caspar Homans, an American sociologist, is usually given the credit for creating a consolidated definition of the social exchange theory, explaining that the social system is like a marketplace, where people exchange goods, material and non material, based on rewards and costs (Burke, 2006).

When working with families dealing with substance abuse, a social worker must first have a basic knowledge of the basic knowledge of the problem. Because there are many different types of drugs, there are many different situations that a family may encounter. One must also remember that not all addictive drugs are illegal. There are four different categories of addictive drugs, including opiates, stimulants, depressants, and hallucinogens.

Opiates are one form of drug that a vast amount of people abuse. Opiates come in several different forms for the addict to abuse. For example, the main kinds of opiates that are accessible for an abuser are morphine, opium, and heroin. These drugs can be taken orally, smoked, or injected intravenously. Some forms of opiates are prescribed by doctors, but when used incorrectly can quickly trigger addiction. Opiates elicit their powerful effects by activating receptors distributed throughout the body (National Institute on Drug Abuse, 2003). It is the

feeling of euphoria, followed by a period of calm and relaxation, that these substances produce for the user that makes them so addicting. However, withdrawal from opiates has the completely opposite affect on a user. When a user experiences withdrawal from opiates, he or she goes through a vicious cycle of repetitive vomiting, abdominal pain, cold sweats, severe shaking, and intense craving for the drug. More importantly, the possibility of overdoses with opiates is a serious matter to be aware of for the user. Overdosing on opiates can be, and often is, fatal (National Institute on Drug Abuse, 2003).

Since users of opiates quickly become addicted to the feeling of euphoria, that feeling is the major reward. Other things may fall by the wayside. Another effect may be that the devastating withdrawal symptoms are seen as a cost of not getting the drug. Since a type of reward is avoiding punishment, the user may simply turn to the drug in order not to experience those symptoms.

Stimulants are another form of drug that substance abusers often abuse. They are known for their euphoric feeling as well but, unlike opiates, stimulants stimulate the nervous system and therefore speed up the heart. Some examples of these substances are amphetamines, diet pills, cocaine, and methamphetamines, the latter two being the most popular drugs of choice for abusers. Caffeine is a mild stimulant. All of these drugs are taken either orally, smoked, or by injection. Cocaine is a drug that has been used for over a hundred years by users. In the early stages of its use, many doctors thought of it as an excellent way to numb pain for medicinal purposes. However, it was taken off the market when it proved to be a highly addictive drug. Cocaine has many detrimental effects on the user. Its long term use can cause physical as well as mental damages to an individual. Depression, paranoia, risk of overdose, auditory hallucinations,

heart damage, and death can result from its use. According to Dr. Henry David Abraham (2004), “Crack cocaine is among the most rapidly addictive substances known” (p. 161).

Methamphetamine has come into prominence more recently. According to one study, “methamphetamine abuse is on the rise, particularly by women of child-bearing age” (Hohman, 2004). It also provides an instant euphoric feeling as well, and keeps the user up for days because of its potency. Victims of this drug experience severe withdrawal when they are out of the drug. Experiences of hallucinations, violent behavior, addiction psychosis, possible stroke, and paranoia are all expected in the withdrawal from methamphetamines. Because of cocaine and methamphetamine’s extreme psychological addiction to the drug, many people who are in need of it will do most anything to acquire a fix. Cases of addicts stealing from, lying too, and manipulating family, friends and other people are all common occurrences of cocaine and methamphetamine users. Also, relapse happens in a lot of cases of the drug too (Abraham, 2004).

Stimulants, including methamphetamines, cocaine, and others, can cause physical, as well as mental, harm. As with opiates, the withdrawal is so terrible that the cost of having the drug may not seem as high as the costs of not having it. In the case of methamphetamines, many times children and other family members are put at risk in the home. The chemicals used to create the substance can be toxic or even catch fire or explode. Other threats include residue, spilled chemicals, hypodermic needles and debris that remain on floors, counters, and other surfaces. Exposure to these items may cause both temporary symptoms, such as nose and throat irritation, headaches, dizziness, and nausea, and permanent damage, including burns, decreased mental function, kidney damage and birth defects (Oregon Department of Human Services, 2007).

Depressants are another drug that is frequently abused. Depressants are well known for making a user feel calm and relaxed because they slow down the nervous system and the heart. The main depressants that are being abused today are alcohol and barbiturates. Small amounts of these drugs produce calmness and very relaxed muscles in the body, but if taken in large quantities, depressants can cause slurred speech, staggering gait, and a lost perception of time. Very large doses can cause respiratory failure, depression, coma, and even death. Regular use of depressants over time can result in both physical and psychological addiction. People who suddenly stop taking large amounts doses can experience withdrawal symptoms that include anxiety, insomnia, tremors, delirium, and convulsions (Abraham, 2004).

Although alcohol is not illegal, its use and abuse can have devastating effects on a family. Many times alcohol is used as a stress reliever, which can be seen as a reward by the abuser. Other rewards may be the avoidance of negative life events, although this is short-term, as the person does not go through the healthy process of dealing with the issue. One study, conducted by Drs. Moss and Brennan of Brown University, found that poor coping skills were a predictor of heavier alcohol consumption and that those with more numerous social stressors were more likely to engage in problem drinking (Brennan 1997).

The last of the four substance types that users abuse is hallucinogens. Substances such as LSD, PCP, peyote, mescaline, and marijuana are all considered to be hallucinogens. These drugs give the user the feelings of intense sensory experiences, mixing of the senses, distorted sense of time or space, distorted body images, paranoia, confusion, poor coordination, and a rapid heart beat. Users that have taken hallucinogens can sometimes experience flashbacks. Flashbacks are the re-experience of the effects of the drug. These flashbacks will not occur until sometimes months or years later after the first initial use. Hallucinogens are not thought to be physically



addicting, but they can create a psychological dependence. Even without the physical dependence, these substances can be dangerous and deadly, and since their creation, have been linked to many catastrophic events that were induced by these substances (Abraham, 2004).

Common sense states that a person cannot be a responsible parent when using hallucinogenic drugs. Although the drug is not physically addicting, when a person is out of touch with reality, not only is that person at risk, but those around them. This is especially true if there are small children in the house. Many hallucinogen-related deaths are not the result of overdose. Numerous accidental drownings, leaps from high places, vehicular accidents, suicides, homicides and self-mutilations have occurred because of the unpredictable psychological effects of this drug. Since hallucinogens interfere with thought and concentration, every day activities such as driving a vehicle or operating machinery can be especially hazardous. Poor judgment, slower reflexes, poor coordination, distraction, and drowsiness can all occur when an individual is under the influence of hallucinogens.

When dealing with all forms of drug use, it is often more than substances that are being abused. Substance abusers are notoriously known for abusing the ones that care about them, both mentally and physically. Unfortunately, it is children that suffer the most in an abusive situation. According to *The Encyclopedia of Child Abuse* (2007), “substance abuse by parents greatly increases the likelihood that a child will be abused or neglected” (p. 176). The book goes on to state that 41% of families with an addicted parent abused or neglected at least one child (p. 176). In his model of human development, Erik Erikson outlines the needs that must be met in order for children to progress in life and become competent adults. However, children that live in an atmosphere of abusiveness and maltreatment cannot receive the care they need to complete the stages of development. This can do many negative things to a child’s development. Erikson

believed that one stage could not be reached until the previous ones were completed (Hutchison, 2008). When the needs of a child are not met because a parent is under the influence of a mind altering substance, that child becomes more apt to having emotional problems later on as an adult, and also has an increased risk of becoming a substance abuser themselves (The Encyclopedia of Child Abuse, 2007).

One premise of the social exchange theory is the principal of satiation. Satiation implies that the more a reward is received, the less value it holds. The unconditional love of a child can be seen in this light. When a parent receives that love no matter what, he or she may not weigh it as heavily when deciding between the child and the substance. Another principle is the least interested theory. This states that the “person who has the least to gain from a relationship has the most power in it” (Rashotte, 2005). Since children are dependent almost entirely on their caregivers, children can be seen as having more to gain from the relationship than parents. When viewed this way, children weigh the costs of having a parent, albeit an abusive or neglectful one, higher than the costs of informing someone of the situation and losing that parent. It is very important that social workers working with families dealing with substance abuse ensure that children are not being abused and are taken care of. In their article, “The Children of Neglect: When No One Cares,” Dr. Smith and Dr. Fong discuss what they see as a failure to provide help to the children who need it most. The authors reiterate the importance of social workers in the lives of neglected children (2005).

Abuse is not the only obstacle that substance abusers and their families face. Absenteeism from jobs, withdrawal from society and friends, and health issues can all play a disastrous role in the substance abuser’s life. Depression is known to take over the life of many addicts. They feel like that have no one to turn to for support, and this feeling often leads to more and more use of

the drug that they are taking in order to make them feel that they can cope with the problems that they are suffering from in everyday life. In terms of social exchange, the feelings of sadness and inadequacy are far more costly than the false happiness that comes with drug use. HIV is also associated with drug use. HIV affects more than just the health of the individual; the entire family system undergoes change. In her article, "Custody Planning with Families Affected by HIV," Dr. Sally Mason discusses the problems that children of HIV positive parents face, such as the stigma that comes with the disease and what happens when one or both parents succumb to the illness. She goes on to detail the importance of social workers in helping the parents and their families to "manage the psychosocial challenges associated with this environment" (2007).

There is also potential for legal problems surfacing can be detrimental as well. Whether it is an issue involving a domestic dispute or an issue that involves being arrested for an issue that is drug related of some kind or another, any kind of legal issue that a substance abuser faces ultimately leaves them with serious matters that can be forever damaging to their future as a human being.

When a user falls completely into the world of addiction, he or she often loses touch with everyday activities. The family system suffers greatly when this happens. The Social Development Research Group, which includes Dr. Randy Gainey, professor at the University of Virginia, and Dr. Richard Catalano, professor at the University of Washington, state that "substance-abusing parents tend to have poorer family management practices than nonabusers" (2007). When the person is a parent and he or she loses their job because of constant absenteeism or lack of responsibility, the whole family suffers. Perhaps the individual felt that getting high on a particular day was more important than going to work. Whatever the reasoning, the entire family system suffers. Lack of income can greatly mess up a family.

It does not necessarily have to be the parents that are the substance abusers. Despite antidrug programs and prevention programs, many U.S. youths are turning to drugs at an early age. In fact, one study found that “among 500,000 individuals affected by substance abuse, youths (ages 12 to 18) rank as one of the high groups in morbidity and mortality rates, resulting in many negative consequences” (Skiba, 2004). The reasons young people turn to drugs vary, but stress may be a leading factor. The youth may view the substance as a way to deal with school, family situations, and the feelings that come with puberty and the high school years.

Although substance abuse can be so detrimental to families, there is hope. Families must know where to turn for help. However, getting outside help may be a last resort. Children, spouses, and other family members may allow that person to continue because the cost of getting help is too high. Since people weigh their decisions based on the information they have, the family may not realize there are greater rewards out there. From the point of view of the individual in question, treatment may be refused since “social credit is preferable to social indebtedness” (Rashotte, 2005).

There are many resources available that are able to help families cope with the issue of substance abuse. For example, in the system of substance abuse treatments, there are established effective treatment options, such as SAMHSAS (Substance Abuse Treatment Facility Locator), Alcoholic Anonymous, and Narcotics Anonymous. These examples of treatment work toward a goal of encouraging patients to learn new skills through a twelve step program model of recovery. However, this goal includes patients willing to participate in a self help group during and after formal treatment. That means that the substance abuser must make the conscious decision to participate. There are many other resources that are available too. Physicians can serve as a first

line intervention by assessing the nature and extent of the problem, and promote referrals for further care and follow up.

Families also have the choice of participating in treatment programs. These help the family members cope with the experience of living with a substance abuser. Some well known programs such as Al-Anon, Alateen, Adult Children of Alcoholics, and Families Anonymous give assistance to family members who are suffering from having a loved one that is a substance abuser. Because substance abuse is linked to children living in foster care, some child welfare systems are trying to integrate treatment that allows parents to undergo treatment while also giving them the skills they need to be reunited with their children (Louderman, 2006).

Although there are many established treatment programs, it is many times a social worker who becomes involved with the family. The social exchange theory can be utilized in this setting to enable both the worker and the clients to understand the decisions made and the reasons behind those decisions. When working with these families, social workers can enable them to better recognize rewards and costs, and to realize the difference between permanent costs and temporary ones. Social workers are also better able to understand the relationships of the client with his or her other family members. The social worker should teach the client to weigh each decision carefully. The client should also learn that each relationship is a dyad, meaning there are two parties involved. Whatever decision is made by the client affects the other person. Even if the substance abuser profits from the choice, the other person may suffer.

Problems with the social exchange theory are that, other than assuming everyone is rational, it also assumes that everyone is selfish. The belief is that each person makes decision for his or her own good. It eliminates the doing of good for its own sake. Dr. Jeffery Jensen, a professor of social work at the University of Denver, notes that there needs to be a review of the

practices that deal with children and families. He states that, “ill-conceived and fragmented policy approaches...produce deleterious and unintended consequences for children, youths, and families” (2007). Although no research linking the social exchange theory with substance abuse has been conducted to date, it can be used to fill the gap in practice. Social workers using this theory are able to identify patterns and reasoning in individuals dealing with addiction, as well as the patterns of reasoning in those around them. It is also helpful when determining the best practice to use with these individuals and their families. Future research should be done to test the validity of applying this theory to those dealing with substance abuse.

In conclusion, substance abuse takes the lives of many people today; even if they do not die, many still feel as if their lives are ruined. From a supporting stand point, it is up to the family to provide the love and support towards their love ones that are experiencing substance abuse. It is up to the social workers and other professionals to give the guidance and help the family needs to improve both the life of the family and the individual. The Social Exchange Theory is one way that social workers can help families deal with the issue of substance abuse. By learning theory, and having a general knowledge of the issue, social workers are able to improve the lives not only of one person, but of their family system.

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