A MULTIPLE GOALS/NORMATIVE APPROACH TO FAMILY COMMUNICATION SURROUNDING YOUNG ADULTS’ SUBSTANCE USE PROBLEMS: EXPLICATING PARENTS’ AND SIBLINGS’ COMMUNICATION CHALLENGES AND STRATEGIES

BY

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DISSERTATION
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ABSTRACT

Recent evidence suggests that substance use can be a pervasive problem for young adults (individuals aged 18-40), with detrimental effects on their employment, health, and relationships. Although family members are often implicated in the etiology of substance use related disorders, research has rarely considered how young adults’ substance use impacts their parents and siblings, which is problematic because substance use within the family can threaten parents’ and siblings’ mental and physical well-being. Extant theory on substance use and families can account for general behavioral patterns and their association with family member stress, but it fails to consider how context-specific, situated demands complicate family member communication about and coping with substance use. Through qualitative interviews with 49 parents and siblings, the current study developed normative theory regarding parents’ and siblings’ experiences, specifically focusing on challenges that may arise from communication processes surrounding alcohol and/or drug use. Further, the present study explicated parents’ and siblings’ strategies for managing communication challenges. Results indicated that parents and siblings experience communication challenges related to privacy, support, and uncertainty. Findings suggested that how parents and siblings experience and manage communication challenges is predicated on the nature and presence of interactional goals and meanings. Although there was some overlap between parents’ and siblings’ challenges and strategies, in some respects, parents and siblings experiences were also distinct. Results have implications for clinicians involved in family education and the treatment of substance use problems. Moreover, the current study contributes to a growing body of research on the relevance of multiple goals and meanings to coping with health and illness.
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Chapter 1

Introduction

Although rates of substance use in the U.S. population have recently stabilized, approximately 30% of adults (aged 18-40) use alcohol and/or drugs (Johnston, O’Malley, Bachman, & Schulenberg, 2009). For many adults, use of alcohol and/or drugs is confined to experimentation in college and university settings, but for others, substance use is woven into the fabric of daily life. In either case, substance use has the potential to create a host of emotional, financial, health, legal, and relational problems (MacDonald, Russell, Bland, Morrison, & De Le Cruz, 2002), which often impact substance using individuals’ families (Orford, 2012; Ray, Mertens, & Weisner, 2009). Even though most research on families has focused on the impact on substance using adults’ spouses and minor children, parents and siblings may be significantly affected as well (Barnard, 2005; Orford et al., 1992).

In particular, research on parents and siblings indicates that family interaction can be profoundly influenced by adults’ alcohol/drug use. Yet, the majority of extant theory focuses on the role of family communication in preventing and treating substance use problems. Family communication has been viewed as a protective or risk factor for the development of substance use problems. For example, adolescents are less likely to use alcohol/drugs to the extent that their parents communicate with them about the dangers of alcohol/drug use, monitor their behavior, and provide them with social support (see Hawkins, Catalano, & Miller, 1992 for a review). Similarly, family communication has been viewed as central to substance use intervention and treatment. For example, concerned family members are often trained to tailor their communication to the objectives of treatment programs for substance use problems, by
emphasizing the benefits of sobriety and the negative effects of intoxicated behavior (see Fernandez, Begley, & Marlatt, 2006 for a review).

Undoubtedly, family communication is essential to substance use prevention and intervention. Unfortunately, family members’ intervention or prevention efforts are frequently absent or ineffective in averting alcohol and drug problems. To be sure, even when individuals develop substance use problems, family communication can and does serve interventional purposes (e.g., reducing or eliminating alcohol/drug use). However, family communication also may be directed at providing support for various individuals in the family system (De Civita, Dobkin, & Robertson, 2000), regulating how substance use information is shared with those in and outside the family (Barnard, 2005; Holmila, Itapuisto, & Ilva, 2011), and managing the pervasive uncertainty that often accompanies alcohol/drug problems (Landau & Garrett, 2008). Because family communication has rarely been examined as a mechanism for managing and responding to existing substance use problems, extant theory can tell us relatively little about how or why family interaction is affected.

One promising paradigm, the family stress and coping approach, emphasizes family communication as a response to existing substance use problems, with the needs of family members as the primary focus (Templeton, Velleman, & Russell, 2010). From the stress and coping perspective, studying family interaction is essential because it sheds light on how families may (in)effectively communicate about and respond to alcohol/drug use. Thus, in the coping with substance use problems, certain behavioral “styles” may be more adaptive, effective, or functional for family members.

Even as family coping research has grown and thrived, several limitations of this paradigm have become evident. Specifically, research suggests that family interaction
surrounding substance use problems cannot be adequately captured by stylistic approaches to communication. In other words, family members’ communicative responses are complex, problematic, and situated (Orford, 2012) and thus may not be adequately explained through coping styles. For example, communication may be complicated by multiple meanings associated with supportive and unsupportive behaviors (Orford et al., 1992). Parents may view support of their substance using child as outright betrayal of their relationships with their other children (Barnard, 2005). Thus, although aiding their substance using child may be essential in some respects (e.g., providing childcare or housing), doing so can be taken to mean that parents are less concerned with or invested in their other children. Particularly when substance using individuals’ behavior negatively affects the well-being of siblings, parents must find a way to support their substance using child in a way that signals concern for the well-being of all their children (Barnard).

Along with the difficulties associated with responding to substance use, the coping paradigm tells us little about why specific “styles” of communication are more or less effective. Research has demonstrated that coping styles are correlated with individual outcomes, such as mental and physical health (Copello et al., 2009; Cronkite & Moos, 1984), but such associations fail to explain why certain responses appear to be more effective than others. Evidence suggests that one potential explanation is that parents and siblings tailor their responses to demands associated with substance use problems. For example, substance use is commonly associated with perceived changes in substance using individuals’ identity (Velleman et al., 1993). However, communication surrounding identity changes is not straightforward because family members must reconcile the person they once knew with new, problematic behaviors. Family members may manage changes in identity through talk that both acknowledges problematic
behaviors but is tempered with hopeful discourse about who the substance using individual once was (Velleman et al.).

Evidence from the stress and coping paradigm suggests new theorizing may be necessary to understand and account for the nature of parents’ and siblings’ communication surrounding substance use problems. To that end, multiple goals and normative approaches (e.g., Caughlin, 2010; Goldsmith, 2001, 2004) offer a useful way to conceptualize challenges or problems associated with communication. Further, multiple goals and normative approaches provide a theoretical account for the effectiveness of family members’ communicative responses. Specifically, parents’ and siblings’ communication is effective to the extent that it addresses multiple goals associated with interaction and substance use problems.

The purpose of the present study is to develop normative theory regarding family members’ communication challenges and strategies in the context of substance use. I provide a brief overview of existing theoretical approaches to family interaction and alcohol/drug use. Although family coping research is valuable in its focus on the experiences of family members, this perspective fails to account for both the specific challenges associated with communication and alcohol/drug problems and why some family members’ communicative responses are more effective than others. Multiple goals perspectives (including the normative approach) are proposed as a useful framework for addressing the limitations of the coping paradigm. I derive theoretically grounded research questions by identifying several communication processes that are relevant to communication challenges, including problematic behavior, privacy, uncertainty, and social support. Through 49 qualitative interviews with parents and siblings, I generate new theory regarding the nature of family members’ communication challenges and strategies in the context of alcohol/drug use. More specifically, results demonstrate multiple meanings related to
communication and privacy, support, and uncertainty. Findings are discussed in terms of their relevance to intervention and support for parents and siblings.
Chapter 2

Literature Review

2.1 Substance use problems in adulthood. Nearly 10% of the U.S. population, aged 12 and older, are substance using or dependent (Substance Abuse and Mental Health Services Administration [SAMHSA], 2008). Although substance use rates have remained fairly stable since 2006, nearly 30 million Americans use alcohol and/or other drugs (SAMHSA, 2008). Given the widespread interest in intervention and prevention, a great deal of research on substance use has focused on adolescents’ propensity to try or use alcohol/drugs. In their middle and high school years, adolescents may experiment with substances for the first time and they may be heavily influenced by peers’ alcohol and/or drug use and norms (Hawkins et al., 1992).

However, substance use is also a significant problem in adulthood. Young adults (aged 18-25) who transition to college may increase their substance use as their independence from their family-of-origin increases (Johnston et al., 2009). Compared to those in previous generations, college-aged young adults are increasingly less likely to be married (Arnett 2005), which often serves as a protective or buffering factor against substance use (Leonard & Eiden, 2007). Certainly, non-college attending young adults (ages 18-25) experience problems with alcohol/drugs as well, although non-college attending young adults tend to engage in more daily use of alcohol than do college students (SAMHSA, 2008). Non-college attending young adults are also more likely to use an array of illicit substances, whereas those who are college-attending overwhelmingly use marijuana (Johnston et al.).

Moreover, for many individuals, substance use remains prevalent into adulthood. For example, nearly 60% of adults aged 26-40 drink alcohol, with 30% reporting heavy use and 10% reporting binge use (SAMHSA, 2008). Similarly, approximately 7-13% of adults aged 25-40 use
illicit drugs (SAMHSA, 2008). Thus, although alcohol/drug use may be especially prevalent in young adults, a significant portion of the general adult population experiences substance use problems. Rather than focusing on clinical definitions of substance abuse or dependence, the present study focuses on the problematic nature of substance use in terms of individual consequences (e.g., financial, relational) and its impact on family members. Thus, the current study relies on the terms “substance use” or “substance use problems” rather than clinical language such as “substance abuse” or “substance dependence.” This approach is comparable to the American Psychological Association’s forthcoming changes to diagnostic medical terminology related to substance use (American Psychological Association [APA], 2012).

At any point in adulthood, alcohol/drug use can have devastating and dramatic consequences. At a minimum, alcohol/drug use is associated with cognitive and behavioral impairment, which can often produce dramatic changes in mood (Landau & Garrett, 2008). In some cases, substance use can lead to problems maintaining steady employment and sustaining friendships and romantic relationships (MacDonald et al., 2002). Long-term substance use may lead to major health issues, including cardiac problems, organ failure, and death (NIDA, 2008). Indeed, adults (aged 18-44) constitute nearly 62% of all drug-related deaths (SAMSHA, 2001). In the U.S., drug use remains the only preventable health condition for which the death rate is rising, rather than declining (Kochanek et al., 2011).

2.2 Impact of substance use on parents and siblings. Although alcohol/drug use is not always severe, when substance use problems do occur, they can affect both adults and their families. Traditionally, when the impact on adults’ family members has been considered, research has focused the effects on adults’ spouses and children (for recent reviews, see Kroll, 2007; Roberts & McCrady, 2003). For example, young children may be subject to various forms
of abuse and neglect, including direct exposure to alcohol/drug use, parental aggression and violence, and social isolation (Taylor & Kroll, 2004). Similarly, spouses are frequently subject to physical and psychological abuse and burdened with the majority of childcare and household tasks (Roberts & McCrady; Rotunda, Scherer, & Imm, 1995).

Even though most scholarship has focused on spouses and children, substance use problems can also significantly impact a constellation of other family relationships, including adults’ parents and siblings (Barnard, 2005; Butler & Bauld, 2005; Oreo & Ozgul, 2007). Individuals coping with a family member’s substance use are at an increased risk for developing alcohol/drug problems, depression, and anxiety (Ray, Mertens, & Weisner, 2009). Further, substance using adults’ parents and siblings may have to take on new and/or unexpected roles (Burton, 1992). Parents may be instrumental in providing care and support for young adults’ children (Kroll, 2007). In some cases, alcohol/drug use can lead to self-neglect, requiring parents and siblings to look after the substance using individual (Orford et al., 1992).

Clinical literature suggests that alcohol/drug problems may also influence how parents and siblings interact with both the substance using individual and other family members. That is, communication may be influenced by the demands associated with substance use problems. For example, parents of substance using individuals may feel torn about whether to confide in other family members about their adult child’s use of alcohol/drugs (Oreo & Ozgul, 2007). Both parents and siblings worry about the implications of providing emotional or tangible support to their substance using family member. Support may be instrumental in motivating behavior change and/or sobriety, but also may be interpreted as condoning or “enabling” continued alcohol/drug use (Orford et al., 1992).
Despite evidence of the potentially significant impact of substance use on parents and siblings, current theorizing tends to conceptualize family communication solely as a means for predicting, changing or preventing substance use behavior. Below, I review predominant theoretical approaches to family interaction substance use prevention and intervention. I then discuss stress and coping approaches as a useful starting point for understanding family communication in responding to existing alcohol/drug problems.

2.3 Theories of substance use and family interaction. Given the centrality of the family to substance use problems, family interaction has been connected to alcohol/drug use in a number of ways. Etiological, prevention, and intervention perspectives primarily focus on the role of the family interaction as it relates to reducing or eliminating individual substance use problems. In contrast, stress and coping approaches tend to conceptualize family interaction as a way to understand how individual family members (in)effectively respond to alcohol/drug use.

Etiology. Early research on family interaction emphasized particular forms and styles of communication as predictive of alcohol/drug problems. The primary assumption of this approach is that dysfunctional patterns of communicating lead to psychological disturbances in family members, primarily children (McCrady, Epstein, & Sell, 2003). For example, family systems research on substance use suggests that the presence of overbearing or overinvolved mothers often causes children (sons in particular) to turn to alcohol/drugs (Klagsbrun & Davis, 1977; Stanton et al., 1979). Further, adolescents’ substance use is correlated with parents’ demandingness, or the extent to which parents initiate discussion with their adolescents about potentially conflict-inducing topics (Caughlin & Malis, 2004). At the same time, parents who are emotionally distant from or unaffectionate with their children have also been implicated in substance use problems (Kaufman, 1985). Thus, the family system of substance using
individuals is typically marked by extreme forms of interacting and relating, whereby one parent is overly involved and the other is emotionally distant and/or physically absent. Although recent work has critiqued the notion that substance use problems are a direct result of parental overinvolvement and absence (Copello, 2003; Vernig, 2011), such patterns have been commonly associated with the emergence of alcohol/drugs problems in adolescent and young adult children.

Along with problematic parent-child dynamics, the presence of parental conflict and discord has been theorized to cause substance use problems. From this view, children turn to alcohol/drugs because they have been inappropriately drawn into marital conflicts (Buchanan, Maccoby, & Dornbusch, 1991; Stanton, 1979). For example, children may be pressured to take sides between their feuding parents (Grych, 2005). Even when children are not pulled into parental conflict, increased levels of stress within the home may lead children to “act out” in potentially deviant ways, including the use of alcohol/drugs (Hawkins et al., 1992). As with research on absent and overinvolved parents, research on family conflict and substance use suffers from potential confounding of various risk factors (Copello, 2003). That is, family conflict and substance use may be correlated because they are associated with a common, underlying causal factor, such as parental substance use problems (Vernig, 2011).

Family interaction has also been implicated in “enabling” existing substance use problems, wherein family members communicate in ways that (intentionally or unintentionally) perpetuate substance use. For example, parents may inadvertently perpetuate alcohol/drug use by refusing to establish consequences for young adults’ problematic behaviors (McCready et al., 2003). Siblings may contribute to substance use problems by agreeing to keep substance use problems secret or helping to hide evidence of alcohol or drug use (Orford et al., 1992).
Prevention and risk. Family communication frequently has been conceptualized as a buffering or protective factor, which may prevent the development of alcohol/drug problems in adolescents and young adults. Prevention approaches view family members (and thus family interaction) as important only insomuch as they can reduce the risk that individuals will acquire substance use problems. For example, the general nature of interaction between parents and children may discourage children from risk-taking behaviors such as drug and alcohol use. Specifically, the extent to which children perceive their parents to be supportive tends to be associated with fewer problems with alcohol/drugs (Brody et al., 2009; Oman et al., 2004). For example, Kam and Cleveland (2011) found that for Latina/o youth, parental support is negatively correlated with previous 30-day alcohol and other drug use. Kam and Cleveland reasoned that parents who provide an emotional outlet for their children may offer them an alternative means for coping with major and minor life stressors.

Additionally, family communication can be a protective factor if it explicitly educates family members about substance use. In some cases, family interaction can regulate substance use behavior through socialization processes (Harakeh, Scholte, de Vries, & Engels, 2005; Tinsley, Markey, Eriksen, Ortiz, & Kwansman, 2002). For example, families may educate children and adolescents about the dangers of excessive alcohol/drug use (Spijkerman, van den Eijnden, & Huiberts, 2008). Miller-Day (2002) has argued that ongoing, everyday interaction between parents (mothers in particular) and children is a common site for parental communication about substance use and prevention efforts. Further, Miller-Day and Kam (2010) suggested that, to the extent that parents focus everyday talk on the risks associated with problematic behavior, children may be less likely to engage in alcohol/drug use.
Along with targeted communication about substance use, general parenting behaviors also may have an insulating effect on children in terms of their risk for substance use problems (National Institute of Drug Abuse [NIDA], 2003). Indeed, the degree to which parents are aware of and ask about their children’s behavior is negatively correlated with alcohol/drug use. For example, Barnes and Farrell (1992) found that adolescents who reported that their parents were highly aware of their activities and whereabouts were less likely to use alcohol and illicit substances. Further, parental monitoring can influence children’s substance use behavior in multiple ways, impacting both the likelihood that children ever experiment with alcohol/drugs and if they do, the chance that they will continue to use substances throughout adolescence (Barnes, Reifman, Farrell, & Dintcheff, 2000).

**Intervention and treatment.** Just as family interaction is central to education and prevention efforts, it has also been conceptualized as instrumental in treatment for alcohol/drug problems (for a review, see Fernandez et al., 2006). Family communication is relevant to substance use intervention and treatment in several respects. First, family members can be instrumental in soliciting clinical guidance. Second, clinicians may rely on family members to communicate with and motivate the substance using individual to enter treatment. Finally, once in treatment, family members are often expected to adapt or tailor their communication to the goals and objectives of treatment programs.

Initially, family members may be instrumental in referring substance using individuals for treatment. Landau and Garrett (2008) have noted that, in many cases, family members are the first to contact treatment programs and helplines, often because they are no longer capable of managing the dramatic changes in the substance using individual’s mood and behavior. Thus,
family members’ communication with clinicians may constitute a first step in the treatment process.

Once family members are involved in treatment, they typically are provided with education and training about multiple aspects of the treatment process. Although some interventional approaches focus solely on the well-being of family members (Landau & Garrett, 2008), most programs employ family members in the change process, by teaching them how to adapt their communication with the substance using individual to the purpose of the treatment model (Fernandez et al., 2006). For example, “the pressures to change” approach trains spouses to encourage sobriety by positively reinforcing sober activities and behaviors and discouraging substance use and related problem behaviors such as aggression and violence (Barber & Crisp, 1995).

Family member involvement in intervention and treatment may also dictate that family members distance themselves from the substance using individual. The Johnson Method, an intervention style popularized in the 1970s and 1980s, emphasizes the importance of family members’ willingness to talk about the impact of substance use on the family system and establishing consequences if substance using individuals refuse treatment (Loneck et al., 1996). Often, such consequences include withdrawing tangible support such as housing or financial assistance. Family members may also elect to withdraw entirely from their relationship with the substance using individual. Thus, the Johnson Method encourages changes in familial dynamics (e.g., less communication, more emotional distance) as a means to motivate substance using individuals to accept help and achieve sobriety (Fernandez et al., 2006).

**Stress and coping.** As I have argued thus far, substance use research has often focused on family interaction as a way to understand the etiology, prevention, and intervention of
alcohol/drug problems. From these perspectives, the primary role of family communication is in service of understanding or helping substance using individuals. Because of this focus, less attention has been paid to the various ways in which family members are impacted. That is, even though etiological, prevention, and intervention literature indirectly acknowledges the ways that family communication may be shaped and impacted by substance use problems, family interaction is useful because it facilitates understanding or improving behaviors of substance using individuals.

In contrast, stress and coping paradigms highlight family members’ behaviors and psychological needs and conceptualize interaction as a response to difficulties associated with alcohol/drug problems. Stress and coping perspectives emphasize the importance of family members’ behaviors that facilitate or hinder adaptation to substance use problems (Finney, Moos, Cronkite, & Gamble, 1983). That is, what family members do in response to alcohol and/or drug problems is functional to the extent that it promotes the coping process. Reducing or resolving substance use problems is frequently secondary to understanding the nature and effectiveness of family member responses.

*The nature of family stress.* Initially, stress and coping research focused on the distinctiveness of stress associated with alcohol/drug use. Family members’ behavioral responses and potential adjustment to substance use have been treated as unique from other types of major life stressors such as mental illness or unemployment (Moos, Finney, & Gamble, 1982). For example, Jackson (1956) argued that family stress and interaction surrounding alcohol use follows a unique, but predictable trajectory, whereby the family slowly adapts to the alcohol abusing individual’s behavior and learns to effectively function without him/her. More specifically, family members initially struggle with whether to label alcohol use as problematic,
and communication at this phase tends to minimize or normalize the alcohol using individual’s deviant and unexpected behavior. Increasingly, however, family members recognize the problematic nature of alcohol use and although they may temporarily become confrontational and hostile toward the alcohol abusing individual, they eventually abandon this strategy. Families who successfully adapt shift their attention to the “new” family system apart from the alcohol abusing individual. Family interaction is, thus, less focused on changing the alcohol abusing individual’s behavior and more on supporting young children or other members of the family system.

Coping styles. Whereas the early stress and coping perspectives documented the unique nature of stress and interaction associated with alcohol/drug use, more recent work has emphasized the relative effectiveness of family members’ coping responses (Orford, 1975). Thus, greater attention has been paid to the qualities associated with family member coping behavior rather than explicating the nature of family member stress (Moos et al., 1982). Because such work was influenced by broader literature on coping (e.g., Folkman, Lazarus, Gruen, & DeLongis, 1986), family members’ behaviors generally have been conceptualized as coping “styles.” Specifically, family interaction surrounding substance use often has been assessed through quantitative measures of approach/engaged or avoidant/disengaged behaviors. For example, an avoidant/disengaged “style” includes behaviors such as leaving the house or refusing to engage in conversation with the substance using individual. Conversely, an approach/engaged “style” includes behaviors such as confronting or challenging problematic behavior (Moos et al., 1982).

Similarly, work by Orford and his colleagues (1975, 1992, 1998) conceptualized family interaction and responses to substance use via coping styles. In their early work with wives of
alcohol abusing men, Orford and his colleagues (1975) employed approach/avoidance dimensions, comparable to Moos et al.’s (1982) coping styles. Their findings suggested that, compared with avoidant/disengaged styles, wives’ approach/engaged coping styles were associated with better prognosis for their husband’s drinking. For example, husbands’ alcohol consumption tended to be lower in cases where their wife’s coping behaviors included requesting behavior change, keeping alcohol out of the home by hiding or throwing it out, or arguing about alcohol consumption (Orford et al., 1975). Conversely, when wives avoided talking with their husband about their drinking problems, their husband was more likely to maintain or increase alcohol consumption (Orford et al., 1975).

Recognizing that substance use often impacts multiple family members (other than spouses), Orford and his colleagues (1992, 1998) expanded their coping typology through qualitative interviews with family members of alcohol/drug using individuals. Their findings suggested that family interaction and coping with substance use problems were more accurately represented by various forms of approach and avoidant styles. For example, family members may avoid the substance using individual and/or their problematic behavior in various ways. In some cases, family members may respond to substance use problems by overtly withdrawing from interaction or distancing themselves from the substance using individual. However, in other cases, family members may covertly avoid substance use problems through “tolerant” responses. Tolerant behaviors may include acting as if alcohol/drug use is not problematic and/or refusing to confront the substance using individual (Orford et al., 1992).

Importantly, Orford et al.’s (2001, 2005) work also emphasized the relationship between family members’ coping behaviors and mental health outcomes, which suggests that certain ways of coping may be more effective than others. Orford et al. (2001) found that family
members’ tolerant responses to alcohol/drug use were positively correlated with mental and physical health problems. That is, family members’ health problems were positively correlated with their tendency to react with passivity or trying to ignore alcohol/drug use (Orford et al., 2001). Interestingly, engaged responses (e.g., confronting the substance using individual, pleading for behavior change) were also positively correlated with family members’ symptoms (however, the correlations were much smaller in magnitude). Although Orford et al. (2001) did not explicitly speculate about why some strategies (compared to others) were more strongly correlated with stress, their work indirectly suggests that the use and relative effectiveness of responses may be influenced by relational or situational factors. For example, in families with relatively little open conflict, tolerant responses were not as strongly correlated with family members’ poor health outcomes (Orford et al., 2001, 2005). This finding seems to suggest that tolerant responses may be effective in cases where family members are not expected to openly express hostility or anger and that responses that align with larger, family dynamics may be less likely to magnify family member stress. Further, family members recognized that while tolerant responses did not immediately produce behavior change in substance using individuals, tolerance did serve other, important functions such as avoiding additional stress associated with open conflict (Orford et al., 2001).

Coping dilemmas. In addition to noting the importance of contextual and situational factors, Orford et al. (1992) reported that family interaction surrounding substance use is often dilemmatic and that dilemmas may be tied to specific communication processes or contexts. Such dilemmas manifest as a result of competing desires or goals, wherein family members are torn about how to respond to the substance using individual’s behavior. For example, parents’ withdrawal of tangible support (e.g., housing or money) may serve important, long-term
instrumental goals, such as forcing their substance using child to eventually seek help. However, Orford and his colleagues (1992) also noted that parents were keenly aware that withholding support could be seen as a lack of care or concern for the substance using individual. Therefore, parents’ withdrawal of emotional support can be essential to conveying the severity of alcohol/drug problems and thus encouraging treatment, but simultaneously be interpreted as a failure to be a “good” parent (Barnard, 2005). In sum, although the stress and coping paradigm has been valuable in highlighting the centrality of family communication in responding to alcohol/drug problems, coping dilemmas suggest that parents’ and siblings’ communication is characterized by challenges and difficulties not adequately captured by coping styles. Further, parents and siblings seem to be concerned with balancing various needs, including promoting the well-being of multiple family members and protecting their relationship with the substance using individual.

Orford et al.’s (1992, 1998, 2001) findings imply a need for new theorizing on the nature of family communication surrounding alcohol/drug problems. As evidence regarding family coping dilemmas suggests, theory must be able to account for both the difficulty associated with family interaction and the relative effectiveness of family members’ responses. Below, I offer two, related theoretical frameworks that both account for the problematic nature of family interaction and help explain why certain responses may be especially effective in coping with alcohol/drug use. First, I describe multiple goals approaches, which may shed light on the source of family members’ difficulties or problems in coping with substance use. That is, multiple goals theories provide a useful way for understanding the various competing forces that shape family interaction. Second, I discuss a related perspective, the normative approach. The normative
approach may help address limitations of coping research because it emphasizes how illness contexts influence difficulties surrounding and the effectiveness of communication.

**2.4 Multiple goals perspectives.** Although various communication theories implicitly recognize the importance of goal-oriented behavior, multiple goals theories highlight the role of goals in various types of interaction and focus on language as a tool for bringing about desired aims (Berger, 2002a). Further, theories of multiple goals suggest that conversation necessarily involves the pursuit of various, sometimes competing aims and that individuals strategically (and often unconsciously) attempt to fulfill such aims when interacting with others (Caughlin, 2010; Kellermann, 1992). Following this view, the most effective communication successfully addresses or balances multiple goals or purposes in interaction. That is, the effectiveness of communication can be gauged by individuals’ ability to communicate in a way that simultaneously addresses multiple aims (see, e.g., Goldsmith, 2004; O’Keefe, 1988).

Multiple goals theories have commonly been applied to aspects of message production. That is, goals and goal pursuit are theorized to lead to difficulty in constructing fluent, relevant messages (Berger, 2000; Knobloch, 2006; Samp & Solomon, 1998, 1999). However, multiple goals theories also constitute a valuable, interpretive framework because discourse often reflects attention to one or multiple goals (Tracy & Coupland, 1990). Indeed, individuals may talk about their interactions with others in terms of what they were trying to accomplish (Berger, 2000). Below, I discuss several concepts associated with multiple goals approaches to demonstrate their utility as an interpretive framework.

**The nature of goals.** Broadly speaking, goals have been defined as “desired end states” (Berger, 2000, p. 160) and are often treated as synonymous with concerns, intent, or motivations (Tracy & Coupland, 1990). Depending on the context, various types of goals may be relevant to
interaction, but communication literature has generally focused on three types of goals.

Instrumental goals are task-oriented and often reflect the general purpose of conversation (Dillard, 1997). Common task-related goals include providing and seeking information, persuasion, and offering comfort or support. For instance, parents may communicate with their adolescent about alcohol/drugs to convince them to abstain from alcohol/drug use. However, parents who suspect that their adolescent has an alcohol or drug problem may communicate the same information as a way to support their adolescent and facilitate treatment.

Along with instrumental goals, individuals may possess relational goals, which reflect objectives aimed at managing the relationship between interactants (Dillard, 1997). Specifically, relational goals may involve managing power differences or the degree of closeness between interactants (Caughlin, 2010). For example, parents who provide their adolescent with substance use information may be concerned with the extent to which providing such information implies significant power differences or that they are attempting to control their adolescent child. Thus, relational goals entail managing interactants’ perceptions about who they are in relation to each other (Tracy & Coupland, 1990).

Whereas relational goals focus on the nature of the relationship between interactants, identity goals emphasize how each interactant views him/herself. Identity goals reflect interactants’ desires to present themselves or their conversational partner(s) in a certain way. For instance, individuals may be reluctant to seek advice from others because doing so may portray them as unable to deal with problems on their own (Goldsmith & Fitch, 1997). Identity concerns also may be tied to specific stressors such as acute or chronic illness. In this case, individuals may be focused on the extent to which communication reflects their identity as an “ill” or “well” person (Goldsmith, 2009).
Goals may also vary in their degree of abstraction or specificity. Goals may be general in scope. The goal types of instrumental, relational, and identity goals characterize individual motivations in relatively abstract terms (Caughlin, 2010; Tracy & Coupland, 1990). For example, the goal of influencing another person (an instrumental goal) is fairly general and describes interactants’ overall purpose in a given conversation. In contrast, more specific goals may represent the communicative tasks necessary to achieve more general goals (Berger, 2002a; Dillard, 1997). For instance, a mother may wish to communicate support of her daughter’s decision to change her eating habits (instrumental goal), and accomplishing this goal may imply other, more specific goals within the interaction, such as making her daughter feel praised or reassured (Tracy & Coupland). In a similar fashion, some goals may be more or less relevant to a given interaction. In some respects, instrumental, relational, and identity goals are presumed to be relevant to various types of interaction. For instance, *face work*, which entails the management of both relational and identity goals, is salient to many types of interaction (Tracy & Coupland, 1990). Other goals may be more context-specific, or manifest from specific situational constraints (Caughlin, 2010; Goldsmith, 2001). For example, Dillard (1989) argued that influence goals are, in some respects, relatively distinct from goals associated with other communication processes.

Most multiple goals approaches assume that goals (and thus goal pursuit) operate at a subconscious level (Kellermann, 1992). That is, whether or not individuals are consciously aware of it, their communication behavior is goal-driven (Caughlin, 2010; Kellermann). However, despite the rather automatic, implicit nature of goal pursuit, individuals nonetheless can reflect upon the nature and relevance of their own and others’ goals in interaction (Berger, 2000). The tendency for individuals to talk about interaction in terms of its general purpose
underscores the utility of goals-based approaches in understanding not only how messages are produced, but also how individuals interpret and make sense of conversation (Berger, 2000).

**Goal hierarchy.** Along with the variety of goals relevant to a given interaction, goals may also vary in their centrality or importance. Thus, even though individuals often pursue multiple aims in interaction, certain goals may be more essential or important than other goals. Goals that are perceived to be most fundamental or important to interaction are referred to as primary goals, whereas secondary goals are less central (Dillard, 1997). Specifically, instrumental or task-related goals are often seen as primary because they indicate the nature of the interaction. For example, an interaction may be aimed at gaining another’s compliance or seeking information. Whereas instrumental goals help to define the nature of a situation, identity and relational goals (secondary goals) can influence if and/or how instrumental goals are achieved (Caughlin, 2010; Dillard, 1997). Thus, a parent attempting to persuade his/her child to do his/her homework may be concerned with perceived power differences (relational goal) or whether the child sees him/her as a “good” parent (identity goal). Therefore, the parent may frame his/her persuasive attempt in a way to communicate closeness or solidarity with his/her child (i.e., relational goals).

**Multiple goals.** As the aforementioned examples suggest, individuals frequently pursue various goals in interaction. However, the relationship between multiple goals can influence goal fulfillment. In some cases, two (or more) goals may be relatively incompatible with one another. Goal strain may manifest in linguistic features such as message length. Specifically, the presence of multiple goals can produce goal strain, such that attempting to fulfill one goal complicates the fulfillment of another (Samp & Solomon, 1999). Further, goals may also influence whether interactants subvert one goal in the service of accomplishing another (Berger,
Although interaction is generally characterized by the pursuit of multiple goals, balancing various aims is often problematic and not all individuals are able to effectively do so. Overall, multiple goals approaches underscore the centrality of goal pursuit to communication. Various types of goals may be relevant to a given interaction and the presence of multiple goals often means that certain goals may be prioritized over others. Thus, multiple goals approaches constitute a useful way to understand how motivations shape communication. Next, I describe the normative approach, a related theoretical framework that not only emphasizes the significance of goals to interaction, but also explicates ways in which multiple goals may manifest as broader communication challenges.

**The normative approach.** Like multiple goals perspectives generally, the normative approach acknowledges the relevance of goals to interaction and suggests that conversation entails the management and balancing of multiple goals (Goldsmith, 2001). The normative approach also indicates that effective communication is premised on interactants’ ability to address simultaneous demands (Goldsmith, 2001, 2004). More important, the normative approach suggests that such demands converge to produce context-specific communication challenges and dilemmas. Thus, rather than indicating that particular ways of communicating should be effective across all contexts, the normative approach suggests that communication is effective to the extent that it successfully attends to context-based communication challenges or dilemmas. Below, I discuss several assumptions of the normative approach.

**Goals and intent.** As previously noted, multiple goals approaches are broadly concerned with the relevance of goals to interaction (Goldsmith, 2001). The normative approach is a type of multiple goals theory because it emphasizes the ways that goals shape interaction. Yet, the normative approach is distinct from most other goals theories because of its focus on specific
communication processes and social contexts and their connection to interactants’ goals, intent, and purpose (Goldsmith, 2004). Further, the normative approach suggests that the effectiveness of communication (and relatedly, the competence of communicators) depends individuals’ ability to address situated, context-based demands.

To describe the nature of context-based demands, the normative approach (like other multiple goals theories) emphasizes interactional (e.g., identity, instrumental, and relational) goals. The normative approach conceptualizes goals as relevant to certain types of conversation or communication processes (Goldsmith, 2004). In other words, the normative approach suggests that goals and intent are tied to particular forms of everyday talk. Yet, the purpose of conversation may not be readily apparent to interactants. Rather, interactants must accurately infer the purpose of interaction. For example, recognizing advice-giving as such implies that interactants appropriately take up specific roles (e.g., advice-giver and advice-recipient).

The normative approach also assumes that purpose and intent reside within both individuals and particular types of interaction and communication processes. Thus, just as individuals can be characterized as goal-driven, types of talk may be effectively characterized by what they are intended to accomplish (or the conventionally understood purpose of the talk). For instance, Goldsmith (1999) defined troubles-talk as a particular type of conversational episode aimed at facilitating disclosure and talk about individuals’ hassles or worries.

Moreover, because intent/purpose is associated with types of interaction or communication processes, talk may be structured in a way to facilitate the achievement of that purpose. In troubles-talk, specific linguistic features inform interactants that the purpose of such talk is communication about individual worries or concerns (Jefferson, 1988). More specifically, a down-graded response such as “I’m better” to general inquiries such as “How are you?” should
effectively signal the presence of trouble and the beginning of the troubles-talk sequence (Jefferson). Therefore, the normative approach conceptualizes goals as relevant to both the conversational moves of each interactant and as a means to characterize particular communication processes. Understanding such goals and processes is important because they implicate the types of challenges individuals may face in a given context and, accordingly, the most effective behavioral responses to challenges.

*Multiple meanings of talk.* Although the normative approach suggests that communication processes may be understood in terms of their general purpose, it also emphasizes multiple and potentially problematic meanings of talk (Goldsmith, 2001). That is, individuals often have multiple goals for interaction and therefore interpret interaction as serving multiple purposes. In this way, interactants’ orientation toward a given conversation determines its meaning and significance. Multiple goals or meanings may converge to produce communication challenges and dilemmas.

For example, troubles-talk sequences may be interpreted as sites for both disclosure and the receipt of social support (Grainger, Atkinson, & Coupland, 1990). In other words, troubles-tellers use the troubles-talk sequence as a means to both share relatively intimate information and obtain emotional or instrumental support from others. However, simply because troubles-tellers interpret troubles-talk as serving multiple goals does not mean that accomplishing such goals is inherently straightforward (Goldsmith, 1999). Troubles-tellers must structure their disclosures in such a way to indicate they are both disclosing and seeking support from troubles-recipients (i.e., listeners). Often, the structure of troubles-talk helps to frame troubles-tellers’ disclosure as a solicitation of social support. For example, as previously noted, troubles-tellers’ “down-graded response” indicates the presence of problems or worry, signaling that more intimate disclosure
and description of a problem is forthcoming. Although disclosure could be treated as merely
descriptive and informational and therefore not a request for support, the sequential structure of
troubles-talk signals that social support is expected of the troubles-recipients.

Despite the actions of troubles-tellers and the structure of troubles-talk, troubles-
recipients may not interpret troubles-talk episodes as a site for both disclosure and social support.
Indeed, in her research on the structure of troubles-talk, Jefferson (1988) reported cases where
troubles-recipients failed to attend to the multiple meanings of troubles-talk. Specifically,
troubles-recipients could interpret troubles-tellers’ initial disclosure as simply sharing of
information that does not require a supportive response. Moreover, troubles-recipients can pre-
empt troubles-tellers’ disclosure, by offering pat or empty reassurances that a problem is not
serious or worrisome. Although troubles-talk provides but one example of the multiple
meanings ascribed to particular types of interaction, it nonetheless illustrates the utility of the
normative approach in explaining how multiple goals converge to create conversational
challenges or problems (Goldsmith, 2001).

More recent research has examined communication in health contexts as a potential site
for conversational challenges. For example, Goldsmith and her colleagues (2006) investigated
social support in the context of cardiac problems, specifically focusing on communication
between patients and their spouses about lifestyle and health behavior change. Their findings
reflected the importance of the multiple meanings that patients and their spouses ascribe to
talking about lifestyle changes. For instance, Goldsmith and her colleagues (2006) found that
communication about lifestyle changes is often difficult because it can remind patients of their
identity as an “ill” or “unwell” person. Therefore, although spouses may want to encourage
patients to engage in certain healthy behaviors (instrumental goal), spouses may feel torn about
doing so because such behaviors may have unwanted implications for patients’ identity (identity goal). Goldsmith and her colleagues (2006) concluded that communicating about lifestyle changes is therefore not only potentially challenging but also dilemmatic because spouses are faced with two competing and less than ideal alternatives. Specifically, if spouses choose to communicate about lifestyle changes, they privilege the instrumental goal of promoting behavior change and risk negative implications for patients’ identity. However, because lifestyle changes are essential to effectively recovering from cardiac problems, failure to encourage healthy behavior means foregoing an instrumental goal in favor of protecting the patients’ identity as a “well” person (Goldsmith et al., 2006).

Research on troubles-talk and communication about lifestyle changes exemplify how communication challenges are associated with particular types of talk and communication processes. Examining specific types of conversation (such as troubles-talk) is essential for understanding not only relevant goals and purposes, but also how such goals converge to create unique communication challenges or dilemmas. Therefore, the normative approach is comparable to broader multiple goals theories in that it emphasizes the problematic nature of multiple goals, but distinct in that it focuses on context-specific communication challenges and dilemmas (Goldsmith, 2001).

*Communication practices.* To explain how individuals effectively manage challenges or dilemmas that emerge from various types of communication processes, the normative approach focuses on the nature of communicative practices or strategies (Goldsmith, 2001). Like multiple goals theories broadly, the normative approach presumes that effective communication is premised on managing various, perhaps competing aims. Yet, whereas multiple goals theories often emphasize linguistic features as markers of (in)effectively managing multiple goals, the
normative approach underscores both linguistic features and communication strategies that help address or resolve communication challenges or dilemmas. In other words, the normative approach views communication as a rhetorical device by which interactants’ can address challenges (and thus various and often conflicting motivations) (Goldsmith, 2004).

Although communication practices are generally viewed as central to managing communication challenges, such practices are presumed to vary with particular communication processes (e.g., providing advice, seeking information, negotiating privacy). That is, because multiple goals (and thereby communication challenges) manifest from particular types of talk, optimal communication strategies are situated and may not necessarily generalize to other contexts or conversational episodes. For example, Goldsmith (1999) argued that, in the context of troubles-talk, troubles-recipients must balance instrumental goals of offering aid or solutions (an instrumental goal) with face concerns (an identity and relational goal). Specifically, Goldsmith (1999) suggested that troubles-talk inherently creates problems for troubles-recipients because its sequential structure encourages troubles-recipients to offer some sort of social support (e.g., advice, tangible aid), but they must also be sensitive to the relational and identity implications of their support. To deal with this dilemma, troubles-recipients may balance these goals by emphasizing the validity of troubles-tellers’ emotions and their ability to control the source of their troubles (i.e., the stressor).

Similarly, Caughlin and his colleagues (2011) examined topic avoidance in the context of adult children coping with a parent’s lung cancer diagnosis. Caughlin et al.’s findings revealed that, in some cases, adult children balanced multiple goals (and relatedly, communication challenges), by entirely avoiding talk about specific topics related to lung cancer, particularly when such topics could cause emotional upset or potentially discourage family members’ hopes
for recovery. Even though avoiding certain topics afforded family members a certain degree of protection from emotional upset, families who were aware that they engaged in this strategy seemed to be less satisfied than those who did not, as this recognition had unwanted implications for their identity as an “open” family. Family members tended to be more satisfied with family life when topic avoidance occurred, but was not explicitly acknowledged (Caughlin et al.).

In sum, the normative approach is concerned with how multiple goals create context-specific communication challenges and dilemmas. Like multiple goals theories broadly, the normative approach emphasizes the influence of instrumental, relational, and identity goals. In comparison to other goals theories, however, the normative approach focuses more on how multiple goals create communication challenges and dilemmas for certain communication processes. Further, this approach emphasizes the importance of strategies or communicative practices aimed at managing communication challenges.

2.5 A multiple goals/normative approach to family interaction and substance use.

Thus far, I have argued that multiple goals theories and the normative approach may provide a useful interpretive framework for explaining family interaction surrounding substance use problems. As an initial step in developing a grounded, communication-based account of family members’ experiences, multiple goals and normative approaches suggest evaluating the communication processes or circumstances that may be challenging for family members. Because neither of these theoretical perspectives has yet been applied to family interaction and substance use problems, I draw from literature on substance use and family members generally. However, given the evidence that various types of family relationships are impacted by substance use problems (Templeton et al., 2010), I devote particular attention to parents and
siblings, who are likely impacted by substance use problems but, as yet, are not well-represented in the literature.

In my review, I draw from multiple goals/normative perspectives to elucidate research questions relevant to parents’ and siblings’ experiences. In so doing, I use extant substance use research to highlight communication processes that are potentially relevant to communication challenges, including problematic behavior, privacy, uncertainty, and social support. For the sake of clarity and simplicity, I discuss each of these processes separately, although in practice, they likely overlap (e.g., privacy complicates communication of social support and vice versa). Further, I expect that some communication challenges may converge to produce dilemmas, wherein communication requires simultaneously addressing two, seemingly incompatible goals or meanings. Again, for the sake of clarity, I do not present separate research questions that address dilemmas, given that dilemmas may be related to challenges and may cut across communication processes (e.g., dilemmas may be rooted in both privacy and support-related processes).

Communication and problematic behavior. In many ways, alcohol/drug problems involve socially unacceptable, problematic behaviors. Indeed, clinical definitions of substance “dependence” and “abuse” hinge on the degree to which alcohol/drug problems cause non-normative, unexpected behaviors and disrupt social relationships (APA, 2000). For example, alcohol/drug problems may lead substance using individuals to forego socially acceptable, normative behaviors such as maintaining employment or close relationships in favor of obtaining and using drugs. Although not all alcohol/drug problems are this severe, they often involve behaviors that are disruptive and unexpected.
Within multiple goals literature, unexpected or disruptive behavior frequently has been conceptualized as a “problematic event.” Problematic events occur when individuals engage in unexpected or uncharacteristic behaviors, which lead others to view them in a negative, less favorable way (Samp & Solomon, 1998). Although problematic events have primarily been examined from the perspective of the individual who engages in the disruptive behavior, this line of research has demonstrated the utility of multiple goals approaches in understanding communication surrounding non-normative or unexpected behavior.

A primary assumption of problematic events research is that individuals are motivated to rectify or resolve disruption and harm caused by problematic behavior. Yet, communication surrounding problematic events may be complex because individuals (who engage in problematic acts) may want to address their behavior in a way that satisfies potentially competing goals. For instance, Samp and Solomon (1998, 1999) found that various pro-social and anti-social goals are relevant to communicative responses to problematic events, including individuals’ desire to preserve their relationship with their partner (pro-social) and avoid talking about the event (anti-social). Further, individuals often pursued multiple goals, which varied in terms of their difficulty and relative importance (Samp & Solomon, 1998, 1999). Goal features were reflected in the embellishment, fluency, and length of communicative responses. Although work by Samp and Solomon (1998, 1999) emphasized the actions individuals who engaged in problematic behavior, it nonetheless suggests that dealing with and communicating about problematic events is potentially challenging because both the identity of and relationship between interactants are at stake. Thus, interactants may have to carefully balance talk about the negativity of problematic behavior with concerns about damaging their relationship and negative implications for identity.
Even though problematic events, per se, have not been examined in the context of substance use literature, there is indirect evidence regarding communication challenges related to problematic behaviors. In some cases, alcohol/drug use can disrupt family gatherings and celebrations, and family members may feel compelled to openly address disruptive behavior in order to convey disapproval (Velleman et al., 1993). However, criticizing the substance using individual may exacerbate the situation and instigate conflict or cause other family members to feel uncomfortable (Barnard, 2005). Thus, family members may feel compelled to tolerate problematic behavior to prevent outright conflict or embarrassment that may follow directly labeling the disruption. From a multiple goals perspective, this evidence suggests that family members must balance desires to regulate the substance using individuals’ behavior with their concerns for family harmony. Velleman et al.’s research provides some indirect evidence for potential challenges in managing problematic behavior. However, to date, no research has explicitly examined the nature of family members’ communication challenges and problematic behavior. Given the potential variation in parents’ and siblings’ experiences, I propose two separate, yet conceptually similar research questions:

RQ1a: What (if any) are parents’ communication challenges in managing problematic behavior and substance use?

RQ1b: What (if any) are siblings’ communication challenges in managing problematic behavior and substance use?

Multiple goals/normative approaches suggest that individuals employ communication-based strategies to address challenges associated with problematic behaviors. Literature on problematic events suggests that interactants’ intent is often reflected in the content of messages. For instance, Samp and Solomon (1999) found that individuals’ self-reported attempts to
preserve their relationship with the recipient (of problematic behavior) were often evident in the verbal content of their repair messages. Evidence also suggests that interactants may rely on particular conversational repair strategies. For example, individuals often employ accounts or explanations for deviant or unacceptable actions (Morris, White, & Itlis, 1984). Individuals may also enact pre-emptive repair strategies such as disclaimers, which attempt to mitigate possible negative implications for identity before deviant act are committed (Hewitt & Stokes, 1975).

Within substance use literature, Jackson (1956, 1958) has suggested that communication about substance use problems is inherently fraught, often because alcohol use can produce intensely socially deviant and non-normative behavior. Further, family members have relatively few cultural or social guidelines about how to react to the problematic behavior (e.g., conflict and aggression, cognitive impairment) (Jackson, 1956). Jackson (1956) concluded that family members’ responses to problematic behavior associated with alcohol use were a function of their evolving interpretation and understanding of what alcohol problems meant in their family. Further, as family members learned to function without the alcohol using family member, their responses to problematic behaviors reflected a desire to protect the rest of the family system. Thus, family members’ strategies for responding to problematic behavior increasingly prioritized the safety and well-being of family members (other than the alcohol abusing individual), over regulating substance using individuals’ behavior. Although research on substance use and family coping provides indirect evidence about how parents and siblings might respond to communication challenges, currently there is no evidence connecting strategies to specific challenges. Thus, the following research questions are posed:

RQ2a: What (if any) are parents’ communication strategies for managing problematic behavior and substance use?
RQ2b: What (if any) are siblings’ communication strategies for managing problematic behavior and substance use?

*Communication and regulating private information.* Managing private information about the self and others is a core challenge in coping with substance use problems. Particularly for family members, decisions about whether to reveal, conceal, or openly discuss alcohol/drug problems are often fraught with concerns about protecting the self and the family as a whole (Barnard & Barlow, 2003; Petronio, Jones, & Morr, 2003; Vangelisti, 1994). Multiple goals approaches to privacy suggest such that difficulties stem from balancing the competing demands of a given situation (Caughlin, 2010).

Multiple goals perspectives indicate that decisions to reveal or conceal hinge on a variety of motivations (Caughlin & Vangelisti, 2009; Goldsmith, Miller, & Caughlin, 2008; Vangelisti, Caughlin, & Timmerman, 2001). Challenges or dilemmas may revolve around competing desires to conceal or reveal private information. For example, confidants may be reluctant to reveal private information because it may generate conflict within the family or imply that they are untrustworthy (Petronio et al., 2003). At the same time, withholding private information may mean that confidants cannot fulfill their own needs for emotional support (Petronio et al.)

Within substance use literature, evidence suggests that family interaction is a goal-driven process and that multiple goals may create specific communication challenges relative to managing private information. For instance, in her extensive report on Scottish families coping with substance use, Barnard (2005) described the ways in which parents and siblings withheld information about substance use for fear of damaging their relationship with the substance user (relational goal). However, they also felt compelled to disclose to marshal support for treatment and clinical intervention (instrumental goal). Parents, in particular, view their disclosure of
substance use problems as symbolizing a betrayal of their relationship with their substance using child (Barnard).

Although research on family members’ experiences surrounding substance use illustrates the types of motivations that influence parents’ and siblings’ decisions to avoid, conceal, or reveal, there is little direct evidence about if and how these motivations manifest as communication challenges. Explicating privacy-related communication challenges is important given that managing privacy is central to family members’ experiences surrounding substance use problems (Barnard & Barlow, 2003). As with problematic behaviors, communication challenges may be qualitatively distinct for parents and siblings of young adults with alcohol or drug problems. Thus, the following two research questions are posed:

RQ3a: What (if any) are parents’ communication challenges in managing the privacy of substance use information?

RQ3b: What (if any) are siblings’ communication challenges in managing the privacy of substance use information?

Managing private information is problematic not only because of the convergence of multiple reasons for concealing or revealing, but also because ways of regulating privacy may be more or less successful at addressing various goals (Caughlin & Vangelisti, 2009; Goldsmith et al., 2008). Multiple goals perspectives suggest that potentially conflicting motivations can influence how individuals regulate private information. For example, individuals who have previously received negative reactions to disclosures may have an underlying desire to protect themselves, and therefore, prior to revealing secret information create scripts for their disclosure message (Afifi, Olson, & Armstrong, 2005). In a similar fashion, Afifi and Steuber (2009) found that individuals who perceived revealing to be risky to self were more likely to reveal using
incremental, indirect, or entrapment strategies. When confronted with topics that are particularly upsetting, individuals may employ “balancing strategies” that limit discussion to nonthreatening topics (Goldsmith et al., 2008).

Substance use literature suggests that family members may employ communication-based strategies to address challenges associated with managing private information. For example, when minor children talk about their parent’s substance use history to social services personnel, they tend to talk about their parent’s problems by indirectly referencing their parent’s history of use and engaging in explicit talk about their affection for their parents (Haight, Ostler, Sheridan, Black & Kingery, 2007). This suggests that children balance instrumental tasks of sharing information about their parent with concerns for their parent’s identity. Highlighting their care and concern permits them to indirectly acknowledge their parent’s history of drug use, while emphasizing closeness with their parent.

Hogan (2003) found that substance using parents may conceal certain aspects of their drug problems from their children, but disclose others. For example, parents may tell children about their drug use problems, but not tell them specifically what drugs they use(d) or about their experiences with drug use treatment (Hogan). In this way, parents avoid specific details about their drug use but give children enough information to make sense of parents’ drug-induced behaviors.

Work by Haight et al. (2007) and Hogan (2003) provides some indication of the nature of family members’ strategies for dealing with privacy-related challenges. Despite this evidence that is consistent with multiple goals/normative approaches, it tells us little about how family members of substance using individuals cope with the difficulty associated with regulating private information. Further, although the perspectives of minor children and substance using
parents are informative, they provide little insight into the range of strategies that may be employed by parents and siblings. Therefore, I propose the following research questions:

RQ4a: What (if any) are parents’ communication strategies for managing the privacy of substance use information?
RQ4b: What (in any) are siblings’ communication strategies for managing the privacy of substance use information?

**Communication and uncertainty.** Despite the fact that substance use can create predictable and routinized ways of behaving (Steinglass, Davis, & Berenson, 1977), much research suggests that interaction in the context of alcohol/drug use is associated with a certain degree of uncertainty and unpredictability (Jackson, 1956; Rotunda, Scherer, & Imm, 1995; Stanton et al., 1979). Communication surrounding substance use problems reflects ambiguity stemming from multiple domains of drug and alcohol use, including doubt about the state of individual relationships and the course of substance use as a chronic illness. Below, I briefly review research on relational uncertainty and uncertainty in illness from multiple goals/normative perspectives. Then, I provide evidence from substance use literature regarding the relevance of uncertainty, multiple goals, and communication challenges.

**Relational uncertainty.** Relational uncertainty is defined as “the degree of confidence people have in their perceptions of involvements within close relationships” (Knobloch & Solomon, 1999, p. 264). Relational uncertainty is cognitively demanding and generally associated with negative emotion such as fear and sadness (Knobloch & Solomon, 2003). Thus, individuals typically perceive relational uncertainty to be an unpleasant experience.

Although multiple goals/normative perspectives have rarely been directly applied to relational uncertainty (but see Goldsmith, 2009 for an exception), extant research suggests that
dealing with relational uncertainty is inherently problematic and may be related to specific communication challenges. Individuals who are uncertain about their relationship tend to possess negative perceptual biases about their partner’s behavior (Knobloch, Miller, Bond, & Mannone 2007). Further, relational uncertainty is associated with less efficient message production. That is, individuals who are uncertain tend to experience more difficulty producing fluent messages (Knobloch, 2006). Relational uncertainty may also make talking about relationship-oriented topics seem difficult or threatening (Knobloch & Carpenter-Theune, 2004).

Although relational uncertainty has yet to be examined in the context of substance use problems, research on families coping with long-term substance use problems suggests that certain aspects of relational uncertainty may be relevant to alcohol/drug use and create challenges for family interaction. The relative permanence of family relationships may make relational uncertainty less salient to parents and siblings (Bevan, Stetzenbach, Batson, & Bullo, 2006), but major stressors such as substance use problems may lead to doubts about the nature of family relationships, which may be associated with communication challenges (Afifi & Schrodt, 2003). For example, relational uncertainty stems, in part, from individuals’ confidence in relationship norms or what behavior is deemed appropriate in the relationship. Because significant cognitive and behavioral impairments often accompany substance use problems, family members may be unsure about how to act around substance using individuals (Landau & Garrett, 2008). Problematic behavior associated with alcohol/drug use may lead family members to experience doubts about what behavior is appropriate within their relationship with substance using individuals. Indeed, family members often equate interacting with a substance using individual to living with “a stranger” (Landau & Garrett). Yet, because substance using
individuals may have periods of sobriety, family members may have to rely on two sets of behavioral norms (one for sober and one for intoxicated interactions).

Even though relational uncertainty may be a prominent feature of coping with substance use problems, there is little evidence about how multiple goals are specifically related to relational uncertainty and whether such goals converge to produce communication challenges for parents and siblings. Especially given the relative lack of research focusing on parents’ and siblings’ experiences in the context of substance use problems, examining relational uncertainty and communication challenges is warranted. Therefore, the following research questions are posed:

RQ5a: What (if any) are parents’ communication challenges in managing relational uncertainty and substance use?

RQ5b: What (if any) are siblings’ communication challenges in managing relational uncertainty and substance use?

Thus far, most research on strategies for managing relational uncertainty has not taken a multiple goals approach (but see Enyart, 2012 as an exception). However, relational uncertainty literature indicates that when individuals experience doubts about their relationship, they tend to communicate in avoidant or indirect ways. For example, Knobloch and Carpenter-Theune (2004) found that relational uncertainty was positively associated with avoidance of relationship-oriented topics. Along with topic avoidance, individuals experiencing relational uncertainty may engage in indirect (as opposed to direct) communication. Specifically, relational uncertainty is negatively associated with individuals’ willingness to directly confront their partner about relationship problems or irritations (Theiss & Solomon, 2006).
Regardless of evidence from the general literature on relational uncertainty, there is relatively no research about how family members address such communication challenges in the context of substance use. Because relational uncertainty appears to generate stress and difficulties for family members of substance using individuals (Landau & Garrett, 2008), it is useful to explicate the nature of communication strategies that parents and siblings employ to manage their doubt. Thus, the following research questions are advanced:

RQ6a: What (if any) are parents’ communication strategies for managing relational uncertainty and substance use?  
RQ6b: What (if any) are siblings’ communication strategies for managing relational uncertainty and substance use?  

_Uncertainty in illness._ Research on relational uncertainty emphasizes the ways in which doubts about close relationships create difficulties for communication and coping. In a similar fashion, uncertainty in illness models underscore the difficulties associated with ambiguity. However, research on uncertainty in illness focuses on the doubts that emerge specifically from acute and chronic illness (Brashers, 2001). Below, I review applications of multiple goals/normative approaches to uncertainty in various illness contexts and then argue that a similar approach to family interaction and substance use is warranted.

Uncertainty characterizes various aspects of illness, including medical (e.g., symptoms, treatment), social (e.g., negotiating interaction with others), and personal (e.g., changes in identity) domains (Brashers et al., 2003; Mishel, 1988, 1990). Uncertainty in illness is primarily a cognitive phenomenon marked by the inability to assign meaning to stimuli and has various implications for communication (Brashers, 2001; Brashers, Goldsmith, & Hsieh, 2002). In some cases, difficulties emerge because illness increases uncertainty about a certain aspect of
communication. In the context of communication-debilitating illness and injury (CDI), friends and family members experience uncertainty about how to communicate effectively with individuals living with CDI, relying on nonverbal cues and body language to accurately infer the meaning of patient’s behaviors (Donovan-Kicken & Bute, 2008). Caughlin and his colleagues (2011) noted a similar challenge for family members of lung cancer patients, wherein medical procedures and/or injuries decreased or eliminated patients’ ability to communicate.

Communication challenges can also be a direct result of patients’ and family members’ competing goals relative to the management of uncertainty. For instance, Goldsmith and her colleagues (2006) found that, in couples coping with heart problems, talking about lifestyle changes could benefit patients’ health and recovery, but often reminded patients and spouses about the uncertainty associated with recovery. Thus, talk simultaneously represents an attempt to provide social support and an unwanted reminder of doubts about patients’ prognosis. Similarly, illness can create “identity disruption” or a shift in identity (Broom & Whittaker, 2004). In some cases, this shift is rather straightforward, but in others, patients and family members may experience doubts about patients’ identity (Goldsmith, 2009). Such doubts often manifest in communication challenges that reflect the difficulty of attending to patients’ identity. For example, family members may be unsure of how to communicate with patients in a way that supports their identity as “ill” or “well” (Goldsmith, 2009).

Uncertainty-related communication challenges may also emerge as a result of individual efforts to seek or avoid illness-related information because doing so may reveal different, potentially contradictory perspectives on illness (Brashers et al., 2002). For example, Brashers and his colleagues (2004) found that individuals living with HIV/AIDS often sought to maintain their uncertainty and optimism about their aspects of their condition by strategically avoiding
HIV/AIDS-related information. However, in some cases, members of their social network not only sought, but also shared, illness-related information with them, which threatened their desire to remain uncertain (and thus hopeful) about aspects of their condition. Further, some ways of seeking information (as a means to manage or reduce uncertainty) may have undesirable implications for patients’ or family members’ identities (Brashers et al., 2002).

In the context of substance use, family members’ uncertainty is often associated with behavioral and cognitive impairment that accompanies alcohol/drug problems. Specifically, family members may be uncertain about whether to associate disruptive behavior with alcohol or drug consumption (Butler & Bauld, 2005; Rhodes, Bernays, & Houmoller, 2010). Family members might worry about incorrectly labeling problematic behavior as related to substance use, but at the same time, fear what will happen if they do not verbalize their concerns. Thus, uncertainty seems to be related to correcting problem behavior (instrumental goal) and managing potential embarrassment if their suspicions of substance use are denied or not easily confirmed (identity goal). For family members of individuals with serious and/or long-term drug use problems, uncertainty may stem from doubts about whether drug problems will lead to death. Further, even after losing a loved one to drug overdose, family members may still struggle with uncertainty. For example, family members who lost a loved one to drug overdose reported experiencing ambivalence about their loved one’s sudden death (da Silva, Noto, Formigioni, 2007). On one hand, family members may feel a sense of joy and relief, whereas on the other hand, they experience profound loss and sadness. This suggests that family members may grapple with whether and how to express relief or happiness, for fear that it may signal insensitivity or lack of concern about their relationship with the substance using individual.
Substance use literature suggests that family members may experience illness-related uncertainty. Yet, there is no research connecting uncertainty to specific communication challenges in this context. Further, the existing literature on uncertainty is derived from reports from various types of family relationships (e.g., spouses, siblings, parents, extended family). Although we might assume that experiences are comparable across family relationships, the normative approach suggests that communication challenges related to uncertainty in illness may vary based on relational context (i.e., type of relationship). Thus, the following research questions are posed:

RQ7a: What (if any) are parents’ communication challenges in managing substance use and uncertainty in illness?

RQ7b: What (if any) are siblings’ communication challenges in managing substance use and uncertainty in illness?

Goldsmith (2009) has suggested that communication is a key way that family members aid in the collective management of illness-related doubt. For instance, family members may avoid explicitly talking about topics that remind the patient of his/her condition (Goldsmith, Lindholm, & Bute, 2006) or only discuss these topics with select individuals in the family system (Caughlin et al., 2011). Interestingly, despite the lack of direct evidence regarding parents’ and siblings’ communication challenges in the context substance use problems, research suggests several, possible communication strategies for managing uncertainty. For instance, da Silva and her colleagues (2007) found that if family members perceive drug overdose to be imminent, they often talk more explicitly about substance using individuals’ impending death, and less about possible drug treatment options. Given that family members may struggle with their mixed, emotional reactions post-overdose, family members may prepare themselves and
begin the mourning process by talking explicitly about the substance using individual’s passing. Similar to Goldsmith et al.’s (2008) concept of balancing strategies (i.e., practicing selective avoidance and disclosure), da Silva and her colleagues suggest that family members strategically avoid certain topics while openly discussing others. Interestingly, da Silva et al.’s work also suggests that family members may emphasize realistic and potentially upsetting outcomes, rather than talking about hopes for recovery.

   With respect to identity and uncertainty, Velleman and his colleagues (1993) found that family members reconciled substance using individuals’ “old” and “new” self through talk that acknowledged unexpected and difficult behavior, but also focused on the substance using individual’s redeeming qualities and traits. Although work by da Silva et al. (2007) and Velleman et al. suggests potential communication strategies, our current understanding of these challenges remains incomplete. To explore parents’ and siblings’ communication strategies related to uncertainty in illness, the following research questions are posed:

   RQ8a: What (if any) are parents’ communication strategies for managing substance use and uncertainty in illness?

   RQ8b: What (if any) are siblings’ communication strategies for managing substance use and uncertainty in illness?

   Communication and social support. Social support is essential to coping with major and minor life events (Albrecht & Adelman, 1984). A great deal of research on substance use problems has focused on the importance of social support to the well-being of the family system and substance using individuals’ recovery process (De Civita et al., 2000). Notwithstanding its often functional role, social support can create challenges for both those who provide and receive it (Goldsmith, 2004). Below, I describe multiple goals/normative approaches to social support
and then discuss relevant literature on substance use problems and family interaction, focusing first on communication challenges and then communication strategies.

Goldsmith (2004) has suggested that certain social contexts entail a unique set of communication demands and that such demands may converge to produce challenges or dilemmas of support. In some cases, challenges and dilemmas are associated with particular types of supportive communication. For instance, the giving and receiving of advice entails task, relationship, and identity-based goals (Goldsmith, 2004). Although advice-giving can be instrumental in helping individuals deal with particular problems or stressors, it may also signal power differences or cast advice recipients as necessarily requiring assistance or help. Moreover, depending on how advice is communicated, advice-recipients may interpret advice as helpful and supportive or unsolicited and intrusive (Goldsmith & Fitch, 1997). Thus, effectively communicating advice (one type of social support) requires consideration of how various goals are not only relevant to advice-giving episodes, but also how they converge to produce particular types of communication challenges or dilemmas. Similarly, Brashers and his colleagues (2004) found that, among individuals living with HIV/AIDS, social network members often constituted invaluable sources of emotional and instrumental support. However, in some cases, individuals living with HIV/AIDS felt troubled by or responsible for their social network members’ uncertainty. Thus, individuals living with HIV/AIDS must weigh the benefits of support against the burden of others’ uncertainty (Brashers et al., 2004).

In a similar fashion, families coping with alcohol/drug problems confront challenges related to providing and seeking support. Although most investigations of substance use and social support have emphasized the amount or frequency of social support, some research has emphasized its potentially problematic nature. In some instances, social support may be
interpreted as a form of social control. For instance, S. M. Strauss and Falkin (2001) found that formerly drug abusing women interpreted their mother’s instrumental support (e.g., providing child care, housing, financial assistance) as simultaneously helpful and controlling. That is, women felt that although their mother’s support was essential in achieving and maintaining sobriety, they also interpreted support as an unwelcome attempt to regulate their behavior.

Within the context of substance use treatment, the provision of social support may be equally or more complex. For example, De Civita and his colleagues (2000) noted that family member support of substance using individuals is integral to the success of substance use treatment. At the same time, family members tend to resent treatment programs that regard them solely as sources of support for the substance abusing individual and fail to acknowledge them as individuals (De Civita et al.). From a multiple goals/normative perspective, this finding suggests that clinicians should consider that family members see messages that encourage familial support of the substance using individual as simultaneously essential to the recovery process (instrumental goal) but also potentially indifferent to their identity apart from their relationship with the substance using individual (identity goal).

Although work by S. M. Strauss and Falkin (2001) and De Civita et al. (2000) suggests that social support in the context of substance use problems requires attention to situated goals, there remains little research on how goals converge to produce communication challenges or dilemmas. Further, as with issues of problematic behavior, privacy, and uncertainty, most research has considered family members broadly, rather than focusing on the demands associated with specific types of family relationships. Thus, the following research questions are posed:

RQ9a: What (if any) are parents’ communication challenges related to social support and substance use?
RQ9b: What (if any) are siblings’ communication challenges related to social support and substance use?

Communication literature suggests several potential strategies for managing social support challenges. According to Goldsmith (1992, 1999), communication strategies that help support recipients save face can be effective in addressing both instrumental needs for advice, while minimizing negative relational and identity implications. Interactants may also use verbal strategies to frame a supportive interaction as such. For example, Stokes and Hewitt (1976) noted that interactants often manage the implications of their communication through aligning actions, which explicitly state interactants’ intentions. For example, an individual who wants to support behavior change in his/her partner may worry that a supportive message may be interpreted as criticism and therefore preface their message with “I’m not trying to be critical” or “I’m only trying to be supportive.” Ideally, aligning actions help interactants successfully co-orient to the purpose of conversation.

Applied to the context of substance use, this would suggest that family members should employ strategies that display concern for substance using individuals’ face needs. For example, S. M. Strauss and Falkin’s work (2001) suggests that formerly drug abusing women may be more accepting of their mother’s tangible assistance if it is communicated in a way that indicates respect for their daughter’s autonomy. Examining the nature of parents’ and siblings’ strategies may therefore be useful in understanding how they can effectively communicate support to substance using individuals. Further, because family members are also recipients of social support, communication strategies that highlight both their instrumental role in treatment and their individual identity are likely to be most effective in keeping family members engaged in treatment programs. Although extant research suggests that family members' communicative
goals regarding social support in this context may conflict, the ways that family members attempt to manage such goal conflicts has not been examined explicitly. Thus, the following questions are advanced:

RQ10a: What (if any) are parents’ communication strategies related to social support and substance use?

RQ10b: What (if any) are siblings’ communication strategies related to social support and substance use?

**The effectiveness of communication strategies.** The normative approach suggests that communication strategies are effective to the extent that they successfully address communication challenges (and thus multiple, potentially competing demands) (Goldsmith, 2004; Goldsmith & Fitch, 1997). For example, as previously noted, Caughlin and his colleagues (2011) have suggested that although avoiding upsetting topics may insulate family members from emotional upset, family members’ awareness of their use of this strategy is problematic as it may conflict with their perception of their family as “open.” Similarly, Kosenko (2010) found that reframing or relabeling strategies were particularly effective in allowing transgender individuals’ to satisfy their emotional and physical safety concerns. For example, she argued that some transgender individuals equate physical intimacy (which often entails disclosure of transgender status) with emotional intimacy and that this practice allows them to use emotional intimacy as a prerequisite for making their transgendered status known. Work by Caughlin et al. (2011) and Kosenko (2010) demonstrates that the effectiveness of strategies varies, in part, because not all strategies successfully attend to relevant goals or communication challenges.

Research also demonstrates that challenges (and thus strategies) may involve multiple communication processes. For example, Goldsmith and her colleagues (2006) noted that couples
coping with heart problems experienced dilemmas about how to manage their uncertainty about recovery while effectively supporting lifestyle change. Goldsmith et al. (2006) found that some couples were able to manage this dilemma by talking about lifestyle changes in either indirect or positive terms. For example, spouses of cardiac patients employed indirect strategies to suggest healthy diet and exercise choices (Goldsmith et al., 2006). Thus, effective strategies addressed challenges related to both uncertainty and the communication of social support.

Given that challenges and strategies may or may not be confined to particular communication processes, it may be most beneficial to examine the effectiveness of various strategies together (i.e., across processes). That is, strategies are likely to be more or less effective based on their ability to satisfy multiple communication challenges/dilemmas, which are likely associated with various communicative processes. Thus, two research questions are posed:

RQ11a: What are the most effective communication strategies for parents coping with substance use problems?

RQ11b: What are the most effective communication strategies for siblings coping with substance use problems?
Chapter 3

Method

3.1 Participants. Respondents included 24 parents and 25 siblings of substance using individuals. Substance using individuals were aged 18-40. Among parents, 12 respondents were mothers, 7 were fathers, 2 were stepmothers, 2 were stepfathers, and 1 was a foster mother. Thus, 62% of the parent sample was female. The mean age of parents was 50.25 years ($SD = 12.02$). A majority (70%) of the parent sample identified as Caucasian, 25% identified as African American/Black, with the remaining parent identifying as Native American. 38% of the parent sample reported individual/family income below $10,000; 17% had income between $20,000 and $30,000; 12.6% had income between $40,000 and $50,000; 12.5% reported income between $50,000 and $60,000; 8% had income between $60,000 and $70,000; 8% reported income of $90,000 or higher. One respondent indicated that she did not know her household income. Most parents (70%) indicated that their child did not currently live with them.

The sibling sample included 15 sisters, 9 brothers, and 1 stepsister. The sample was 62% female and mean age of the siblings was 24.2 years ($SD = 6.84$). A majority of the sibling sample (76%) identified as Caucasian/White, and the remainder of the sample indicated they were African American (8%), Native American (8%), Hispanic/Latino/a (4%), and Asian/Pacific Islander (4%). Forty-six percent of the sibling sample indicated individual/household income of $90,000 or more; 16% reported income between $30,000 and $40,000; 12% had income between $80,000 and $90,000; 12% reported income between $10,000 and $20,000; 12% had income below $10,000; 8% reported income between $60,000 and $70,000; 4% had income between
$50,000 and $60,000. Most respondents (60%) indicated that their sibling did not currently live with them.

**Inclusion/exclusion criteria.** Extant research suggests that parents and siblings who have (at some point) lived with their substance using family member tend to be more impacted by alcohol/drug use than those who have not (Orford et al., 2005). Therefore, respondents must have lived in the same household with the substance using individual at some point. There is currently no evidence to suggest that family form or structure (e.g., adoption, step/blended families) influences the extent to which parents and siblings may be impacted. Thus, neither parents nor siblings had to be blood-related to the substance using individual to take part in the study. That is, step and adopted parents and siblings were eligible for the study. Because a primary aim of the study was to explore parents’ and siblings’ experiences, only-child families were excluded. Given the prevalence and severity of alcohol/drug use, many individuals may develop potentially long-term alcohol/drug problems in adulthood, the current study focused specifically on the experiences of parents and siblings of individuals aged 18-40. The current study did not exclude parents or siblings who also had problems with alcohol/drugs.

A core challenge in assessing parents’ and siblings’ experiences is establishing the presence or extent of their child/sibling’s substance use problems. Although there are clinical guidelines for defining the severity of substance use problems (i.e., differentiating between “use,” “abuse,” or “dependence”), relying on family members’ perceptions (rather than substance using individuals’ self-reports) means that employing such clinical terminology is not only difficult, but likely would yield incomplete or inaccurate characterizations of substance use. However, parents and siblings likely can accurately report on whether a family member’s alcohol/drug use is distressing to them, and extant substance use literature has demonstrated the
utility of this approach in examining the impact of substance use problems on family members (Oreo & Ozgul, 2007; Orford et al., 2001, 2005). Thus, in order to qualify for the present study, at least one member of the dyad (parent or sibling) must have perceived their family member’s alcohol/drug use to be distressing to him/her.

Respondents were not restricted on the basis of particular type of substance problems. For instance, even though some research on families has focused exclusively on certain types of substance use (e.g., alcohol, marijuana, etc.), excluding individuals on the basis of these distinctions may be detrimental to developing general theory about family communication and coping. Further, outside of purely clinical samples, it is often impossible for family members to know (with complete accuracy) exactly which substances an individual does or does not use (Orford et al., 1992). For instance, substance using individuals may be motivated to hide the extent and range of their substance use problems, and substance-related activities may not occur within the family home or in front of family members (Barnard, 2005). Moreover, research suggests that individuals with substance use problems may use an array or mixture of substances (e.g., consuming alcohol and smoking marijuana) (SAMHSA, 2001). Thus, apart from cases where substance using individuals openly use and/or regularly disclose the nature of their substance use behaviors, it is likely unrealistic to restrict participation based on type of substance use. However, for descriptive, purposes, parents and siblings were asked to discuss the nature of their family member’s substance use.

3.2 Procedure. Following IRB approval, respondents were recruited in several ways. First, advertisements were placed in a local newspaper and university newsletter, on the interior of community buses, and on Craigslist. Second, flyers were posted at local Al-Anon meeting locations, in shopping centers and malls, libraries, and family resource centers (e.g., food
pantries, no-cost health centers). Third, in-person announcements were made at a family education class conducted by a substance abuse treatment center. Fourth, sibling respondents were recruited from undergraduate courses through in-person announcements and posting of study flyers on course websites.

When potential respondents contacted the researcher to express interest in the study, the researcher reviewed the eligibility criteria and then scheduled interviews at a day, time, and location of their choosing. Two individuals were excluded from the study because of the substance using individual’s age (i.e., 52) or because they did not live locally and could not complete an in-person interview. Two parents indicated that their child had very recently passed away, but were not excluded because they indicated that their child’s substance use was still a source of worry for them (and the study criteria did not specifically state that the substance using individual must be living). Initially, a purposive sample (Draucker, Martsof, Ross, & Rusk, 2007) of 20 parents and 20 siblings was selected for the current study. Prior theory and research on family members coping with substance use guided my selection of this sample size. More specifically, extant research (Orford et al., 1998; Rhodes et al., 2010) demonstrates that approximately 20 interviews (per parent and sibling subsample) is an appropriate, projected sample size.

Informed consent information was provided, and respondents were assured of the confidentiality of their responses. Respondents then completed a measure regarding demographic information and semi-structured, qualitative interview (see below for description of these measures). Respondents were compensated in one of two ways. Undergraduate participants (siblings) received course credit (no more than 2% of their course grade) for participating. Community-based participants (parents and siblings) were compensated with $30
for their time. Although respondents could stop participating at any time, they were not compensated if they did not complete the interview.

Participation in the study should not have caused participants to experience significant psychological distress. However, talking about deviant behavior (e.g., a family member’s or own substance use) may have been challenging for some participants because of concerns with privacy or fear of stigma (Babbie, 1995; Newman et al., 2002). Although there were safeguards to protect respondents’ privacy (see below), I informed respondents that they could skip any questions that they do not wish to answer. Further, I told respondents that although I welcomed any information they wished to share with me, they did not have to disclose any personal history of substance use, if they felt uncomfortable doing so. To minimize the possibility of stigma, interview questions were carefully worded to avoid conveying bias or judgment of respondents’ or family members’ behaviors (Newman et al.). Further, participation might have been beneficial for some respondents. Often, individuals enjoy taking part in research and sharing information about themselves if they believe that doing so will help others. Participating in research can help individuals gain information about themselves and their relationships (Hughes & Surra, 2000).

Respondents were provided with information regarding local counseling and mental health services, support groups, and treatment programs. Community respondents received contact information for a local crisis hotline, which provides free brief assessment and screening and referral to local counseling services (including free, low-cost, and sliding scale options). Community resources also included information about local chapters of Al-Anon and Ala-teen, National Alliance for Mental Illness, and not-for-profit and for-profit treatment facilities.
Undergraduate student respondents received the aforementioned information, plus contact and location information for the university counseling center (see Appendix A for resources).

**Semi-structured interview.** Respondents participated in a semi-structured interview that focused on their perceptions of substance use problems within the family. To protect the identity of the substance using individual, at the beginning of the interview, respondents were asked to select a pseudonym and to use that pseudonym throughout the course of the interview process. However, respondents were given the option not to use a pseudonym if they felt that doing so would feel too unnatural or uncomfortable. Although the interview should not have elicited distress beyond what respondents experience in everyday life, in the event that some of the interview questions caused them to think about things that may be upsetting, optional breaks were built into the interview schedule and participants were reminded periodically that they could take a break if necessary.

Initially, interview questions focused on the substance using adult (i.e., the respondent’s child or sibling) and the nature of their substance use problems. Questions focused on the first time that respondents became aware of or learned about the individual’s substance problems (including the type of substances used), their perceptions of major behavior or lifestyle changes in the substance using individual, and any family or individual attempts to change the behavior of the substance using individual. Questions centered on difficulties associated with dealing with uncertainty, managing private information, and providing/receiving support. Final questions focused on their perceptions of general coping, the effectiveness of coping, and how substance use has affected the family system as a whole. See Appendix B for the interview schedule.

**3.3 Analysis.** Interviews were digitally recorded. Sibling interviews ranged in length from .5 to 1.25 hours. Parent interviews were between .5 and 2 hours long. During each
interview, I took notes regarding important phrases and terms. I completed an interview memo after each interview regarding salient communication challenges and strategies. During the first 5 interviews, a graduate-level research assistant and I listened to complete audio recordings and made note of any problematic interview questions or possible changes to the interview guide. The research assistant and I met to discuss any potential problems or small wording changes that needed to be made to the interview protocol. We determined that while no major changes were necessary, an optional probe should be added to assess helpful/unhelpful support within individuals’ family or social network.

Four trained undergraduate research assistants transcribed and removed identifying information from interviews. Research assistants were provided with a resource list (which I edited after each interview) with technical terms or jargon that could be unclear or unfamiliar to them. This reference list was designed to guide assistants’ understanding and interpretation of the interview audio.

A graduate-level research assistant and I read through 25% of the parent and sibling interviews. I provided the research assistant with a general summary of research questions and theoretical approach, which provided a framework for our interpretation of the data. Following grounded theory techniques (Corbin & Strauss, 2008; Strauss, 1990), the research assistant and I read through each transcript to get a “feel” for the data and to sensitize us to the respondents’ experiences. Then, we went back through each transcript and independently examined the data for challenges and strategies related to privacy, problematic behavior, support, and (illness-related and relational) uncertainty. Given that respondents could (and did) discuss issues unrelated to research questions, we were also sensitive to other concepts (unrelated to challenges or strategies) that emerged from the data. The purpose of this phase of coding was to move
beyond the general feel of the data and begin to develop more specific concepts that represented respondents’ experiences. Whenever possible, we employed in vivo codes to preserve the fidelity and clarity of respondents’ voices. After analyzing the data, we assessed whether codes were related to communication and if so, whether they represented potential challenges or strategies.

The research assistant and I met to discuss codes and concepts emerged from the data. For both parent and sibling data, we discussed each transcript, compared our assessment of exemplars, and in cases of disagreement, returned to the data to assess the exemplar in question until we reached agreement. From our notes and coded transcripts, two initial coding schemes were developed (one for parents, one for siblings) and employed in interpreting the remainder of the data. For codes appeared to be related to the proposed research questions, I interpreted the data on the basis of relevant goals and/or meanings. In some cases, respondents were explicit about multiple goals that they were attempting to achieve; in others, I had to more carefully interpret what respondents seemed to be attempting to do when communicating or interacting with others. Exemplars were added to coding schemes as a way of organizing the data and ensuring conceptual similarity within categories and distinctiveness across them. In other words, by aggregating exemplars, I was able to assess the relative discreteness of the initial codes and when necessary, address issues with conceptual similarity or overlap. In some cases, new codes emerged from my interpretation of the additional transcripts, and additional codes were added to the coding scheme. During each phase of analysis, I made extensive notes about the relevance of exemplars to each code. Saturation was achieved when no new codes were emerging from the data.
Chapter 4

Results

Overall, respondents experienced various challenges in coping with their family member’s substance use. For the sake of clarity, I first discuss results for sibling participants and then parents. I highlight the relevance of each communication challenge (and corresponding strategies) to the study’s proposed research questions related to privacy, problematic behavior, support, and uncertainty. Guided by the normative approach, I evaluate and describe the effectiveness of strategies for managing communication challenges. In the following chapter, I summarize sibling and parent findings in a general model of family communication and coping, focusing on the utility of certain cognitive and communication based strategies.

4.1 Siblings’ communication challenges and strategies. Siblings noted a range of challenges in communicating about their family member’s alcohol and/or drug use. Respondents described communication challenges related to the request for and provision of information about their substance using sibling. They also indicated difficulty in communicating and providing support while respecting autonomy, roles, identity, and divergent perspectives on substance use. Further, siblings discussed identity-related challenges in the context of disclosure. Uncertainty also created problems for family interaction. More specifically, siblings described how boundary ambiguity, relational uncertainty, and uncertainty in illness complicated communication with and about the substance using individual.

Responding to social network members’ information requests and provision. Peers and social network members can constitute an important source of support for individuals coping with substance use in the family (Velleman & Templeton, 2007). However, respondents noted
that social network members’ requests for and provision of information appeared to carry multiple meanings, which created constraints for interaction. Siblings indicated that challenges stemmed from several sources. Siblings sometimes interpreted information requests as gossip. Respondents also struggled with information requests because they appeared to require further revelation of intimate or personal information.

*Information requests represent gossip.* Some siblings suggested that requests for information were problematic because they were interpreted as gossip. That is, siblings seemed to feel that their friends’ information requests carried malicious or negative intent. Often, friends already possessed some knowledge of the substance using individuals’ problems with drugs and alcohol, but would ask siblings for additional information. Respondents felt that these requests were intrusive because they seemed to make their sibling the subject of evaluative small talk. For example, Jamie noted:

I come home and want to catch up with some of my friends, you know, the few I’ve kept in contact with, stayed great friends. And of course, the main topic of conversation is, “How’s your sister? What’s going on? Your parents pulled her out of school. Did she flunk out or did they pull her out?” It’s like, I don’t really want to be talking about that with you.

Jamie suggested that despite her close relationship with her friends from home, she felt that their requests were inappropriate because her friends wanted to “gossip the whole time about it.” Thus, although Jamie valued time with her friends and remarked on their ability to stay connected despite their transition to college, she was not comfortable with her sister’s substance use being treated as gossip because it seemed to trivialize her family’s situation. In a similar fashion, Alexis described how her initial disclosure of her brother’s use to her friends meant that
he became the focus of their conversations. She remarked that disclosing meant that she could provide her friends with a better “understanding” of her situation, but at the same time this created constraints for future interaction. Thus, Alexis did not seem to intend for her initial disclosure to indicate she was necessarily open to talking about her brother in future interactions, particularly if future information requests appeared to be motivated by a desire to gossip. When asked why she thought her friend was asking about her brother, she replied:

I think they want to know if he’s using ‘cause they are interested and that kind of thing. Like they want to know certain things about it…like she wants to know because if he’s using like… “Oh how did you find out? What happened? What’s going on now?” Kind of like gossip.

Alexis not only noted the way that requests for information made her feel apprehensive interacting with her friends, but also suggested that her friends may not have been genuinely concerned about her brother’s well being. Thus, participants appeared to struggle with how to manage their friends’ questions about their substance using sibling, despite the fact that participants were initially comfortable disclosing some information about their sibling. Respondents noted that information requests meant that their friends wanted to gossip about their sibling’s substance use.

*Information requests and provision and boundary violation.* Some siblings noted that requests for information represented boundary violations because requests required respondents to disclose about other, sensitive topics. Respondents also described challenges associated with social network members’ disclosure of information about their sibling. More specifically, participants felt that friends’ disclosure provided them with information that they would rather not know and that their sibling had not directly shared with them.
Participants felt that their friends’ questions meant that they had to evaluate whether to share personal information related to their sibling’s substance use. For example, Kimberly described how her friends’ requests for information about her brother were challenging because she perceived that they required that she disclose private information about her relationship with her brother. Because Kimberly and her brother’s relationship had become strained (as a result of his substance use), she often did not have information about her brother’s life and, thus, could not address friends’ questions without revealing the distance in their sibling relationship. She noted:

So, when people ask me, “Oh, how’s your brother?” I’m like, “I don’t know. I haven’t talked to him in forever.” They’re like, “You don’t talk to him?”

Friends’ requests for information placed Kimberly in the awkward position of having to reveal information about the nature of her relationship with her brother in order to answer their question. Kimberly experienced similar problems when her friends would inquire about her brother’s substance use history. In this case, however, she saw information requests about her brother as linked to broader family history of substance use and did not know how to manage friends’ questions without disclosing sensitive information. She described:

When people know that my brother’s a drug addict or alcoholic, it’s kinda like, “Well, where did that come from?” And when it’s like talk about my dad, that’s really difficult because that’s the link… so, it’s kinda the hard part where people are like, “Well, where did your brother get it from? What made him do this?” And it’s like, going back, back, back into history because it’s my dad.

Even though Kimberly knew that her family history could provide a potentially logical explanation for her brother’s use and likely address her friends’ information request, she felt
uncomfortable talking about her father’s use. Thus, satisfying others’ requests for information meant disclosing the family history behind her brother’s alcohol and drug use. Similar to Kimberly’s experiences, Rachel felt as though questions regarding her own decision not to drink were inherently connected to her brother’s history of use. She described herself as a “straight laced kind of girl,” which meant that she generally abstained from drinking alcohol in social settings with acquaintances and friends. She described these situations as difficult because others would often ask about why she did not drink. She noted:

I do have a lot of people ask me like… people I hardly even know why I don’t drink and stuff like that. I never tell them ‘cause I’m just like, I never felt I need to. But always there is the super personal question… like I don’t ask you why you drink, you know?

Although Rachel’s discomfort could have stemmed from being asked for information by people she “hardly” knew, she went on to describe how she interpreted their request and said, “’Cause they…like they never experienced something like that, so they don’t understand what the reasons would be for someone not drinking.” Thus, Rachel felt she would have to reveal private information about her family history to address to social network members’ questions. Both Rachel and Kimberly’s responses reveal that direct and seemingly general requests for information could be interpreted as boundary violations. That is, respondents interpreted friends’ questions as inherently connected to personal or sensitive topics, which meant that requests for information related to substance use could represent invasions of respondents’ privacy.

In some cases, social network members encountered the substance using individual and shared information with respondents about their interaction. Friends’ comments about the substance using individual meant that others might request information, which put siblings in the difficult position of having to conceal or reveal personal information. In this sense, information
requests were prompted by social network members’ comments about the substance using sibling, which meant that respondents had to decide if and how to disclose information to friends who were previously unaware of their sibling’s substance use. For instance, Taylor often encountered problems with mutual friends who were apt to talk to him about seeing his older brother, who had recently achieved sobriety. Taylor felt positively about his brother’s sobriety, but worried about how to handle friends’ comments about his brother’s progress. Taylor noted:

Certain people I know, when I see them, they’ve heard my brother’s doing well…I have heard people his age or people my age say they saw my brother. My brother tells people, “Oh, I’m sober. I’m working a lot.” So, they tell me, “Oh, he’s looking great.”

Taylor remarked that, sometimes, he found these “nice, small comments” to be helpful because “other people see that he’s [his brother was] changing.” However, they frequently created challenges in communicating with other friends who might overhear such comments and ask for additional information. He said that the helpfulness of his friends’ comments about his brother:

Depends on the situation. There’s been a few times that I’ve been with people who don’t know. And they bring up, “Oh, your brother’s looking better. He’s looking so much better.” And then other people are like, “What does that mean?” It’s like, “Oh…” So, in those cases, I don’t like it as much but when I see people more one-on-one or when people know about it, then it definitely does help.

Even though Taylor’s friends’ comments about his brother could be helpful and encouraging with respect to his brother’s recovery, he noted that such comments sometimes created challenges in managing information about his brother because they set the stage for requests for information. Taylor noted that these situations often led to questions like “What are they talking about?” For Taylor, it was hard to manage information in that context because he didn’t want to
“have the whole world know” about his brother. Thus, Taylor felt as though comments about his brother’s progress represented an opportunity for friends to ask for intimate, personal information about his brother, which he would rather not openly discuss. Overall, siblings appeared to struggle with how to regulate private information in the context of information requests. Whether or not their friends were aware of the intrusiveness of requests for information, participants felt that even general questions or comments meant that they might be forced to reveal private or sensitive information related to their sibling’s substance use.

Respondents also reported problems with others’ disclosure of information about their sibling. Similar to information requests, respondents found friends’ disclosure of information about their sibling to be challenging because it disrupted privacy boundaries. However, in the case of friends’ disclosure, participants seemed to experience difficulties managing privacy boundaries between themselves and their substance using sibling. For example, Abby discussed problems associated with talking with friends because conversations often revealed details about her brother’s use that she did not know. Abby noted that in school, “So all of my friends were like respectable to me but older kids that walked past me were like, “Oh my god, did you hear what Michael did last night?”” Abby explained that part of the problem with other students talking about her brother was that they knew more about his use than she did. She said:

I don’t know if it was better [to know] because now if someone asks me something, like right now, I couldn’t tell you what drugs he did. So, I don’t know if it would be better to know that or just know that my brother was a drug addict. I don’t know. It’s like mixed. I don’t really want to know but at the same time if they did tell me what my brother did at a party maybe I’d have a different outlook on him…”
Thus, her interactions with her brother’s friends had the potential to reveal to her a side of him that she did not know. Further, Abby felt that her friends’ disclosures yielded information about her brother that she would otherwise not know because neither her brother nor her other family members had disclosed much information about her brother’s substance use. In a similar fashion, Jamie noted that although she tried to avoid situations where her sister might be hanging out and drinking, she felt that their mutual friends ensured that she found out information that she did not want to know. She commented:

Because I don’t ever go out. I don’t ever…I don’t know. I wouldn’t really know those things unless they told me and it’s like. . it’s really, I think it was just more sad than anything. Then it’s like you are reporting these things to me, like I almost regret staying there [around mutual friends] and rather not know about them.

Similar to Abby’s experience, Jamie’s interactions with social network members were difficult because the topic of her sibling’s use was a topic of conversation and meant that she would learn information about her sibling that she did not want to know. Overall, challenges surrounding information requests and provision from social network members created constraints surrounding the management of private information. Requests for information could violate respondents’ boundaries because they felt they had to disclose private or sensitive information about their sibling’s substance use. Moreover, in talking with social network members, respondents sometimes learned information they would rather not know.

In addition to describing difficulties, siblings also noted a number of strategies for managing social network members’ information requests and provision. Participants employed conventional or appropriate but incomplete responses to information requests and provision.
Some respondents noted that they relied on topic avoidance as a way to manage information requests.

First, siblings noted the utility of conventional responses in managing information requests. That is, respondents would respond to friends’ information requests with appropriate, perhaps expected answers; however, by employing conventional responses, respondents hoped to curtail further discussion of their sibling’s substance use. Caughlin and Scott (2009) noted a comparable phenomenon, perfunctory responses, in their study of conflict avoidance in families and suggested that such responses may allow individuals to effectively avoid talking substantively about a topic while appearing to give an appropriate response. By answering in a brief manner, the question is not explicitly avoided, but the brevity precludes further discussion of a topic. In the present study, Taylor noted that when mutual friends talked to him about interacting with his brother and noted how his brother had improved, he often would “just say, ‘thanks.’” When asked about why he would say respond this way, he noted:

Kind of shrug it off. Kinda do the “no big deal” kinda thing. I know if I don’t really bring it up, maybe my friends won’t bring it up. That kinda thing. At least, I hope they don’t.

Rather than focus on implication of his friends’ comments (i.e., disclosure of private information about his brother), Taylor’s response seemed to frame his friends’ comments as a compliment about his brother’s progress. This approach implied that the conversation did not merit further discussion, as opposed to acknowledging the way that friends’ comments set the stage for further conversation about his brother. Similarly, Alexis treated information requests as general inquiries about her brother. That is, although Alexis realized that her friends raised the topic of her brother in order to engage in a conversation about his substance use, she responded to
inquiries at a general level in hopes that her friends would drop the topic. She noted that she would say things that would take the focus off her brother’s drug use, such as “Oh, he’s fine.” She remarked that these comments were intended to demonstrate that she was not open to talking about her brother’s use and that she would not engage in “gossip” about him. Brandon employed conventional responses to questions about her brother. Brandon said he “would just pitter patter around the question like, ‘Oh, he’s taking care of the uh, dog.’ I don’t know.” As Brandon noted, “I’ve had to do it over the past three years, so I’m getting better at it.” Brandon’s comments indicate that conventional responses could be useful, but required a certain degree of practice or sophistication.

Second, some siblings re-framed or shifted the conversation in a way that allowed them to respond to friends’ information requests without completely addressing their questions. For example, Kimberly noted that when asked about where her brother’s use “came from,” she would say, “Well, he started drinking…” In this way, Kimberly was able to reframe the conversation as one solely about her brother’s individual substance use history and not about her family history of alcohol and drug use. By focusing her response on her brother’s personal history, she was able to steer clear of the topic of her father. Rachel noted using a similar strategy for addressing questions from her social network about why she did not drink at social events. She commented:

I just said that I never felt I needed to or like, “Why do you drink?” And then they would say, “Well, ‘cause it’s fun…” I’m like, “Well, I don’t need to drink to have fun.” That’s what I say.

Although Rachel’s response revealed some private information because she said that she did not “need” to drink, she also was able to redirect the conversation by deflecting the question and
then using others’ responses as a way of re-framing the conversation (e.g., whether people drink for “fun”). That is, by framing the conversation as a discussion of her friends’ reasons for drinking, she could respond to their questions in terms of “fun” rather than her brother’s history of use. As her earlier comments suggest, she felt that reasons underlying her abstinence (i.e., her family history of substance use) were too personal to share.

In sum, siblings often relied on conventional or reframing strategies in managing information requests and provision. However, siblings suggested that the effectiveness of such strategies (particularly conventional approaches) depended on respondents’ perceived self-efficacy. Some siblings indicated that the effectiveness of conventional approaches increased with time and experience enacting such strategies.

**Managing the relational implications of communicating support.** Respondents described several ways in which communicating support highlighted relational concerns. Relational concerns sometimes centered on respecting the substance using individual’s autonomy while providing support. Further, support was also constrained by role conflict, in that respondents felt as though fulfilling one family role made it difficult to fulfill other family roles.

**Promoting behavior change and respecting autonomy.** Past research on multiple goals in health contexts suggests that interactants are often concerned with how to communicate about health or illness in a way that conveys respect for individual autonomy (Goldsmith et al., 2006). Results of the present study demonstrate that this is also a salient issue for siblings, particularly in communicating with the substance using individual.

Siblings saw communication as a primary way to motivate the substance using individual to change, but felt that it simultaneously implied lack of respect for them as individuals or concern for their autonomy. For instance, Will noted that he struggled with how to talk to his
sister about treatment options. Will used his own experience in treatment to highlight the role of autonomy and commented that he could not talk to his sister about treatment options because:

I was put in against my will in treatment programs and then, you know, it did help me, one time, it did. I got back on my feet and everything, but no… ‘cause I know she has… I hate to say, she has to be the one that wants to make the choice herself.

Despite the fact that court-mandated treatment did help Will to some extent, he felt that talking to his sister about seeking or attending a treatment program meant that he disregarded his sister’s individual choice. He noted the difficulty in trying to communicate with his sister about her use, in that “you can’t change nobody.” Emily also described the dilemma of promoting change while respecting her sibling’s autonomy. She noted that as much as she wanted to talk to her brother about entering a rehab program, doing so was problematic because she felt that “they’re [substance using individuals are] the ones who have to change themselves.”

Patrick noted that his sister seemed to be using less, but there were times when he worried about her use and wanted to discourage her substance use. In thinking about advice for other siblings of substance using individuals, he commented:

Be persistent and don’t get too frustrated because I would get really frustrated when I knew she was doing all this stuff. And don’t get too frustrated because ultimately, it’s up to them. They’ll make the wrong decisions and they’ll have to learn to change their ways if they really want to change.

Patrick’s experience demonstrates the tension that siblings felt in trying to promote behavior change or sobriety. More specifically, Patrick felt that any statements that discouraging his sister’s use also implied his disregard for her personal autonomy. Monica described a similar struggle with her sister, whose drinking had become more frequent in her sister’s early 20s.
Monica remarked that it was “hard to talk to her” because she considered her sister “grown.” When asked how this affected interactions with her sister, she said:

   It’s just like with her, it’s kinda of shaky because when you’re talking to her, like she agree and she understand everything you saying but then it’s like she’ll go back and, “Can’t nobody tell me not to…and I’ll do what I want to, what I’m ready to do.” Don’t nobody tell her what to do in her life.

Monica seemed to feel that talking to her sister about her drinking implied that she was telling her sister what to do and thus not demonstrating respect for her sister’s individual choice. Some respondents saw relational implications as barriers to advocating for lifestyle changes that might help their sibling achieve sobriety. Luke remarked on the number of lifestyle changes he felt that his older brother would need to make to stop drinking and how much he wished that he could just tell him exactly what to do. He noted:

   Yeah, because I be wanting to make the choice for him. I be wanting to say, “Man, you see me. It took me just about…it took me four years just to get a bachelor’s degree. You know, it went by so fast” . . . so he want to have fun for the wrong things at the moment versus going the right way. And you can have fun the right way for forever, I’d say. So, it’s tough. I want to make those decisions for him, but I can’t make them for him because…there’s something I want to…how can I say this? I want to make the decisions for him, but like, by me making them for him, he won’t understand them as much.

Luke indicated that he knew what steps (e.g., going to college, having fun the “right” way) his brother might take to help him improve his life and stop drinking. However, saying those things or trying to force the choice on his brother meant that it was unlikely likely his brother would
adhere to lifestyle changes. Thus, Luke simultaneously wanted to influence his brother’s behavior and sought to respect his brother’s right to choose alternatives to substance use.

Some respondents felt that relational implications made it difficult for any family members to adequately intervene, which was particularly worrisome if the substance using individual’s physical safety was at stake. For example, Heather described her feelings after her brother was hospitalized following a suicide attempt. Because she knew that her brother’s drinking played a significant role in his attempt to take his own life, she was worried that her parents and his doctors would emphasize her brother’s choice in whether to seek treatment. She commented:

But it was one of the things where the doctors at that point weren’t trying to keep him and say he needs to get psychological help. They were just like, “It’s here if you need it.”
And at that time, my mom was like, “Oh, whatever you think, Alex [her brother]. Whatever you think is best.” I just wish my mom had been like, “No, I really think that this is what you need. You just tried to kill yourself.”

Heather’s experience demonstrates the tension that siblings felt in balancing support with the substance using individual’s autonomy. Further, Heather was concerned with the perils of focusing on individual choice. Heather felt that despite the difficulty of telling her brother he had to seek professional help for his alcohol and drug problems, his doctors and her parents put his life in jeopardy by emphasizing his autonomy and allowing him to choose.

In sum, siblings struggled with the relational implications of promoting sobriety or healthy alternative behaviors. Many respondents felt that as much as the substance using individual might need information about the importance of changing his or her behavior, they
nonetheless felt that their communicating this information would mean that they were imposing their will on their sibling.

Along with discussing challenges related to behavior change and autonomy, respondents also noted a number of strategies for dealing with such challenges. Specifically, they discussed the ineffectiveness of communication strategies that appeared to threaten autonomy. In contrast, participants felt that strategies were more effective if they emphasized care and concern, allowed them to cognitively reframe, or indirectly raise the topic of substance use. Some participants chose to privilege their sibling’s autonomy over behavior change, which appeared to be temporarily effective at managing relational implications of support.

First, respondents noted the ineffectiveness of ultimatums, which highlighted siblings’ intent to control the substance using individual’s behavior. Siblings described ultimatums as ineffective because they explicitly privileged behavior change over their relationship with the substance using individual. Further, ultimatums seemed to draw attention to the respondents’ desire and willingness to control their sibling’s actions. For example, Cara described her frustration with her sister’s heroin use, but said that she felt that ultimatums would not effectively bring about behavior change. Cara suggested:

Don’t get angry with them [the substance using individual] and just cut them off and say, “If you don’t stop doing this then I’m going to stop talking to you,” because I don’t think that helps anything…so I’m never going to give her an ultimatum because that doesn’t help anything.

Cara’s perspective suggests that ultimatums demonstrate a willingness to force the substance using individual to change at the expense of the sibling relationship. She noted, “I think everyone should, deserves to have a relationship with their parents and with their siblings,
regardless of what they are going through.” Cara suggested that, rather than emphasize relational overtones of support, it would be more effective to eliminate tangible support that might be used for drugs (e.g., money). Similarly, Susan noted that the worst thing she could say to her brother was “If you don’t A, then I’ll B.” Susan felt that forcing her brother to choose between drinking and an alternative outcome signaled her intent to control him. Thus, ultimatums were ineffective in promoting behavior change because they potentially implied respondents’ control or power over their substance using sibling.

Travis echoed Cara’s and Susan’s views, but added siblings should communicate care rather than control. He remarked, “You shouldn’t be threatening. You should show concern, not to make them feel like you’re forcing them to change. You should want them to change on their own.” Travis commented on the difficulty in figuring out exactly how to highlight concern and encourage his brother to change. He noted that he did not necessarily “know the right steps to go through” but that he was committed to do it “my own way.” Travis seemed to suggest that the most effective approach was to communicate a desire for change that showed the sibling relationship was important, but not worth leveraging against the sibling in order to produce behavior change.

Second, some respondents advocated for avoiding the topic of substance use and focusing on related issues that might promote behavior change. Luke suggested that this approach was effective because it allowed him to raise the issue of his brother’s substance use without appearing to do so. For example, Luke hoped that his brother would seek out alternative ways to relieve stress, such as playing sports with their friends. When asked whether he talked to his brother about this idea, he said:
No, I never talked with him. Well, actually, I have and I have not. I say I have because, you know, we used to always go to the gym on Friday. And, you know, I didn't ask him directly, "Oh, do you want to go to the gym?" You know? I'd say, "Oh, do you still go to the gym that's up there? Do they still like, do other people that we used to go to school with go to this certain gym that we always used to go to?" So, that's my way of saying that I have asked him. But I don't because you know, I don't want him to think, "Oh man, you think I'm crazy. You think I need to go to the gym instead of just drink." And I don't want him to be like, you know, putting me in that category, like "Oh, you one of them type of people. You tryin' to find ways for me not to drink." So, no, I'm not that type of person. I'm just sayin', let's have fun. Let's have fun versus getting drunk or doing something we gonna regret afterwards.

Luke’s comments reflect the complexities of promoting behavior change. Luke’s approach reflects a balance between respecting autonomy concerns and communicating about healthy behaviors. More specifically, Luke’s indirect approach allowed him to feel as though he were encouraging his brother’s adoption of alternative behaviors without appearing to exert control over his brother.

Third, some respondents described behaviors that respected their sibling’s autonomy, at the expense of promoting behavior change. However, respondents often felt torn about undermining support goals in favor of relational ones. Patrick said that at times he would just “say, ‘fuck it’” and allow his little sister to do whatever she was going to do, but that he still felt a desire to say something to try to help her. Kimberly said that being around her brother was challenging because she knew that “he needs help” and but recognized “he has to be willing.” Kimberly noted that she often chose to avoid spending time with her brother as a way to manage
this tension. Although this strategy seemed to be effective in the short-term, Kimberly commented that one way that she provided support to her mother (in coping with her brother’s use) was by doing things for and with her brother. Thus, she did not always feel like avoidance was an option.

Fourth, siblings commented on the usefulness of cognitive strategies in managing challenges associated with autonomy and behavior change. For instance, Luke focused on his brother’s autonomy, but he seemed to reinterpret this strategy as a path to behavior change. That is, Luke believed that if his brother chose recovery on his own, he would be more likely to “understand” his choice and be committed to change. Similarly, Heather reflected her uncle’s advice about her brother’s journey toward change:

He was like, “You know what… like, for Tom, it’s, for him to reach out to me, he’s going to have to hit rock bottom.” Because, like we talked about, he’s dug himself a hole.

It’s kind of hard to see the daylight from where he’s at in a situation.

Heather’s comments highlight the importance of allowing her brother to choose recovery and that her brother would have to begin to see things differently if anyone’s support were to be helpful. Emily also relied on cognitive strategies to cope with the relational implications of encouraging her brother’s sobriety. Emily allowed him to choose to get clean, but “there’s always faith, there’s always hope.” Emily’s comments reflect the utility in cognitively reframing the situation as one in which she could be hopeful. Monica also relied on cognitive reframing to help her deal with the tension between advocating for behavior change and autonomy. She suggested that she looked at her sister’s alcohol use as “choice” and not her “problem.”

In sum, siblings experienced challenges in promoting behavior change in the substance using individual and respecting his/her autonomy. Siblings employed several strategies that
allowed them to communicate effectively with their sibling. Many siblings recommended against ultimatums, which highlighted their desire to control the substance using individual. Some siblings elected to communicate in ways that reframed control as concern, indirectly raised the topic of substance use, focused on their hope for behavior change, or emphasized autonomy as the best path to change.

*Providing support in the context of role conflict.* In addition to support/autonomy concerns, sibling also experienced challenges in communicating support in ways that conformed to their individual or family roles. Often, siblings felt as though the enactment of one role complicated the enactment of another role. In contrast to issues with behavior change and autonomy, this challenge was often relevant to communicating support to the substance using individual and other family members. Lauren described the conflict that her brother’s substance use created for her mother and stepfather, which in turn created role conflict for Lauren. Worried that the stress of her brother’s use would lead to the dissolution of her parents’ marriage, Lauren decided to talk with them about how to seek help for her brother. She said, “So in that instance, I literally sat my parents down individually and was like, ‘Here’s what you need to do and here’s what you need to do’ because communication was not happening.” She noted that she became the “mediator” to try to help her mother and stepfather reconcile their “different” perspectives on what was happening to her brother. When asked how she felt about serving as mediator, she said:

Weird…you know… memorable in that I feel like I did get to help and I feel like I didn’t stand by and let everything fall apart. Also memorable…and this is really weird that I’m counseling my adult parents, you know? This isn’t my job. Except they think because of my profession and just the way that my life has gone, I feel like I have to fix things.
Lauren went on to say, “I think it was good. It is memorable in that I felt better and things got better, but it was also a very weird position for me to be in.” She described the conversation with her parents as instrumental in helping their relationship improve and fulfilling because she enjoyed helping. Lauren’s comments reflect the difficulty of mediating family conflicts associated with substance use because doing so implied behaviors that were not commensurate with her child role.

Siblings also encountered problems when their parent placed them in the role of confidant. Jamie described the difficulty she experienced as her mother’s confidant in coping with her sister’s alcohol use. She commented:

Sometimes in a weird way, I feel like it’s a reward because, I’m like OK, my mom needs me. She needs to be outletted so that she can love the rest of my family really well. But most of the time, honestly, I’m like, I don’t have hours to talk about this. I don’t fully understand because Shelly [her sister] doesn’t talk to me about this. It’s really hard for me to love Shelly when you talk about her in this way.

Jamie noted that providing support to her mother meant that she served as an “outlet” so that her mom could “still be a good mom to the other kids instead of being a total wreck for them.” However, Jamie felt that it necessarily impacted the way that she related to her sister. Listening to her mom served as important supportive function, but seemed to complicate her roles as a sister and child. Like Jamie, Jenny struggled with her confidant role. However, Jenny’s mother disclosed a range of information about her family history of substance use, including what led to Jenny’s father’s alcoholism, placing her in the role of confidant. Jenny seemed to have mixed emotions about being in the confidant role. She said:
So, I think it was a good thing that my mom told me that because I can kind of understand and have a little sympathy for him [her dad]. But also, like, in some ways, sometimes I feel like I’m kind of the main outlet for her so I feel like sometimes she can over tell me information that I shouldn’t be hearing as child or as her daughter, but I’m basically her only outlet at this point…

Jenny indicated listening to her mother’s concerns allowed her to be supportive and better understand her family’s situation, but at the same time, it was difficult to enact her child role. Jamie was privy to information that she felt was incongruous with her child role.

In some cases, respondents experienced role conflict while interacting with the substance using individual. Alexis described a dilemma with respect to providing support for her brother, who struggled with alcohol and drug use. She noted that she often worried about her brother, Sean, going out with friends or family, so she would go along to monitor Sean’s drinking. She noted:

I like become…when I think he’s gonna use or when he starts doing things I almost become like… I don’t know how to say it. I tried to blanket things that he says in a way, like if he is going to say something or tries to stay [out], I tried to say like, “No, don’t do that.” I don’t want anyone to know that he was trying to do that I just want… I’m almost like a mom. Like I want to keep him safe…and I just watch him…like a vulture.

Alexis felt that the only way to allow her brother to continue to attend family and social gatherings was to take on a “mom” role and constantly monitor his behavior. Alexis noted that she did not feel entirely comfortable with this role, especially because she saw it as “mothering,” which was inconsistent with her role as sibling.
Some respondents saw their sibling role as synonymous with friendship, but providing support could mean that their friendship with their sibling might be called into question. Even though they believed that seeking support might help the substance using sibling effectively change their behavior, participants worried about its implications for their relationship as friends. Travis said that knowing about his brother’s substance use was difficult because he was torn about whether to tell his mother. He described his situation this way:

I mean I consider my brother as one of my best friends. In my mind, doing that [talking to his mom] is like…is like betraying like a guy code kind of thing. If my best friend was cheating on his girlfriend, I’d feel like I’m in a very awkward position, knowing this information and feeling obligated to tell that other person. But I can’t. So that’s how I feel. I feel like I’m in this awkward position.

Travis felt that respecting his relationship with his brother meant not disclosing his brother’s use, as it meant he was not behaving as a friend would. Although Travis worried about the severity of his brother’s use and whether to tell his mother what he knew, his relational concerns put him in an “awkward” situation. Susan described a similar dilemma, wherein she felt as though her mother’s attempts to stage an intervention for her brother would not only be ineffective but also have implications for Susan’s friendship with him. Susan’s mother frequently brought up the idea of an intervention, but Susan felt that this put her in a precarious situation. She said:

And she wants to do like an intervention or something with him. I feel conflicted, like I need to tell him, like this is what mom’s saying. You know, I don’t want to go to an intervention for him because I do value the time we spend together. I don’t think he’s going to change his behaviors.
Susan seemed to believe that the intervention would have no impact on her brother’s drinking, but likely would have implications for her relationship with her brother. She commented that, “I just know he’ll push back. And then he’ll push us away and then here’s my brother, my best friend, who’s doing his own thing and I don’t even know what’s happening with him.” Susan’s intervention also had implications for providing support to her mother. More specifically, Susan felt that her relational concerns (with respect to her brother) meant that her mother was “alone” in her desire to intervene. However, Susan’s overarching concerns seemed to be how to provide support for her brother in a way that did not damage her friendship with him. Overall, siblings’ were concerned about how supportive interactions created role conflict, which complicated their enactment of various family roles.

Although siblings noted the difficulty of managing support and role conflict, they navigated challenges of support and role conflict in several ways, including privileging support over relational concerns, accepting relational implications, and reconciling seemingly conflicting roles. First, respondents discussed subverting relational concerns and focusing on providing support. Some siblings commented that it was not easy to reconcile providing support for their sibling with relational implications. Rather, respondents noted that they communicated in ways that ensured support rather than focused on potential relational implications. Jamie and Jenny noted that they were important sources of support for their mother, despite the difficulties associated with being their mother’s confidant. Jamie indicated that she chose to cope with the tension she felt because she was her mother’s “only outlet” and she was “fine dealing with that.” Thus, rather than withdraw support from her mother or attempt to communicate in ways that were more aligned with her “child” or “daughter” role, Jamie privileged providing support to her mother and accepted the conflict associated with her confidant role. In a similar fashion, Jenny
described her concerns and said that, “A lot of the time, I don’t want to talk about this, but who else are you [her mother] going to talk to about it.” She went on to describe her mother’s constant worry about disclosing to someone outside of the family about her sister’s drinking. Thus, Jamie seemed to weigh the stress associated with role conflict against withdrawing support from her mother. Travis also accepted his role as confidant, despite the fact that he felt awkward knowing about his brother’s use and withholding information from his mother.

Second, several respondents noted that they accepted and highlighted the relational implications of their behavior without talking about the discomfort they felt with their conflicting roles. Alexis described how she negotiated being put in a “mom” role, suggesting that, rather than try to diminish or conceal the relational overtones of her behaviors, she would instead highlight them to ensure she was more effective at preventing her brother from using. She said:

I tried to make our relationship seem…like it is very important to me, but I tried to make him feel like he will be hurting me too if he does it [uses alcohol or drugs]. I make sure he knows that if he does do it, I’m gonna feel sick over it, too. It’s not just him. It’s me.

As Alexis described how she approached her brother, she seemed uncomfortable acknowledging that she emphasized their relationship as a way of making sure that he did not use. However, given that she felt she had to take on a different role “like a mom,” it is perhaps not surprising that chose to highlight the relational overtones of her behavior. Rather than reject the relational implications of her support, Alexis seemed to draw attention to her concern and love for her brother as a means of motivating him not to use.

Third, siblings described ways in which they cognitively reconciled support with various roles. Sometimes, siblings did not communicate about the relational implications of their supportive behaviors. For example, Susan noted that she would be most effective in supporting
her brother’s behavior change if their mechanism for promoting change (i.e., staging an intervention) did not threaten the nature of their sibling relationship (i.e., being close friends). That is, Susan saw maintaining her relationship with her brother and “being in his life” as a key mechanism for changing his behavior. Similarly, Monica indicated she did not see being protective and watching out for her older sister as congruous with her role as a younger sibling and said that it was not her “place” to monitor her sister’s actions. Monica, however, decided that she had to find a way to “manage those two things.” She said that she drew on the strengths of her personality as someone who is always “watching my back” as a way to be more comfortable with her enactment of both roles of younger sister and protector.

Overall, respondents employed both cognitive and communication based strategies to manage challenges associated with support and role conflict. For most respondents, these strategies helped them to effectively balance the relational concerns while providing support. However, some respondents felt their strategies were not entirely effective. Respondents who felt they had no other option than to accept and enact various conflicting roles seemed to experience greater difficulty than those who found a way to reconcile their roles through cognitive or communication based strategies.

Managing the identity implications of communicating support. In coping with substance use in the family, respondents encountered various circumstances in which they provided support to the substance using individual, parents, and other family members. Despite their desire to communicate support to their family members, siblings were acutely aware of how others’ attempts to provide support were complicated by identity concerns. This communication challenge emerged in two distinct ways. First, respondents described the difficulty of communicating support when the source of support possessed a history of alcohol and/or drug
use. Second, respondents were concerned with appearing to enable, which complicated their interactions with various family members, including the substance using individual.

*Communicating support highlights one's own or others’ substance use history.* Siblings discussed the potential difficulty in supporting behavior change or sobriety when family members previously or currently used alcohol and/or drugs. Thus, siblings seemed to see support as highlighting one’s identity as a substance user. Some siblings struggled with the implications of their own current or past use for supportive interactions. Will commented that it was incredibly difficult to talk to his sister about her drug use because he had only recently quit drinking alcohol and smoking crack. Despite that fact that Will wanted his sister to get clean, he believed that talking about behavior change or promoting sobriety necessarily reflected back on his own use. He felt especially frustrated when his sister, who was living with him at the time, would do drugs in his home and invite strangers to spend time with her there. He noted that he could not talk to her about using or quitting because “it’s like calling the kettle black. I can’t be saying something. ‘Don’t be doing this.’” Will felt that any attempt to convince his sister to stop drinking and smoking would be ineffective because of his recent substance use history.

Sarah expressed similar difficulty in talking about her sister’s drinking because she recognized similarities between her sister’s and her own behavior. Sarah described a conversation with her mother about how emotional her sister became when she drank. She noted that her sister did not seem to be able to handle drinking, “but I’m not either really. I get emotional, too. I’m down there, too.” She felt that it was challenging to talk with her sister given her own use and that she became equally as emotional when she drank. Patrick thought that his own experimentation with alcohol and drugs in high school and college could be helpful in talking with his sister about her marijuana and opioid use. He described how he tried to be
“super direct” with her about her drug use, but she seemed to dismiss him because he tried drugs in high school and she saw his actions as “hypocritical.” Patrick went on to describe the problematic nature of communicating support in light of his own prior use:

And she has to understand that my intentions are good and I’m only trying to help her and kind of guide her. But she really hates being guided, I guess. She likes to kind of, she always is, “you have to let me live my own life” and stuff like that. I mean it could be considered hypocritical but at the same time, there is this genuine feeling of trying to help.

Even though Patrick wanted to help his sister reduce her drug use and believed he was in a unique position to help her understand the consequences of her actions, his concerns about appearing hypocritical made talking to her about her use difficult. Susan described a similar challenge in talking with her brother about his drinking because they spent a great deal of time together, meaning he was aware that she also drank. She said her brother was likely to think, “What’s good for the goose is good for the gander” and that it was difficult to “judge him” given that she drank. Susan’s comments suggest that she worried that her brother would interpret any attempt to get him to stop drinking as hypocritical because she also drank. As Susan’s and Patrick’s comments indicate, despite their desire to help their sibling stop drinking or using drugs, they felt their identity as a current or former substance using individual impeded their ability to effectively support their sibling.

Although respondents’ own use was often an issue, in many cases siblings experienced identity/support challenges because of other family members’ current or past use. Respondents felt as though other family members’ use of alcohol and/or drugs impeded collective or familial efforts to get their sibling to stop using. Many respondents reflected on the irony of this
situation, given that substance use often “runs” in families (Merikangas et al., 1998). In this way, family history of substance use or dependence made individual alcohol/drug use more likely and meant that familial support was inherently complex.

Jenny described the tension she and her mother experienced in managing her father’s alcohol use and her sister’s growing problem with alcohol. In some ways, Jenny’s case represents a general dilemma with family history—siblings were often attempting to cope with multiple family members’ substance use simultaneously. However, Jenny’s experiences indicate the challenges associated with support in the context of multiple family members’ substance use. Jenny felt that any family effort to stop her sister from drinking would be interpreted in terms of her father’s use. She noted that:

Whatever my dad said to her with ever scolding her [sister] about her drinking, she wouldn’t take it seriously ‘cause she would look back to him like, “You did the same thing. You have no right to tell me how to live my life when you are doing the same thing.”

Thus, for Jenny, her father’s use not only meant he was unable to effectively promote behavior change in her sister, but also indicated that Jenny and her mother could not rely on him as a source of family support. The tension between Jenny’s father and sister created further challenges because Jenny’s sister focused on her father’s (rather than her own) drinking. Jenny remarked:

And the…reverse of that also happened. When she confronted my dad after those situations, she tried to talk to my dad. He would say, “You are doing the same thing. You don’t have the right to talk to me.” So it was kind of like a childish interaction of
them just saying each other’s a hypocrize. Neither of them would take each other
seriously.

Jenny said that this dynamic (in particular, the influence of her father’s substance use history on
her support attempts) seemed to complicate talking about her sister’s use and trying to promote
behavior change. She described her attempts in terms of her own support needs and suggested
that her father’s use also impacted her ability to obtain effective support for her and her mother.
For example, she noted that she wanted a “more open relationship and close relationship with
people” from her extended family that knew her father and sister well. However, she noted that
her father’s history of alcoholism meant that the very people that could be “sympathetic and
understanding” to her were unavailable because her father’s use had led them to “disconnect”
from her nuclear family.

Taylor’s family history also impeded his ability to provide support for his older brother.
Two of Taylor’s older brothers experienced problems with alcohol and drugs in their late teens
and early 20s. Although Taylor relied heavily on his siblings for support in dealing with his
brother, John’s use, he found that his other brother (Adam) often was less involved in family
conversations about how to help John. Taylor commented that Adam:

Was always kinda… he was always there, but never really voiced too much of
an opinion on anything. Even when we sat our mom down [to talk about John’s use], he
didn’t really say too much. Adam’s still drinking, but I guess he has controlled it a lot
more than when he was younger, but… he doesn’t really say too much on the situation.

As Taylor noted, his brother Adam often did not participate in discussions about his other
brother, John. Taylor noticed his brother’s silence, especially when Taylor and his other siblings
confronted his parents about John’s use. Although Adam’s silence may not have always been
problematic, Taylor saw Adam’s silence as particularly meaningful and consequential during the intervention with his parents. As Taylor noted earlier in his interview, his mother reacted very critically to their attempt to talk to her about John’s substance use, blaming each of the children for speaking out. Taylor felt like his brother’s silence wasn’t coincidental. When asked why he thought his brother might have been so silent, he said:

Part of me thinks that he doesn’t want to be...almost like a hypocrite. “Oh, you know, you’re doing this, this, and this.” When four years ago, he was “doing this, this, and this.”

Taylor’s interpretation of Adam’s behavior seems to suggest that he attributed Adam’s silence to Adam’s concerns about his own substance use history. Taylor went on to say that Adam generally was not a quiet person. In contrast, Adam was “outgoing, very loud.” However, Adam rarely talked about “any in-depth thing” related to John’s use.

Similar to Jenny’s and Taylor’s experiences, Susan discussed the difficulty in seeking support for her brother, given her father’s extensive history of alcohol use. She noted that her father often would not talk with her brother about her brother’s use because he would be “making a judgment on himself.” She argued that it is “awkward for my dad because he drinks constantly, too.” Her father’s extensive history of alcohol use meant that she and her mother only relied on one another for support in dealing with her brother’s alcohol use.

In sum, for some respondents, their own use complicated interactions with their substance using sibling. Other respondents felt that family interactions were challenging because of a parent or sibling’s current or past use.

Along with describing the difficulty of balancing identity and support, respondents discussed various strategies for managing challenges. Previous research on the identity implications of support indicates that communication should be most effective when individuals
employ strategies that balance identity concerns with the enactment of support (Goldsmith et al., 2008; Goldsmith, 2009). In the current study, strategies focused on modeling “clean” behavior, cognitive reframing, and person avoidance. Cognitive reframing and person avoidance seemed to be effective in dealing with the implications of prior use for supportive interactions.

First, rather than talk about behavior change, some respondents elected to model a sober lifestyle, in hopes that their sibling would observe and choose to emulate respondents’ behavior. Will described the difficulties associated with encouraging his sister to stop drinking and using drugs. Often, he would not talk with her at all about his concerns, particularly given his own recent substance use. However, he focused on ways in which he could be supportive that did not draw attention to his identity as a former alcohol and drug user. He said, “I used to thought that me showing her that you don’t need that and that she would follow in my footsteps.” Will described that this approach was, unfortunately, ineffective in changing his sister’s behavior. In fact, his sobriety meant that he eventually needed her to move out of his apartment and that they had since lost touch and rarely spoke. Modeling behaviors might seem to draw less attention to one’s identity as a former substance using individual. However, in Will’s experience, modeling clean behavior did not have its intended effect on his sister’s use.

Second, respondents noted that strategies that did not mitigate identity implications rendered support attempts problematic. That is, family members with a history of substance use might fail to recognize or account for the identity implications of their support. Jenny commented on the problems associated with direct statements that might implicate one’s own substance use history. She noted that, in addition to her father’s failed attempts to influence her sister’s drinking behavior, most of his interactions with her and her mother were interpreted in
terms of his own substance use. For example, Jenny noted that her dad’s concern for her sister was seen as a way of distracting Jenny and her mother from his alcohol use. She said:

My dad would just kind of use my sister as a distraction away from his issues…I don’t think it was concern. It was just…because at that point he was so tired of us confronting him that he was literally looking for any outlet for leaving him alone and let him drink. And just act like…I think, in some ways…my sister got in trouble so we took the focus off of him.

Regardless of the accuracy of Jenny’s interpretation of her father’s intentions, it nonetheless suggests that her father’s use changed the way her entire family oriented toward providing support for her sister. Further, her father’s use not only rendered ineffective his attempts to change her sister’s behavior, but also became a source of conflict and distress for Jenny and her mother.

Third, some respondents discussed their own substance use history as means for effectively providing support for their sibling, despite its potential identity implications. For example, Patrick acknowledged the possibility that he would be seen as “hypocritical” for talking to his sister about her drug use, but he emphasized the “wisdom” and “knowledge” provided by his own experimentation. Patrick went on to note that he continued to approach his sister about her use, despite the possible implications for his identity.

Fourth, respondents described the potential utility of person avoidance. Family and social network members with a substance use history elected to distance themselves from the substance using sibling or certain family members a means of managing identity implications of support. In this sense, because substance using family and friends were not involved in supportive interactions, their substance using identity was not necessarily implicated. Distancing seemed to
reduce respondents’ challenges in providing support for their substance using sibling. For instance, Susan described how her father and family friend often avoided talking to her brother or talking with her and her mother about her brother’s use. She noted that her father chose to “stay out of the drama” associated with her brother’s use, given his own alcohol use. She also said that their family friend chose to avoid interacting with her mother, even though they worked for the same company. Susan noted that her father and family friend’s avoidance appeared to produce an “awkward tension,” as she and her mother were aware of their reasons for distancing themselves. Susan’s comments suggest that while avoiding interaction meant that her father and family friend’s identities were not highlighted in interaction with her brother, Susan was nonetheless aware of the motivations underlying their avoidance, which appeared to create tension in other interactions.

Even though siblings did not offer many strategies for managing this particular identity/support challenge, respondents did comment on the helpfulness of extended family members who were recovering from alcohol and drug problems. For example, Heather described how much she valued support from her uncle because he was often able to convince her brother to stop using, even if only for a short amount of time. She said her uncle’s personal struggles with alcohol meant that he was an important resource for her brother and family. It is noteworthy that these respondents did not comment on the identity implications of these family members’ support attempts. Perhaps siblings were not privy to the identity implications of support from extended family. It is possible that other features of the relationship between extended family members and the substance using individual account for this perceived effectiveness. For example, substance using individuals may have been less aware of or impacted by extended family members’ use and therefore, their support attempts may not have
constituted a reminder of extended family members’ own history of use. Relational features such as closeness or power also may have been less salient to substance using siblings’ interactions with their extended family.

It is also plausible that respondents in the current study were not entirely aware of the range of strategies employed by substance using family members. That is, siblings discussed their perceptions of their own or other family members’ behaviors. Yet, substance using family members (whose perceptions were not directly assessed in the present study) may have adopted effective approaches of which study respondents were not aware. In fact, one respondent, Natalie, suggested that substance using family members may possess relatively effective strategies. Natalie discussed her sister, Alison, who was dealing with her own drug and alcohol problems. Natalie felt that Alison was fairly instrumental in promoting change in her other sister, Meghan, who had begun to experiment with alcohol. Natalie described her sister’s approach this way:

Alison was even telling me one time when our younger sister [Meghan] got into a fight with Alison about trying to help her. After Meghan wanted help, she was at some party. Alison told me about it and Alison called to tell my parents about it, even though she knows it’s going to put a problem between my little sister Meghan and her… when she and Megan were fighting and Alison’s confronting Meghan about it, Alison kept saying, “You know I’m doing this out of love, right? I just want you to remember that yes, I told on you, and I’m doing this out of love.”

Natalie described Alison’s approach as effective not only because Alison emphasized the relational overtones of her support attempts, but also because Alison seemed undeterred by identity concerns and “being the bad guy.” Thus, it would seem that, as opposed to highlighting
identity implications, family members might find it useful to employ strategies that focus on the relational aspects (e.g., love, concern) of support.

Providing support without “enabling.” In communicating and providing support, respondents felt their behavior was often constrained by worries that their behavior would be interpreted as enabling their substance using sibling. With respect to support, these concerns impacted both the nature of shared activities and communication about substance use. As previously described, Susan was concerned about how her drinking would be interpreted by her brother and the impact this interpretation would have on her ability to convince him to seek help. Susan also felt that her drinking with her brother could be seen as enabling him. She noted:

I definitely feel weird and drinking around him, that it is enabling him or saying that it’s OK behavior. It’s probably not the best way for me to be. But, he’s drinking all the time, so if I’m going to see him, it’s going to be at the bar. So…. I’m going to get a drink.

Susan seemed to be keenly aware of the potential identity implications of her drinking with her brother. However, she felt that her presence actually helped ensure his safety (e.g., encouraging her brother to walk instead of drive home). Thus, although she felt that drinking was inevitable if she were to spend time with and look out for her brother, she was simultaneously worried about how this reflected on her identity. More specifically, she felt that she would be viewed as sanctioning his drinking. Susan went on to describe the complexity of navigating identity implications and enabling, as she noted a situation in which her brother tried to help her jump a dead battery one morning. She commented:

He came right out and helped me jump my car. His hands were shaking so bad, he couldn’t get the cables on…and until he’s several drinks in, his hands are shaking and his jaw shakes. You can just tell he needs it. He needs the alcohol.
Susan described feeling torn about his dependence on alcohol and what to say to help him. At first, she chose to highlight the severity of his drinking problem and would ask him, “How many days has it been since you have not had a drink?” When she reflected on the meaning of his shaking hands and jaw (delirium tremens, a sign of alcohol dependence), she realized that she needed to ensure that he would not stop drinking “cold turkey” for fear that he would have a seizure or heart attack. Given what seemed to be clear physical signs of alcohol dependence, Susan told her brother, “You know, you can’t stop drinking. Like if you are gonna, you can cut back certainly but you can’t just stop drinking…you can’t be in a situation where you can’t have alcohol, you know?” Although she recognized her statements (in some ways) ensured his physical safety, she said, “I hate to tell him that. So, it’s like giving him the green light to just be drunk all the time.” Susan, thus, felt torn about encouraging her brother’s drinking, even though she did not see another viable alternative that would protect him from physical harm.

Angie and her father experienced a similar challenge in providing support for her brother, who struggled with heroin addiction. She described “trying to find the right boundary of doing exactly what I need to help [her brother] get back on his treatment course, but you know, too and much and…it’s a really hard balance to find, much more than I ever thought it would be.” Angie noted the difficulty of interacting with other family members who often labeled her and her father’s actions as “enabling.” She initially talked about her and her father’s unease about whether their support would be interpreted as enabling:

Well, does that entitle paying lawyer fees? If so, how many do we pay before we’re broke? Does that mean we’ll be taking him to court? If we don’t take him to court…he can’t drive, how does he get there? If he doesn’t get there that means he’s going back to
jail where he’s only meeting more people with issues. That’s creating an even worse
environment.

Angie went on to describe her own concerns about providing support for her brother, who rarely
used his money for food or clothing. For instance, when she noticed that he needed new
clothing, she did not want to enable his substance using behavior by providing for him, but knew
that he would simply go without if she did not buy him new clothing. That is, Angie knew that
her brother chose to spend his money on drugs rather than clothing and by providing him with
clothing, she felt as if her behavior might be interpreted as enabling his drug use.

Cara seemed to experience comparable concerns with her sister’s heroin use. Cara’s
worries about enabling her sister were especially salient because they occurred when she first
learned that her sister used heroin. She described the situation this way:

She asked me to borrow money, which is kind of weird, like asking your younger sister to
borrow money. And I mean, I have known a lot of people that have done drugs and had
alcohol problems…and that was kind of a red flag. And she had lied about what it was
for…I mean, I said “OK and I’ll come over and I’ll give it to you. That’s fine.” I said,
“OK, I know this isn’t for your power bill. Like, I’ll give it to you but I want to know
what you were actually going to do with it.”

Cara’s suspicions about her sister’s need for money raised a “red flag” that drugs might be
involved, so she asked her sister directly why she needed the money. When her sister said she
was “going to buy heroin with it,” Cara’s concerns about her sister’s use were then complicated
by what it meant to lend her sister money. By asking her sister directly about why she needed
the money, Cara was in an even more precarious position about how to react. She described her
emotional reaction to lending her sister money:
I cried because I was shocked that [heroin] was the answer, figured she was going to buy weed or something like that. That’s a big deal to me…I knew I was enabling her to do so… I felt that I could not enable her.

Although providing money for drugs is often interpreted as tolerating or encouraging use (Velleman et al., 1993), Cara’s concerns about her sister’s use and safety also centered on how lending her sister the money reflected on her as identity as an enabler.

In some cases, respondents reported that their reactions to their sibling’s intoxicated behavior could be interpreted as enabling. Jamie described how her sister, Maggie’s alcohol use was directly related to Maggie’s tendency to be angry and critical of others. Although Maggie could lose her temper even when she was not drinking, Jamie believed that a core challenge associated with Maggie’s use was determining how to respond to her sister’s outbursts without appearing to enable her. She described an incident during a family ski trip when Maggie began to get agitated with other people and say critical things to Jamie. Jamie said:

So she would say something about someone else or she would make a comment about earlier in the day. So, I would just be like, “Yeah, OK.” Instead of…well, normally I would be like, “How can you say that? That’s so rude!” I don’t want to be an enabler, but sometimes the way she is acting is just…

Jamie described how her counselor helped her understand the connection between Maggie’s use and agitation and had emphasized that she needed to cope with those behaviors in a way that was supportive of Maggie. Jamie seemed to worry that she was appeasing her sister by saying “Yeah, OK,” rather than saying things that would “directly conflict with what she [Maggie] wanted” and likely increase her sister’s agitation. Overall, respondents seemed to feel that their
attempts to support their substance using sibling were constrained by identity concerns associated with enabling.

In addition to explaining the problems associated with identity and support, respondents discussed a several ways of managing these problems. Comparable to managing identity concerns associated with substance use history, participants described relatively few strategies for dealing with challenges related to enabling. First, respondents described cognitive strategies that involved reinterpreting their behaviors in a way that seemed consistent with their desire to support their sibling and downplayed “enabling” identity. For example, Jamie described her feelings about her reaction this way:

I don’t think it’s enabling…it’s just like, I’m not giving attention to what you’re saying, so maybe you’ll stop doing that. Kinda of like a little kid. I’m just not going to give attention or encourage what you’re doing and then hopefully, you’ll stop.

Although Jamie initially described her behavior as potentially enabling, she reframed the situation by drawing comparisons to how one might respond to a small child’s actions. In this way, she appeared to emphasize the implications of her sister’s actions a childish and necessitating a certain type of response. Jamie went on to say that she saw herself as “being loving” by saying, “OK, cool.” Jamie appeared to manage the identity implications of her behavior by reconstructing her response to her sister’s behavior as a manifestation of her concern for her sister. Jamie noted that she continued to seek out strategies to effectively promote behavior change in her sister without enabling her. Jamie worried that any attempt to effectively manage her sister’s behavior would be seen as enabling her sister’s behavior.

Second, some respondents mitigated the impact identity implications by acknowledging the likelihood that their behavior would be seen as enabling and committing to never again
engage in such behaviors. Thus, respondents seemed to feel that if they did not repeat the behavior over time, it mitigated identity implications. For example, Cara described her response to her sister’s request for money, by accepting that even though the she “knew” she was enabling her sister at that moment, she indicated that she would not do so again. Cara remarked:

I told her that, you know, she shouldn’t be doing that [using heroin] and that it’s a really dangerous thing to mess with…I told her I was never going to give her money again because I knew in the future even if she did come up with a lie, I knew that it was going to be for drugs…

Cara seemed to approach the identity implications of giving her sister money by directly acknowledging that she knew that the money was going to be used to buy drugs. Further, she discussed her future interactions with her sister as generally inconsistent with enabling. Cara told her sister that she would never again provide money to support her heroin use, despite her willingness to grant her first request for money. Despite Cara’s emotional reaction to having initially loaned her sister money, she seemed to find it effective to communicate with her sister about the nature of future support. More specifically, Cara appeared to effectively mitigate identity concerns through statements that ensured her sister that (despite her present behavior) she would not loan her money again.

Overall, siblings’ strategies focused on emphasizing the relational implications of their support, rather than highlighting the identity implications of enabling. Further, some respondents employed statements that helped mitigate the identity implications of their support because they demonstrated to the substance using individual that certain types of support (e.g., financial support for drugs) would not be provided in the future.
Managing ambiguity and relational uncertainty in the context of ritual and routine.

Substance use can dramatically impact the nature of family rituals (Velleman et al., 1992) and everyday interaction between family members (Landau & Garrett, 2008). Many respondents noted that substance use infused rituals and routines with ambiguity and uncertainty. For some respondents, substance use constrained everyday interaction and rituals because it created periods of emotional or physical absence. Thus, respondents had to cope with a sense of ambiguous loss, in that substance using siblings were physically present but psychologically absent (or physically absent but psychologically present) (Boss, 2007). Other respondents noted that substance use dramatically changed their relationship with their sibling such that they were uncertain about the nature or intimacy of their relationship. In this sense, feelings of emotional and/or physical absence seemed to be complicated by doubts about the nature and future of their relationship with their sibling. Thus, in addition to experiencing forms of ambiguous loss, respondents also appeared to grapple with relational uncertainty (Knobloch & Solomon, 1999).

Substance use seemed to disrupt regular interaction between family members because it created periods of physical or psychological absence. For instance, Emily said that, although her family history of alcoholism meant that she often knew how to act around her brother when he drank, she nonetheless struggled with how to deal with the prolonged absences associated with his alcohol use. She described how he “would just come and go” depending on the frequency and intensity of his alcohol use. Emily seemed to suggest that her brother’s alcohol use (and thus extended absence) from the home created something of a predictable “pattern” for how to behave around him. However, she noted that despite this sense of predictability, Emily noted that she still was unsure about the duration of his absences or when he would return home. She described her reaction each time her brother would leave the family home:
He’d visit, do stuff together, and then when he’d leave, I’d be like, “Are you coming back?” And he’d be like, “Yeah, I’ll be back this evening around 6 or 7.” I’d be like, “Yeah, right. You’re not coming back because once you leave, you’ll be gone for 2 or 3 weeks.”

Emily went on to say that even though her brother would assure her of his quick return, she was not entirely sure whether he would stay away or return. She said that she often thought, “Maybe he’ll come back in a couple days.” After she moved out of the family home, it seemed that Emily’s interactions with her brother became increasingly unpredictable. She said that she would “get lucky” if he called her to let her know where he was or how he was doing. She also described her concerns about being unable to find him when he had not contacted her or she had not received word about how he was doing. She said she did not “even know where to look for him” during his prolonged absences. Unfortunately, when Emily was able to locate her brother, she was forced to deal with her brother’s psychological absence because alcohol had so thoroughly changed his behavior and personality. She said:

And sometimes we’ll find him in a state where he doesn’t even know what he’s doing or where he’s at. He’s [her son] is like, “That’s uncle?” It’s just like a totally different person and he could barely even recognize him.

Emily’s experiences reflect the discomfort that respondents experienced with respect to presence and absence. Initially, Emily and her family were able to cope fairly well with her brother’s absence from the family home, despite Emily’s uncertainty about when her brother might return and for how long. However, as her brother’s use progressed, Emily’s concern for her brother escalated. For Emily, being around her brother did not necessarily alleviate Emily’s worry because her brother’s physical absence was replaced with psychological absence.
Cara described how she and her family struggled with her sister’s physical absence during holidays and family rituals. Her sister’s absence made it difficult to engage in family rituals at holiday gatherings because her sister remained the focus of conversation. She described the tension between her sister’s presence and absence this way:

She wasn’t with us on Christmas. She just didn’t come…we were all really sad. It was brought up a couple of times, like, “I wish she were here.” I don’t know why she didn’t come. I honestly don’t. But there are presents…under the tree. . . when we’re all done, they’re just sitting there…

Cara’s experience reflects the difficulty of celebrating and opening gifts with her family, given her sister’s physical absence. For Cara’s family, her sister’s absence at Christmas seemed to come as a surprise and the gifts left under the tree represented their emotional bond with her and their desire for her to be there to celebrate with them. Thus, holidays and the ritual of opening gifts together simultaneously reflected her sister’s presence and absence.

Like Cara, Abby also dealt with ambiguity surrounding her sibling’s emotional presence and physical absence. Abby described how her brother’s stays in rehab centers often coincided with holidays and it was difficult for the rest of the family to celebrate given his absence. She said that her brother being sent away represented something “bad” when she and her family were trying to “celebrate something good.” She said that despite her brother’s physical absence, he nonetheless was the focus of conversations. She noted her concerns about being around her extended family at Christmas:

If we would have gone to even my grandparents’ house, I feel like Michael would have been the main topic the entire time. . . I feel like that’s all they would have wanted to talk about. Like, “How are you feeling since Michael’s been gone?”
Abby noted that part of the difficulty with her brother’s physical absence was that her parents appeared to focus all of their energy on her brother, rather than on her and her other siblings. She noted that her parents were “distracted for two years” and so emotionally invested in preparing for her brother’s return from rehab that their interactions with their other children were lacking. She said:

I tore my ACL my sophomore year an I don’t even think they were in the mindset of like, I was hurt because they were like, “Oh, Michael is coming home in a month. We have to change everything again.”

Abby’s experiences indicate that her brother remained psychologically present within the family. She noted that, despite the importance of holidays like Christmas and Easter, her brother’s treatment seemed to mean that many family members (her parents in particular) were unavailable to her and her other siblings.

Ambiguity also seemed to pervade how respondents thought about their relationship with their sibling. That is, respondents seemed to experience a degree of uncertainty about the nature or future of their sibling relationship. Thus, siblings encountered relational uncertainty about their sibling relationship, which complicated interaction with their substance using sibling. For example, Heather noted that her brother’s alcohol use had contributed to a “rift” between her and her brother. However, her brother would often call her late at night, after he had been drinking. She described the situation this way:

First of all, as soon as I would see it [her brother’s number] on my caller ID on my cellphone, I would start to get emotional ‘cause I’m like, Oh my gosh. It’s my little brother. He’s finally calling me. And then I answered. He would talk a little bit about
like, “I miss you. I don’t even recognize your voice anymore. This has gone on too long.”

Heather said that she initially interpreted his calls as a sign that their relationship was changing and getting closer again. She said she would often think, “Oh my gosh! Is he trying to make amends? Are we actually going to have a relationship?” She noted that she would “cry a little bit” and then her brother “would start the conversation.” For Heather, these phone calls, which might seem more expected and routine in sibling relationships that were not as conflicted as theirs, could symbolize relationship repair. However, because of her brother’s drinking, Heather was never sure how to interpret the calls because contact with her brother was unpredictable.

In a similar fashion, Will struggled with late night calls from his sister, which appeared to be fueled by his sister’s alcohol use. Will and his sister had not spoken since he asked her to move out of his apartment, so he was surprised when she began calling him late at night. Will knew his sister’s drinking motivated her to contact him. However, he still wondered what their contact meant for the nature of their relationship. Similar to Heather, Will was unsure whether he should interpret his sister’s calls as a sign of relationship repair or renewed sibling relationship. He described the first time he spoke with her after she moved out:

Well, she called up twice, drunk again, and telling me how much she loves me and misses me and you know, I sat there and talked to her. I didn’t want to be rude and just say don’t call me and I wanted to say, “Please don’t call me drunk. Call me when you’re sober.”

Will commented on how his sister’s calls reminded him of when they had a much closer relationship, which contrasted with the emotional distance they experienced since she began using alcohol and drugs. His sister’s alcohol use (manifested through her late night calls) created
uncertainty about the nature of their relationship with each other. Will noted that his uncertainty about their relationship was salient even when family members talked to him about his sister, as it was difficult to know about her, given that she only called him when she had been drinking. Therefore, it was difficult for Will to talk about his sister because her inconsistent, alcohol-induced contact created doubts about their relationship. He noted, “I wanna say, ‘Mom, don’t tell me about her’… she still doesn’t call me or anything, you know. Only when she’s drunk.”

In sum, respondents noted that family interaction and rituals could be difficult because they heightened siblings’ ambiguity and uncertainty about their relationship with the substance using individual. For some respondents, interaction and ritual were complicated by periods of psychological or physical absence. For others, substance use appeared to contribute to inconsistent contact, creating doubts about the nature of the sibling relationship.

Similar to communication challenges, siblings’ strategies reflected the complexity and difficulty of dealing with physical/psychological absence and relational uncertainty. Strategies did not appear to directly address the underlying cause of respondents’ doubts---their sibling’s substance use. Rather, participants discussed using indirect or avoidant strategies to manage family interaction and ritual. Strategies for managing relational uncertainty appeared to reflect respondents’ desires to eliminate ambiguity stemming from substance use-induced contact and conversation.

First, participants found topic avoidance to be effective for managing the immediate discomfort associated with uncertainty, but not necessarily useful in figuring out how to address or change the substance using individual’s behavior. For example, Will described how he often avoided the subject of her drinking and his discomfort, even though it appeared to contribute to
his sister’s calls and, thus, his doubt about their relationship:

No, I’ll sit there and I’ll talk with her, you know, and just go, “Yeah, yeah, yeah.” But no, I never I… am just the kind of person…I have a hard time expressing myself, too. And you know, I wish I could say, you know, say that to her but I think, you know, next time, I will because I’m becoming more stronger…

Will seemed to feel that topic avoidance was generally ineffective because although it allowed him to “sit there” and “talk with her,” it did not address the way her drinking and the calls made him feel. When asked why he wanted to be more direct with her next time, he said:

Because then she knows that, how I’m feeling. She’ll knows my feelings about her drinking and stuff. I mean, I want to be, I want my sister back. I really do. I’m gonna cry…I really do miss her.

Will seemed to believe that not talking about how the calls made him feel was ineffective because it did not address the underlying issue (i.e., his sister’s substance use). He seemed to feel as though he would have to openly discuss his feelings about her use (and relatedly, her late night calls) in order to resolve his uncertainty about their relationship. Will worried that continuing to avoid the topic of his sister’s use meant that he would not know whether they could have a relationship apart from periodic, alcohol-induced phone calls.

Second, in addition to employing topic avoidance, respondents also chose to avoid situations or family members that seemed to heighten their ambiguity or uncertainty. Abby noted that, at Christmas, she had the choice to stay with her grandparents, but as previously noted, she was confident that her brother would be a topic of discussion. Instead, she and her sister chose to spend the holiday with family friends “who knew everything that was going on” but allowed them to “get their mind off” of her brother. Abby found that engaging in ritualized
behavior with family friends helped her cope with the ambiguity surrounding her brother’s absence because they could engage in holiday rituals without worrying that her brother would be the topic of conversation. Abby said that her family friends helped her and her siblings experience the holiday as they would if her brother’s drug use (and thus absence) had not been her family’s focus at Christmas. She noted, they “brought us to church and then we went out to dinner with them on Christmas…just like we were a part of their family.” She went on to say that being with family friends also helped her avoid spending too much time around her parents who were so focused on her brother that she did not feel like the holiday would be as enjoyable for her and her other siblings. Rather than negotiate being around her parents and extended family where the tension between her brother’s absence and presence would be heightened, it was useful for Abby to spend time with those who would allow her to experience the holiday as she normally would.

Third, some respondents described behaving in ways that were commensurate with the type of relationship they wanted to have with their substance using sibling. Whereas Abby and her siblings chose to avoid situations, Heather seemed to feel that it was useful to engage in behaviors that were consistent with the type of relationship she desired with her brother. That is, rather than specifically address her brother’s drinking or inconsistent contact, Heather chose to enact behaviors that she felt were appropriate for a close sibling relationship. Despite the tension associated with her brother’s calls, Heather would routinely contact her brother in hopes that she could re-establish her relationship with him, apart from late night phone conversations. She noted:

Maybe one of these days, he’s gonna pick up or he’s gonna call me back. Maybe something that… it’s a combination of things, because sometimes I’ll call him like
nothing’s happened. “Hey, how’s it going? Just want to let you know this is what’s going on.” Maybe I will give him an update about my son…

Heather seemed to find comfort in engaging in behaviors that could be associated with a close sibling relationship, despite any clear sign from her brother that they had made “amends” or could now “have a relationship” with each other. She said that she would “send him cards” or “family pictures,” despite the fact that her brother might very well “open them and see it [the picture] and throw it out.” However, despite the relational overtones of her actions, they did not seem to resolve her uncertainty about the nature of their sibling relationship. Heather seemed ambivalent about whether her actions would affect the nature of their relationship, saying, “So I think for me, it’s kind of one of the things where maybe it’s getting through to him. Maybe it’s not. But I don’t know. So I’m going to keep doing it.” Heather seemed to feel that initiating contact and attempting to repair their relationship provided her with some comfort, regardless of its impact on the source of her relational uncertainty (i.e., her brother’s inconsistent calls, substance use).

Fourth, participants managed ambiguity and doubt by indirectly referencing their substance using individual’s behavior or absence. This approach appeared to allow family members to acknowledge ambiguity and doubt without explicitly talking about the substance using individual. Cara described difficulties associated with her sister’s absence from family gatherings and noted that she and her parents rarely spoke directly about how they felt in those situations. She indicated that when her sister missed Christmas, they sat around, staring at the presents under the tree. She noted that she and her parents just said, “This sucks” and no one in her family directly raised the topic of her sister’s absence or use. She said her sister’s absence (and relatedly, her drug use) were not explicitly discussed because there was “just a general,
known mood.” In contrast to Will, Cara seemed to find topic avoidance to be effective in handling ambiguity associated with her sibling’s substance use. However, as she described her family’s general approach to talking about her sister and her sister’s use, Cara remarked that she and her parents “know that that [drug use] is why she’s like that, but we don’t ever come out and say things about that, things about her use.” In this context, not talking directly about her sister’s absence at Christmas was consistent with how Cara’s family generally approached the issue, which seemed effective to them.

In sum, participants discussed several ways to cope with the influence of ambiguity and uncertainty on routine and ritualized family interaction. Topic and person avoidance were useful to a certain extent because these approaches allowed siblings to steer clear of individuals or issues that heightened their doubts. However, avoidance did not seem to be entirely effective because, in some cases, it did not resolve the perceived source of siblings’ uncertainty (i.e., behavior influenced by alcohol and/or drug use). Engaging in family rituals appeared to help respondents focus their attention on relationships that were not necessarily fraught with doubt. Further, some participants managed their uncertainty by enacting behaviors consistent with close, stable sibling relationships.

Managing interaction and uncertainty in illness. Similar to experiences of ambiguous loss and relational uncertainty, respondents saw communication as a source of uncertainty about their sibling’s substance use. Consistent with prior research on the pervasiveness of uncertainty in illness (Brashers et al., 2003; Mishel, 1990), participants noted that interaction often generated or exacerbated their doubts about the symptoms and severity sibling’s use. Symptom-related uncertainty focused on respondents’ doubts about whether to attribute their sibling’s behavior to substance use. Even when substance use appeared to explain their sibling’s behavior,
participants experienced doubt about the exact nature of their sibling’s use (e.g., what substances their sibling was or was not using). Some respondents were uncertain about the severity of their sibling’s use, including questions about whether their sibling used multiple substances or administered substances in ways that increased physical dependence. Participants also noted doubts about their sibling’s prognosis, or whether their sibling might ultimately achieve or maintain sobriety.

Respondents experienced doubts about whether and which substances their sibling was using. Noah said his uncertainty about his brother’s use increased when his brother’s roommates told him about changes that they noticed in his brother’s behavior. He said that he and his brother would often go out and drink in local bars, but his brother’s roommates noted that his brother began to “drink with his [bedroom] door closed” in their apartment. Noah said that interacting with his brother also heightened his uncertainty and indicated that his brother became “a little more sneaky,” which “raised a level of concern” in Noah. Alexis described similar doubts about her brother’s use. She suggested that she was never entirely sure whether to attribute his behavior to substance use because she knew “most of the time” when he was using but she didn’t “know all the time.”

Natalie voiced similar doubts about the nature of her sister’s substance use. However, Natalie’s doubts centered on the extent or severity of her sister’s use. She described how her sister frequently used alcohol, but, at one point, Natalie suspected that her sister also might have been using illicit drugs. She noted:

Her and her boyfriend always leave for an hour or two and then come back, but never tell us what they were doing. One time, she left her purse in my apartment and almost had a panic attack that it was there, freaking out, banging on the door. I answered it and was
like, “What’s going on?” She’s like, “I left my purse here” and was in panic mode that she had left her purse there. He [her boyfriend] has keys to their apartment, too. She shouldn’t have been worried about it. She had her phone in there. I think it was, after she left, I think there was something in the purse that she didn’t want me to see, that type of thing.

Natalie seemed to be suspicious of her sister’s drug use, but noted that she “didn’t know anything for sure.” Over time, Natalie’s sister’s use appeared to progress, leading to alcohol and Adderall use. Although Natalie was aware of her sister’s Adderall use, she said their mutual friends would often comment that her sister looked like she was “drugged out” and “sick,” which (to Natalie) implied that her sister likely was using cocaine. She said, “It was hard to deal with because I can’t say for sure that it’s not [cocaine use], but I just don’t think it is.” For Natalie, interactions with her sister and sister’s friends generated uncertainty about whether Natalie’s sister used drugs or, in some cases, struggled with polydrug use. In a similar fashion, Cara experienced uncertainty about the severity of her sister’s heroin use. She noted that when she first found out that her sister was using heroin, she wondered whether or not her sister was using heroin intravenously and thus, the severity of her sister’s use. She said:

I guess when the first initial conversation she said she was going to buy heroin, like I know that you can either snort it or shoot it, I guess. I wanted to ask her if she was shooting it because I’ve looked online or I’ve just heard I guess that people who snort it don’t get as addicted to it. And just when you start to put that in your vein, that it’s very hard to get away from…it was the only thing that I was unsure about…

Cara’s comments indicate her uncertainty about the severity of her sister’s use, as reflected by her sister’s method of using heroin. In a similar fashion, Brandon described being unsure about
the severity of his brother’s use and whether it was serious enough to warrant a treatment program. He remarked that, “part of me thinks that he should be involved in some sort of program… and half of me thinks, he’s only 22. He’s got time to figure it out.”

Luke also wrestled with doubts about the severity of his brother’s alcohol use. For Luke, however, uncertainty stemmed from how his brother’s alcohol use might impact his brother’s behavior. Luke worried that his brother’s use would cause him to temporarily lose control of his actions, possibly placing them both in harm’s way. He discussed the first time he saw his brother drinking and smoking while his brother was driving them to their aunt’s house:

Well, first of all, you ain’t supposed to drink and smoke while you drive. First and foremost. So, at that time, I knew to put on my seatbelt because you know, if you drinking and driving as well as smoking, that means that you don’t care too much about what’s going on outside of this car. And you know, by us knowing that alcohol and smoking kind of control your body if you consume too much of it, your body not going to function as coordinated as it is if you don’t smoke or drink. So as far as being behind a machine such as the car, it kind of make you think like, what if he had an alcohol abuse attack or something like that? It was just little things…but I don’t know how much it takes for him to get drunk at that time, for him to get a vicious react to [reaction].

Luke described being aware of the exact nature of his brother’s use, but uncertain about how his alcohol and marijuana use would impact his brother’s behavior and whether it would affect Luke’s safety.

Some participants described uncertainty about the consequences and progression of their sibling’s substance use. Justin wondered whether his sister’s alcohol use would have long-term implications for her close relationships. He said, “Because I think…her life would be destroyed.
Like her family, maybe my sister’s husband would divorce with her.” For respondents whose sibling was in recovery, doubt surrounded their sibling’s newfound sobriety. For instance, Taylor described his doubts about his brother being “early in his sober state:”

He is still sober, from the summer. But…still shaky. He goes to meetings everyday, which I think is the best thing for him because he’s working and going to school and going to meetings everyday…I think it’s important because he has a full schedule…he ran a marathon, which no one ever knew he’d be able to do. And between all these things, he’s very set in stone, which is good. But it kind of worries us, too. Is he going to be able to last? And plus, if he doesn’t have his busy schedule, what’s going to happen? If he starts getting his free time back…it’s always kind of in the back of your mind.

What if he goes back to it?

Taylor described his uncertainty about whether his brother would be able to stay sober, concerned that in absence of structure and a “full schedule,” that his brother might go “back to it.” Angie, like Taylor, discussed her concerns about her brother’s ability to successfully recover from heroin use. She commented, “So I don’t think there’s really any internal motivation to get clean just yet, other than like he’s making the rest of us more happy, which I guess is why I’m concerned that it will only last so long…” Angie described the risk associated with direct conversations about her brother’s use. She said that, unfortunately, her father’s uncertainty seemed to “parallel” her own such that:

I hate talking to him about it after a while because it’s like, “You’re supposed to be ensuring this will be okay. You’re failing on this aspect of things.” And he prides himself on being an extreme realist, so he’s like, I’m just being honest about it.” I’m like, “No, not good, not working.”
For Angie, talking with her father about her doubts seemed to magnify her uncertainty about her brother’s prognosis. Dana noted that, although there were many things that were difficult for her family to discuss with respect to her brother’s use, her brother’s potential relapse was especially challenging. Like Angie and Taylor, she wondered how long her brother would be able to maintain his sobriety, given that “he relapses, goes back to treatment, relapses.” She said that her brother currently lived with her parents and therefore was doing better, but she was uncertain as to whether he would “relapse again” once her mother was not around to take her brother places and monitor his behavior.

In sum, participants experienced various challenges related to uncertainty and their sibling’s substance use, including doubts about its symptoms, severity, and prognosis. Uncertainty sometimes manifested in interactions with the substance using individual, family members, and social network members.

Along with describing challenges, respondents offered various strategies for managing uncertainty in illness, which appeared to vary in their effectiveness. First, respondents described avoiding the topic of their sibling’s substance use (generally or with specific family members). Some respondents chose to focus on less threatening topics, which allowed them to manage their doubts without directly raising the issue of their sibling’s use. In some cases, participants talked about their uncertainty with some family members but not others. Abby noted that she felt like talking about the possibility of her brother’s future use was acceptable around her parents and other siblings, but not her brother. She said that she worried that talking about their uncertainty about his sobriety “might make him do it again.” Therefore, Abby and her family would use family outings (when her brother was not present) to talk about their doubts and concerns. Dana
noted that both the context and the topic influenced whether her family could talk about their uncertainty. She said that:

Yeah, we try not to talk about it unless it's like with the group therapy. Because I guess when he was in rehab, they recommended that we do family therapy together. So, they do that with him and then I go to it, too, sometimes. So we talk about it in there, but other than that, we try to talk about other things.

Dana suggested that this strategy was not necessarily effective because her brother’s counselor often brought up the topic of relapse and emphasized the possibility that it could occur. Dana remarked that:

Well, I mean hearing the statistic ratings from the counselor, that wasn't helpful because that scares me even more. I guess the relapse rate for heroin is very high. Obviously, because he's relapsed so many times. But that wasn't helpful, no.

For Dana and her parents, it was easier to talk about their doubts in the context of family therapy. However, Dana was aware that doing so was not without risks, given that talking with her brother’s counselor had the potential to increase her doubt.

Second, some respondents indicated that topic avoidance could be helpful in managing their uncertainty. Taylor said that he felt he could not talk about his brother’s prognosis with anyone in the family. Thus, Taylor chose to avoid the topic of prognosis and focus on issues about which they were less uncertain. He said, “There’s a lot of things we do talk about, like in the past and how he’s doing. I think we’re all kind of worried about the future, but no one really says it.” Whereas Abby and Dana were able to talk about their brother’s prognosis with certain members of the family, Taylor seemed to find that talking with his family was difficult because the doubt about his brother’s ability to stay sober was pervasive amongst his family members.
Somewhat comparable to Taylor’s approach, Luke found that managing his uncertainty about how alcohol and marijuana would affect his brother was best achieved by sticking to relatively safe topics. He said:

   So I just left him alone and give him someone to talk to so he wouldn’t be too distracted by the liquor…he’d be like, content…. I didn’t want to give him a specific question like, “Oh, why are you drinking?”

Luke went on to say that rather than focus on his brother’s substance use and what could happen while his brother was drinking and driving, he was more comfortable talking to him about his school and trying to stick to topics that would not upset his brother and increase the risk that his safety would be jeopardized by the effects of his brother’s use. Luke avoided any topics that might upset his brother until they were no longer in the car and there were fewer threats to his physical safety.

Third, siblings reported using passive information seeking strategies to manage their uncertainty. Berger (2002b) defined passive information seeking as behavior that allows individuals to gain information through observational, unobtrusive means. In the current study, several respondents noted the utility of passive strategies. Travis was unsure whether his brother’s marijuana use would become more frequent or severe. He noted that he did talk to his brother about his concerns but “wouldn’t normally bring up the topic” on his own. Instead, Travis waited for his brother to raise the topic of his marijuana use and then he would ask questions about his brother’s use to obtain more information. Cara suggested that the physical nature of her sister’s heroin use meant that she could avoid asking her sister whether or not she was using heroin intravenously. She said:

   I just didn’t bring up the point but…then I shortly learned that she was shooting it… I
noticed the marks on her arms because she wasn’t really hiding it like most. I assume that if she is shooting it that she would always be wearing a sweater, but she doesn’t hide it at all.

Cara suggested that although she was not prepared to ask her sister directly for details about her heroin use that, over time, the physical signs of her sister’s use meant that raising the topic was unnecessary. Cara observed the track marks on her sister’s arms, thus resolving her questions about the severity of her sister’s use. Cara’s and Travis’s comments suggest that passive information seeking strategies allowed respondents to effectively manage their uncertainty without asking questions of their sibling.

In sum, participants reported several means of dealing with uncertainty in illness. Respondents chose to avoid the topic with particular family members or in specific contexts. Siblings appeared to find topic avoidance to be useful in managing their uncertainty. However, it was not always possible for participants to avoid situations in which their sibling’s substance use might be discussed. Indirect information seeking and focusing on safe topics seemed to allow respondents to effectively cope with their doubts because such approaches did not draw attention to their doubts and concerns.

Coping with the identity implications of disclosing to friends and family. Respondents were concerned with how disclosure to or talk with family and friends carried identity implications for themselves, the substance using individual, or the family as a whole. Challenges were salient in two types of contexts. First, siblings focused on how revealing information to family members could have implications for their or the substance using individual’s identity. Second, participants discussed how talking about or revealing their sibling’s substance use to individuals outside of the family necessarily reflected on themselves. More specifically, they
suggested that individuals outside of the family were prone to stigmatize them as a result of their sibling’s alcohol and/or drug use.

*Revealing threatens self and sibling identity.* Respondents seemed to be concerned with how sharing information about their sibling’s use could reflect on their own identity. For example, Cara said that she felt that it was her sister’s “place” to talk to her parents about her drug use. Despite the fact that revealing could ensure that her parents had a better understanding of her sister’s use, she didn’t want to be a “tattle tale” by telling her parents what she knew. Taylor focused on a comparable concern when he reflected on whether to talk to his parents about his brother’s use. Concealing his brother’s use became more challenging when his brother began stealing from his younger siblings who would turn to Taylor for help. Taylor said, “I think it was really hard, you know, ‘He did this’ or ‘I know he stole from me.’ We didn’t want to rat out our brother and get him in trouble.” He commented that his parents’ relative unwillingness to talk about his brother’s use compounded his dilemma about whether to tell his parents what he knew.

Participants were also concerned with the ways that revealing might affect other family’s members’ views of their substance using sibling. Natalie talked about how she and her sister were worried about telling her father about her use, despite the fact that he “would be someone who is more understanding ‘cause he’s so laidback with stuff like that.” She said that she and her sister had kept it from her father because “she kind of idolizes him and she doesn’t want him to change the way he sees her.” In a similar fashion, Susan described the difficulty associated with talking with her mother about her brother’s use, particularly when it required revealing things about her brother’s behavior that would reflect poorly on him. For example, Susan said
her brother’s drinking led him to be promiscuous and seek out on short-term, physical relationships. She commented:

I don’t want to embarrass him, with telling her the sex stuff or you know, that’s not something you want to hear about your kid. I think she has an idea of it, that a lot of women and a lot of failed relationships that are not real relationships. But I don’t think that she knows how many people went home with him last weekend or how many people call him in an hour… just gross stuff like that.

Susan noted that although talking about her brother’s promiscuity might help her mother better understand her brother’s problems, she was uncomfortable with the potential identity implications of disclosure. Similarly, Jenny noted that she felt like she could not tell her mom what she knew about the nature of her sister’s sexual behavior. She said:

I know that my mom basically thinks that she’s only had a sexual relationship with one person and that’s her main long-term boyfriend. But in reality, it’s been a lot more people. So I can never talk to my mom about that. I know that alcohol does have an influence on her sexual interactions just ‘cause when she’s drunk at a party, that’s when a lot of them happened. So that’s definitely the main thing I feel like I can’t talk about with my mom about her behavior.

In Jenny’s and Susan’s cases, revealing information about issues related to their sibling’s substance use had implications for how their parent viewed their sibling. Thus, it was difficult for them to talk about these issues, despite the potential risk associated with keeping this information to themselves. Sometimes these concerns extended beyond parent-child relationships. Luke reflected on the identity implications associated with disclosing to extended
family. He said he did not talk to his aunts and cousins, noting:

We don’t let our intermediate family situation get outside the circle because we don’t want too many people dippin’ and divin’… or you know having their own opinion.

I know you’ve heard the little game, the telephone game? We don’t want to get that going because once we hear from the fifth or sixth person, it’s different from the actual story…

Luke seemed to be concerned with controlling information about his brother because he was sure that the accuracy and nature of information would change the more family members talked to each other. He felt that disclosure was inherently about identity management, as he said:

They [his extended family] might say, “Oh, I won’t spill the beans about what you fixin’ to tell me.” But all of a sudden, it gets spreaded. I might say to my auntie, “Oh, my brother dealing with alcohol abuse.” Then it might get to, as far as specifying drinking, and then she might tell somebody, “Oh…my nephew is addicted on crack.”

Luke suggested the lack of control over information about his brother’s use meant that his extended family could reinterpret such information in a way that had negative implications for his brother’s identity.

Respondents noted that managing information about their sibling’s use was tied to concerns about their own and their sibling’s identity. For some respondents, sharing information with other family members would imply to their siblings that they were “ratting” them out. Further, disclosing could negatively impact family members’ perceptions of the substance using individual.

In addition to noting the problematic nature of disclosure, respondents described two ways to balance talk with identity concerns. Respondents’ strategies centered on ways that they
could successfully protect their own or their sibling’s identity while sharing information with family members. First, some respondents chose to disclose to certain individuals whom they felt were likely to respect identity concerns. Noah suggested that protecting his brother and “giving him the benefit of the doubt” required taking “little steps” and disclosing to one family member at a time. Noah first disclosed to his father because he knew that his father would protect the information from other family members until it was appropriate and necessary to tell the whole family. Taylor chose to disclose to his siblings, rather than disclose to his parents. In contrast to his concerns about talking to his parents, Taylor did not feel that he was “ratting out” his brother by disclosing to his siblings. Luke suggested that one way that he could keep the information about his brother’s use “in the circle” was by disclosing to a third party outside of the family. More specifically, Luke described the benefits of relying on a counselor to help the family deal with their concerns and that his substance using brother would likely see their decision to disclose to a counselor as a sign of “respect.” Respondents seemed to see selective disclosure as a useful strategy, as it allowed them to feel as though they were communicating about their sibling’s use without threatening their or their sibling’s identity.

Second, some respondents indicated that they talked about their sibling’s substance use but avoided topics that might be threatening to their sibling’s identity. One respondent, Susan, described this strategy as “tempering.” When asked how she might temper information about her brother’s use, she said:

You know, like, “Yeah, he was, he’d been drinking.” Well, no… “He’s drunk. He’s incoherent. He’s not standing but leaning on something.” You know? I just don’t tell the whole story because then I would feel bad.
Susan indicated that tempering information about her brother had the added benefit of protecting her mother and preventing her mother from becoming more concerned, at least in the short-term. However, Susan said that this strategy was generally ineffective in the long term because tempering made it more challenging to effectively seek help for her brother. Her identity concerns did not become entirely irrelevant, but the way she managed identity goals in one interaction had implications for other interactions with her mother. Indeed, Susan openly discussed the problems with tempering:

   I get the effect that she [her mother] doesn’t realize how bad it is. You know, I don’t give her the full story, then she doesn’t realize how bad it is and then we’re not on the same page when we talk about it.

Although Susan felt that tempering accomplished her immediate goals of protecting her brother’s identity, she recognized its limitations with respect to helping her mother realize the severity of his use. In a similar fashion, Jenny noted that she talked to her mom about her sister’s “actual boyfriend and…about her [sister] talking to other guys, like going on a date or something, but not about sex.” Cara indicated that avoiding the topic of her sister’s use with her parents was effective and unproblematic because it protected Cara’s identity and was also fairly consistent with the fact that her sister’s use was an “untouched subject” in her family. She noted that even though her parents eventually found out about her sister’s use (when they saw needles in her sister’s bathroom), she and her parents had never spoken about her sister’s use. Thus, her family’s tendency to not talk about her sister’s use meant that avoiding the topic was an effective way to protect her own identity. Further, in contrast to other respondents, Cara did not seem to be actively seeking help or support from her parents for her sister, which might account for the effectiveness of topic avoidance. That is, compared with other respondents, Cara was less
concerned with instrumental goals such as seeking and providing support and more focused on the identity implications of disclosing aspects of her sister’s substance use to her parents.

*Coping with stigma outside of the family.* Identity concerns also were salient to respondents’ interactions with individuals outside the family. Whereas concerns surrounding disclosure and identity tended to center on siblings’ concerns about how other family members viewed respondents or substance using individuals, challenges associated with stigma often involved members of respondents’ community or social network. Respondents felt as though collective knowledge about the substance using individual meant that they were often judged or treated as though they were using substances, too.

Taylor indicated that he and his older brother had many mutual friends in high school, but that this became problematic once their friends become more aware of his brother’s alcohol and drug use. He said, in spite of the importance of those friendships, he felt that his brother’s reputation often extended to him, which complicated interactions with his friends. He noted:

But it was more, because I went to high school with my brother, I saw it. I knew. People knew that my brother was doing these things [alcohol/drugs]. And for me, who didn’t do it…it was more, they see one person and they think alright, your brother does this…

Taylor went on to say that he sensed that their mutual friends made assumptions about his behavior, based on this brother. When asked if it ever came up in conversation, he said:

They would bring it up, but they wouldn’t go into much detail. I think they knew that if they did cross the line, I wouldn’t be too happy. But they would always make comments like, “Oh, you Reilly boys.” That’s our last name. They kind of penned this name.

“You’re just a Reilly boy. You guys are all into that.”
Even though Taylor recognized why his friends might make such assumptions, being connected with his brothers’ behavior made it difficult for him to interact with mutual friends. For Taylor, his identity concerns extended into his college years. He noted that he frequently thought about his high school experiences when he evaluated whether to disclose to new college friends because “in high school, one of your brothers did something, you’re kind of related, especially in our small high school.”

Abby also felt as though mutual acquaintances and friends stigmatized her. She said after her freshman year of high school, she began to notice that older students would often approach her and invite her to parties. Although her friends frequently were with her with this occurred, they were never invited. She said, “Yeah, like seniors I didn’t even [know]…. the first day, I walked in, four of them were around my locker like, ‘Hey, we’re going to a party tonight. You wanna come?’” She said that these invitations coincided with her brother’s first period of heavy drug use. She commented that these students “were not bullying, but they were all thinking I was a drug addict and stuff. I didn’t do that, so it was stressful.” Abby’s concerns about being associated with her brother’s behavior extended into her early college years. She described a close friend whom she had told about her brother’s history and said despite her friendship with him, she thought:

In this back of his mind, he’s always like, “Oh my gosh. Let’s get Abby drunk.” I feel like he always thinks I’m going to be like my brother someday and still to this day. I just got a few texts [from him] a few weekends ago like, “Oh, I’m coming down to party, get ready!”… I mean, he is still one of my good friends, but I feel like in the back of his mind, he thinks that one day, I’m going to lash out and go crazy.
Abby indicated that interactions with school and college friends seemed to carry implications for her own identity, despite the fact that she never drank or used drugs. Abby struggled with how to interact with her friends in light of their assumption that because her brother used substances that Abby did, too.

Participants noted that members of their social network might assume that they used substances if they spent time with their sibling. Emily discussed the difficulty of spending time around her brother because he frequently drank in public (e.g., outside local gas stations or stores). Emily felt compelled to go looking for her brother when she had not heard from him in a while, and when she was able to locate him, sometimes wanted to spend a little time talking with him and making sure he was OK. She described one instance where she saw him at a grocery store and it was clear that he had been drinking. She said she thought nothing of their interaction, but then:

I went about my own business and then sometime later people were coming in and being like, “Yeah, she [Emily] was all drinking with the guys and they were all hugging away in the parking lot.” And they were saying, “Yeah, I saw her. She seemed like she was having a good time.”

Emily described her frustration with being associated with her brother’s drinking behavior. She noted that the primary implication of her friends’ comments was that her brother’s intoxication meant that she was drinking, too. Further, she felt that they wanted her to feel “ashamed,” despite the fact that there were no physical indicators that she was drinking or intoxicated.

Interactions with members of the community were difficult or strained because respondents and their family members were worried about being negatively evaluated or judged. Justin indicated that he and his parents would never talk to anyone in the community because he
felt like they were “always looking down” on them for his sister’s drinking. He went on to say that his parents experienced intense distress over the implication of being parents of a young woman with substance use problems. Susan, similarly, described her father’s employment as tied to his standing with members of their community. She said that even though her father often drank heavily, he was careful not to associate with her brother’s use because he had to be “mindful of our reputation.”

Similar to identity concerns within the family, respondents worried about negative evaluation from community and social network members. Respondents focused on the extent to which others might associate their sibling’s substance use with them. More specifically, respondents felt as though their sibling’s substance use carried identity implications in that social network members were likely to assume that respondents also used alcohol and/or drugs.

In addition to discussing challenges, respondents also described a range of strategies for dealing with stigma from friends and members of their community. First, for some participants, it was useful to distance themselves from people who had negatively evaluated them or their substance using sibling. However, avoidance or distance did not appear to adequately address respondents’ instrumental or identity concerns. To address identity concerns, siblings also employed statements that emphasized the centrality of their relationship with the substance using individual or addressed the inaccuracy of others’ assumptions about respondents’ substance use. Further, respondents chose to selectively disclose to individuals who also had a family history of substance use because they felt they were less likely to be judged by those with personal experience with alcohol and/or drug use.

Second, person avoidance appeared to be a useful strategy for managing the identity implications of disclosure. Taylor said that he chose to avoid mutual high school friends who
were likely to judge him because of his brother’s behavior. He noted the difficulty of distancing himself from them because of their shared activities and interests, but said that:

By the end of it [high school], I kind of almost separated myself with that group because they all started getting into these things and kind of said… I found a new group of friends in college. But I think that’s one of the reasons I came to this university versus other schools. I wanted to find a new group of friends.

Even though Taylor felt that distancing himself from mutual friends would be helpful, interacting with new friends was not without its complications. Taylor noted that finding a new group of friends did not mean he was necessarily comfortable talking about his brother’s use with them. As previously noted, Taylor tended to avoid talking about his brother with people whom he did not know very well because high school friends’ stigmatizing reactions were on his mind. He suggested that he was more likely to talk to friends who also had a history of substance use within their families. He said, “It was easier to talk to her because her dad went through it. Her dad’s sober now, too. But her dad wasn’t sober until a few years ago…she can kind of give me a little leeway.”

Third, some respondents noted that direct statements were helpful in managing identity implications and stigma. Emily described using direct statements with those who commented about her “drinking” in public with her brother. However, Emily’s strategies, while addressing the inaccuracies of her friends’ inferences, also emphasized her familial obligation to interact with her brother, despite his use. She described her reaction this way:

I said, “It was lunch time and I was going to the grocery store to get something to eat and bumped into him and I was happy. Of course, I was happy to see him… He’s my brother. What am I supposed to do? Just ignore him? Of course I’m going to hug him.”
He’s my brother… Just because I’m talking with my brother doesn’t mean that I’m drinking.”

Emily noted that she wanted to make clear to others that she would never miss an opportunity to interact with her brother, regardless of the implications, as she felt she would later “regret” any moment when she had not been loving toward her brother. Thus, for Emily, explaining her reasons behind her behavior and emphasizing her love and concern helped her effectively deal with others’ stigmatizing reactions.

Like Emily, Abby addressed the implications of her friends’ actions. However, compared with Emily, Abby seemed to be more comfortable distancing herself from her brother. She indicated that she would initially try to avoid stigmatizing interactions altogether, but if she could not, she would say, “No, stop asking me. It’s annoying. I’m not anything like my brother.” She noted that she engaged in a similar approach with her college friend who frequently tried to get her to drink with him. She said although she wanted to disclose to him exactly how his comments made her feel, instead she felt it was more effective to stop the behavior that led her to feel stigmatized. She said, “It’s not really a joke because it gets annoying. ‘I’m never going to do that. Stop trying.’”

Overall, respondents’ strategies reflected attempts to distance themselves from their sibling’s alcohol/drug use. Respondents were able to achieve distance by avoiding interactions with certain members of their social network. Avoidance was sometimes accompanied by statements that conveyed respondents’ identity separate from the substance using individual or disclosure to individuals who could relate to respondents’ family history of use. Person avoidance tended to be difficult to accomplish because of the overlap between respondents’ and
their siblings’ social networks. However, when accomplished, person avoidance seemed to reduce respondents’ stress associated with their sibling’s use.

Providing and receiving support in the context of divergent perspectives on substance use. Substance use, unlike other threats to health and well being, is complex because although clinical definitions of abuse and dependence exist, individuals often rely on personal or lay interpretations of the reasons underlying substance use (Furnham & Thomson, 1996). Respondents noted that talk often was difficult because of the contrast between how they and other individuals made sense of their sibling’s substance use. More specifically, participants discussed problems associated with the provision and receipt of support in the context of normative explanations for use. Further, they described issues stemming from support and divergent attributions of control.

Support and normative explanations of substance use. Respondents felt that supportive interactions were constrained by others’ perceptions that their sibling’s substance use was normative. Respondents indicated that social network members might downplay the severity of their sibling’s substance use by explaining use as commonplace for a particular age group or in a given social context. Sarah noted that conversations with her friends typically were not helpful because her friends attributed her sister’s use to the prevalence of use in a given geographic area. She said they, “acted like it wasn’t a big deal, like everybody does it in my hometown.” Similarly, Jenny described the lack of support in dealing with her sister’s substance use, especially from friends. She would tell her friends that her sister really needed to “face” her issues with alcohol, but her friends “never gave me any helpful information just of her age and the environment she’s in. They think it’s normal.” Jamie said that talking with her high school friends about her sister’s alcohol use was rarely helpful because her friends were “minimizing it
because it’s part of our culture and specifically that college culture.” Jamie went on to note that it was difficult to seek support from anyone her age because:

I think most people will, honestly, justify it because it’s college, instead of taking it seriously. Like, this was her before, which was still kinda bad because she was rebellious and critical, but this is the escalated situation now that alcohol is involved.

Jamie noted that most of her friends simply assured her that her sister would “come out of it” over time. Thus, Jamie felt that her friends’ ability to effectively provide support was constrained by divergent perspectives on normative nature of her sister’s use. Unlike Jamie’s experiences, Travis felt that normative explanations of use could be somewhat beneficial. However, he noted that there was an inherent risk in downplaying his brother’s use. He said:

It was more like, my brother’s young. It’s not that big of a deal. It’s just a phase. It will go away. Not to worry about it. So, I don’t know. Most people I’ve talked to about it think, “Well, it’s just weed. It’s not that big of a deal. Don’t worry about it.”

Travis’s experience reflects the complexity of the normative context surrounding the use of certain drugs (such as marijuana) and the difficulty associated with attributing use to his brother’s age. Travis seemed to realize the limits of his friends’ support. He said:

I think it’s kind of an easier way to shirk off the responsibilities, like ignore it. I don’t know it necessarily helps me. I think it gives me…it helps me think, “Oh, maybe it’s not that big of a deal.” It helps me not to worry, even though I think I should be concerned.

Travis’s comments indicate the potential reasons why messages that emphasize the normative nature of substance may pose challenges to supportive interactions. More specifically, Travis implied that his friends’ comments offered short-term comfort because they allowed him to not worry as much about his brother’s use. At the same time, however, Travis seemed to recognize
that his friends’ views did not align with his own, and thus, their comments were not interpreted to be completely supportive.

Similar to their interactions with friends, respondents also encountered normative explanations for their sibling’s use from family members. Family members’ normative explanations appeared to be more problematic for respondents because they precluded respondents from effectively receiving or providing support. That is, family members’ denial of a substance use problem meant that participants felt constrained in their ability to seek and provide support within the family.

For example, Angie noted that her father (despite her questioning) refused to admit her brother was using drugs. When he eventually admitted her brother’s use, she was frustrated because he rationalized her brother’s behavior as “experimentation.” Similarly, Clayton described how, when his brother’s drinking became more frequent and severe, he would try to talk to his mother about his concerns. He said their interactions were “challenging, yes, but only in the denial aspect. My mom, she denies it for herself and him [his brother].” Clayton noted that his mom would attribute his brother’s use to “acting like a kid, acting like his age.”

Lauren noted that her mother appeared to deny her brother’s drug problem in a number of ways. Lauren said that when her mother did talk about her brother’s use, she described it as a “teenage thing.” She felt this constrained her ability to express her own concerns and provide support for the rest of her family:

I’m fairly outspoken in the family, so I’m the person who says, “Hey, this isn’t right. We’ve got to do something, look into this.” She [her mom] really didn’t want to accept it, you know. The joke in the family is that she’s an ostrich and sticks her head in the sand and pretends nothing’s happening…so it was a lot of verbal discussion of absolute
denial that it could possibly be happening, even though he was stealing things and
disappearing for a week and… I mean he steals the checkbook. He drives away from gas
stations.
Sometimes, Lauren’s mom would acknowledge her brother’s use and attribute it to his behavior
as common for a “teenager.” Lauren noted her frustration when her brother began to get into
legal trouble. Lauren felt that her mother’s rationalization of her brother’s behavior became
more overt as his substance use progressed. She said:

If there were something where you outright caught him doing something or he
disappeared or you know… came home drunk or clearly stoned. It would be an excuse, if
it was something where there was some other possible explanation. She [her mother]
would find that…so when thefts would occur, she’s like, “Someone must have come into
the house.” And our driveway is seven miles long. Nobody came into the house.
Rationalizing these things that were so crazy.

Lauren said, “It was hard for a lot of years because you want to support her.” Lauren’s
comments indicate that she felt unable to effectively support her brother or mother because her
mother refused to acknowledge her brother’s substance use as a serious problem, rather than a
function of his age. Even as her brother’s use became more serious (and led to legal
consequences), Lauren felt that her mother was unwilling to admit not only that her brother had a
drug problem, but also that he was responsible for thefts and problems in their home. Lauren
seemed to suggest that her mother must acknowledge that her brother’s use was no longer
normative, age-appropriate experimentation, but instead constituted a serious problem requiring
intervention with her brother.
In sum, respondents noted difficulty in receiving and providing support when friends and family members offered normative explanations for their sibling’s substance use. Often, normative explanations focused on the substance using sibling’s age or the social context of their use. With respect to receiving support, participants interpreted normative explanations as unsupportive because they tended to downplay or minimize the severity of their sibling’s substance use. Explanations also complicated the provision of support, as respondents felt that they could not help if one or more family members rationalized their sibling’s use.

In combination with challenges, siblings noted several strategies for dealing with normative explanations of substance use. Some respondents highlighting that their friends’ or family members’ how normative explanations failed to account for respondents’ perspectives on their sibling’s use. Respondents also found it useful to assess others’ perspectives by raising the topic indirectly and tailoring their approach to others’ views. In addition, cognitive strategies were helpful in managing divergent perspectives.

First, participants responded to normative explanations by emphasizing their personal connection to their sibling’s use and implying the unsupportiveness of comments that normalized substance use. Further, this approach tended to encourage the adoption of the respondent’s perspective on their sibling’s use. For example, Jamie said that she felt that some of her friends were thinking about substance use too generally and that if they had a more personal situation to relate it to, they might feel differently. She said she thought that if her friends had a “more specific” warning about what could happen if alcohol use became problematic, maybe it would help them take it “seriously.” She described her approach with her friends:

My response is, “Well, think about it from my perspective. She’s my little sister. I love her. It’s really hard to see how her life has changed.” Or for people I know…for people
who I know don’t go out and drink all the time, I feel little more safe to be like, “Yeah, I know that’s what college people do, but that’s really not OK. I don’t want her doing it.” Jamie indicated it was difficult to help others understand because her views about her sister’s use could be interpreted as coming across as “judgmental” of her friends’ use. She noted, “I don’t know how to effectively respond to it because it’s a common misperception.” Some respondents felt that some channels were more effective than others for communicating their perspective on their sibling’s substance use. Heather wrote her mother letters (instead of raising this topic in face-to-face conversation). In contrast to raising the topic in face-to-face conversation, writing letters allowed Heather to more effectively express her perspective on her brother’s use and her desire to help him. This approach allowed her to bring up the topic in a way that increased the likelihood that her mother would know how concerned she was, but she noted:

I get to sit, reflect. So, when I’m writing it out, it feels great. But then I get [her mother says], “Oh, OK.” It’s very, I feel very let down. No, that should have been a starting point. “Thank you for letting me know how you feel. Let’s talk about this…”

Heather found that writing gave her the sense that she was effectively communicating her perspective on her brother’s alcohol and drug use. Yet, her mom’s response seemed to suggest that it was not effective in changing her mom’s perspective on her brother’s use or seeking help for him. Thus, her strategy effectively communicated her concerns but did not convince her mother that her brother’s use necessitated intervention.

Second, respondents described the utility of indirect approaches. In some cases, siblings found that, initially, it was useful to raise the topic of their sibling’s use in indirect ways, as this allowed them to determine how to best approach the topic. For instance, Lauren said that rather than talk explicitly about her brother’s substance use, she would call home and ask her mom,
“How are things?” Lauren noted that, over time, she realized that asking general questions gave her mother more latitude to avoid talking about her brother’s use. Lauren found that this approach was somewhat successful because it did not require her mother to discuss her brother’s use as problematic or non-normative. Over time, Lauren realized that approaching family members (whose views diverged from her own) required a certain degree of tailoring. She became more strategic in how she approached the topic with her mother because she could not be “black and white.” She said:

And it is dancing around the subject for an hour and then you get one quick sneak in the back door to say, “Maybe you can try this.” And then it’s “Well, ya, maybe.” And six months later we visit that same thing. So it’s for her, it’s gentle pressure, continuous pressure, and letting her really think about it until she gets to that point. So that was…that’s the big thing that I think I utilized and in dealing with my family.

Lauren noted that, rather than immediately bring up the topic of her brother’s use, she had to approach her mom in a way that reflected how her mom felt about the issue and how her mom was most comfortable talking about the topic. She noted:

Because we really do…deal with it in so many ways and there’re so many things are factors into a person’s response to…you know, “the sky is blue.” “Well, not today. Well, it’s kind of blue.” You know, like a silly example, but there’re so much…that weighs into how you react…that with my family, now I can recognize those things.

For Lauren, it was most effective to communicate about her brother’s use in ways that accounted for the differences in how she and her mother thought about the issue. As she suggested, effectively talking about his use meant accepting that she might have to avoid the topic for a while and wait for the appropriate moment to raise the issue. Further, she began to recognize
that it was ineffective to approach her mother in ways that reflected how Lauren interpreted her brother’s substance use. Rather, it was more useful to consider that her mother had her own perspective on her brother’s use and talk in ways that respected her mother’s views.

Third,siblings noted that cognitive strategies were helpful in managing normative explanations. In this case, participants remarked on the futility of trying to change their family members’ perspectives. Lauren said that, in addition, to changing her approach with her mother, she also commented on the usefulness of focusing on other important aspects of her life. She said, “And I think…you know, as you form your adult life, whether it’s work or kids or whatever, you can focus your time and your energy elsewhere. Sort of just ignored it. And I think it’s…it’s what my family’s doing.” Rather than focus her energy on changing her mother’s perspective, she found it helpful to devote her attention to other aspects of her adult life. In a similar fashion, Clayton noted that it would have been helpful to his brother’s sobriety if his mother had been willing to talk about his use or acknowledge his concerns. Given his mother’s own problems with alcohol use, he noted it would have been like killing “two birds with one stone,” but over time he realized the futility of trying to change her perspective on their alcohol use. He described his approach by saying that he “hadn’t stopped caring, just stopped trying.” Clayton noted that he continued to monitor his brother’s behavior, despite his parents’ unwillingness to discuss his brother’s use as problematic. Cognitive approaches appeared to be useful because they allowed siblings to invest their mental and emotional resources in other aspects of their lives, rather than attempting to change others’ views.

Overall, siblings coped with normative explanations by making statements that advocated for and emphasized their own perspectives. Sometimes, respondents explicitly highlighted the ways in which others’ views hindered their receipt of support. Cognitive and tailoring strategies
were also useful, especially when respondents initially approached the topic of their sibling’s substance use in indirect ways.

*Support and attributions of control.* Respondents also described the challenges associated with perceptions that their sibling could or could not control their use. This challenge seemed to center on the extent to which talk reflected disease model approaches to alcohol and drug use (McCrady et al., 2003). For some respondents, seeking support was complicated by family members’ and friends’ beliefs that their sibling’s substance use was within their sibling’s control. For example, Cara described that she felt her parents could not be supportive of her or her sister because although they knew her sister had a “problem”:

> They just don’t understand, I feel like, what she’s going through…they don’t know how hard it is, actually. I think they think that she is doing it herself, but I think that she doesn’t have control over it…. It’s kind of hard to explain. I know that she can’t help but get high. And I think that they think she just does it because she likes it that much.

Cara went on to say that she felt like some of her friends took a similar view of her sister’s heroin use. She discussed an incident when she raised the topic with friends:

> We were discussing it and they just had the same attitude as my parents, as… addicts choose to keep being addicts. I mean I know that she had to get to that point herself. She had to make the choice to do it day after day after day and become dependent. But… I think people have two different opinions on it…if the addicts themselves can help how they feel.

Cara’s comments demonstrate that, to a certain extent, interactions are a site for negotiating the perceived reasons underlying individual substance use. Cara acknowledged that her sister was responsible for deciding to use drugs and “getting to that point” where she was dependent.
However, Cara saw her sister’s initial desire to use as outside of her sister’s control and because her friends’ views did not align with hers, she did not find interactions with her friends to be helpful in coping with her sister’s use. Angie also found interactions that focused on her brother’s responsibility for his drug use to be unsupportive. She said that she attributed her brother’s use to their poor relationship with their mother. She noted:

I mean it’s not to entirely blame her for all of it. My brother still had a choice in it all.

People love to remind me of that, which gets really frustrating. I really wish none of my friends would do it…

Like Cara, Angie believed that her brother had some responsibility for his use, but she felt like interactions with her friends overemphasized the role of personal choice. She seemed to see his use as a product of poor quality family relationships and his own decision to use. Angie felt that conversations could be more supportive if her friends acknowledged the role of her mother’s behavior in her brother’s drug use.

Even though many respondents subscribed to the belief that their sibling’s use was (at least in part) outside of their sibling’s control, some felt friends and family failed to recognize their sibling’s control over and responsibility for their use. For example, Alexis discussed how some of her family members attributed her brother’s drug use to the absence of her biological father. She said:

They’ll use my dad as an excuse for him using. And I have been through the same thing and I know people who have and I didn’t up doing this. And that makes me mad, too.

And then [they will say] like, “Oh, he’s just a boy who needs his dad.” I’m a girl though. I need my dad. I don’t know why there’s a difference. So I mean, it’s just that they make excuses for him and I feel…sometimes I don’t like that.
Alexis found interactions with family members to be unsupportive because their attributions about her brother’s use did not align with her own. Moreover, Alexis seemed to see her own history (i.e., one not marked by drug use) as evidence that their explanations were inaccurate and in some ways, dismissive of the impact of her father’s absence on Alexis. Thus, talk that framed her brother’s use as outside of his control contrasted with Alexis’s own interpretation of the reasons underlying her brother’s drug use.

In general, siblings found supportive interactions to be constrained to the extent that family members’ and friends’ attributions of control were divergent from their own. More specifically, respondents tended to endorse the view that their sibling possessed or lacked control over their use. Respondents felt that conversations were unsupportive if others appeared to promote a view that did not align with their own.

Along with noting the challenging nature of divergent attributions, respondents also described strategies for managing challenges. In dealing with divergent attributions of control, respondents sought to change others’ perspectives by pointing out inaccuracies or problems with divergent views. When respondents felt as though they could not or would not influence others’ perspectives, they elected to avoid the topic of their sibling’s use entirely or employ non-confrontational approaches. Consistent with research on topic avoidance (Roloff & Ifert, 2000), respondents’ comments suggest that topic avoidance was particularly useful when they felt incapable of changing others’ attributions of control and that conversation about divergent attributions would likely lead to conflict.

First, some siblings elected to point out problems with or inaccuracies in family members’ and friends’ views. For instance, Alexis indicated that she would often point out divergent perspectives by highlighting that others’ interpretation of the reasons for her brother’s
use did not make sense in light of her lack of use. When asked how she addressed comments about her brother’s use, she said, “Yeah, like ‘I have been there and I’m sick of it’… I guess is one thing [she would say]. ‘I didn’t end up using.’” Alexis went on to say differences in her and other family member’s views were difficult because they also had implications for how they supported her brother. She said that their perceptions that her brother was not in control would often become salient in interactions with her brother where alcohol was present. She noted that her family often tried to “keep him away from the world,” when she felt as though “if he’s gonna do it, he’s gonna do it.”

Second, respondents sometimes opted to avoid further discussion of the topic of their sibling’s substance use rather than point out problems associated with others’ views. Cara noted that talk that reflected divergent views on her sister’s use quickly became about managing her anger and frustration with her friends, rather than obtaining support. She said, “I just kept my mouth shut because I knew that I was just kind of going to snap on them. So, I was just, I said something like “to each his own” or “we each have or own opinions” and something like that. Cara’s response highlighted the difference between her and her friends’ perspectives, but kept her from “snapping” on them. Thus, her response was more focused on preventing the interaction from unfolding into conflict and less centered on the implications for support.

In sum, siblings discussed an array of strategies for managing support in the context of divergent attributions about substance use. Siblings employed strategies that highlighted inaccuracies and problems associated with others’ views. Some respondents engaged in topic avoidance or less confrontational approaches to mitigate the impact of divergent views on supportive interactions. Avoidance was useful to the extent that it permitted siblings to
effectively circumvent conflict (because others’ attributions were unlikely to change as a result of discussing the topic).

**4.2 Parents’ communication challenges and strategies.** Parents described various challenges related to support, privacy, and uncertainty. Support-related challenges focused on correlates of use, family history of use, relational harmony/closeness, parent/child roles, and divergent perspectives on use. Parents noted privacy-related concerns related to stigmatization. Uncertainty in illness complicated the communication and provision of support. Below, I describe each of these challenges along with parents’ strategies for addressing these challenges.

**Correlates and features of substance use complicate support.** Parents remarked on the complexity of substance use, in that it often was associated with significant cognitive impairment and comorbid conditions (e.g., anxiety, depression). One parent, Olivia, described this challenge as coping with “a lot of layers.” Parents suggested that their attempts to communicate or provide support were often complicated by their child’s mental incapacitation or co-occurring mental health issues. Thus, parental support simultaneously reflected their child’s issues with substance use and features or correlates of their use.

**Cognitive and mental impairment.** Many parents noted that their child’s cognitive or mental impairment meant that talking about their child’s substance use was difficult or problematic. Some respondents suggested that prolonged use had diminished their child’s mental capacity to appreciate or understand supportive interactions. For example, Christine suggested that her son, Stephen’s long-term heroin and methamphetamine use meant that taking him to counseling sessions or engaging in talk therapy was ineffective. She said:

I enrolled him in a rehab program. And both of us went. He went for counseling, and I went for counseling with him, and it really didn’t work. In fact, my experience with
rehab and all the research I’ve done on drug addiction…I’ve done so much. All points to the area that’s most damaged that causes drug abusers not to be able to function in these rehabilitation programs… is their frontal lobes.

Christine’s comments indicate the difficulty of communicating and providing support in the context of long-term substance use. In particular, she felt that while talk therapy and counseling might have been effective if her son’s abilities were not impaired by his use, they were futile given the impact of drug use on his cognitive functioning. Marie noted a similar issue with her son, Alex, due to his long-term marijuana use and prescription drug misuse. She felt that her support attempts were essentially ineffective because her son’s use had likely impacted his ability to think clearly and rationally. For example, Marie focused on her son’s job skills, trying to motivate him to maintain steady employment. She became frustrated when her son decided to skip a day of work after two weeks on a new job. She said:

And so he lost the job because he didn’t feel like it one day. That’s the kind of thing he doesn’t understand. He just doesn’t get it that that’s what causes him to lose his jobs. Rather than you know, saying like anyone, “I just started there. I can’t afford to take off.” He doesn’t think that way. “Oh, I didn’t feel good. I had a bad day.” You know? So I’m thinking his judgment is a little impaired to begin with and that might, maybe it’s from smoking pot… for twelve years.

Like Christine, Marie’s attempts to communicate with her son and provide effective support were not only a function of his use, but also her perceptions of mental impairment associated with his long-term use. Marie went on to say that “in general… substance abuse is a big part of the problem,” but his use was complicated by the “psychology of his thinking.” Diana described the difficulties associated with providing effective support for her son because his alcoholism
impaired his ability to relate to and connect with others. She noted:

I did get good advice as to contact The Hope Center and try to get Austin to go to the meetings there. And it’s exactly what he would do if he was thinking right because it would go along with what his personality wants and that’s to have a group of friends...to be accepted. I can actually imagine him making the switch, but I don’t understand to what degree the alcohol disease would stop that. I know intellectually he could make that... but I don’t know how much his being impaired would stop that natural flow.

For Diana, providing effective support for her son required consideration of how alcohol use impacted his thinking and, thus, his ability to appreciate interactions with support group members. In some cases, parents discussed significant cognitive changes that occurred as a result of alcohol or drug related accidents or altercations. Angela commented on the changes that occurred in her daughter as a result of her brain injury following an alcohol-related motorcycle accident. She noted that she often wanted to spend time with her daughter and engage in shared activities like grocery shopping. However, after her daughter’s accident, Angela could tell her daughter was “different” and more “anxious.” She said:

At first, she couldn’t ever go to Wal-Mart. She couldn’t be around of people, a lot of noise and distraction. That’s, you know, changed some. And in fact by the time we were done shopping, I wanted to take her to eat and she said, “Would you mind if we just drove through some place?” And I said, “No, that’s fine, you know.” She said, “I just don’t think I can go in and be around a bunch of people.”

Although Angela valued the time they spent together, she felt that interactions with her daughter were influenced by both impairment from her accident and the impact of “smoking and drinking” on her daughter’s functioning. In a similar fashion, Nancy described difficulty in spending time
around her son, who had received a concussion during an altercation in a bar. After his accident, she and his siblings noted that he was “never quite right… he was smart, but it looked like he lost some of that.” For Nancy, supporting her son required attention to his cognitive impairment and his alcohol use.

In sum, cognitive impairment (as a result of alcohol and drug use) appeared to complicate parents’ attempts to communicate and provide support for their adult child. Parents found that their child’s diminished capacity meant that some forms of support seemed to be ineffective. Further, some parents noted that brain injury impacted their child’s personality and moods, which precluded parents from engaging in certain types of supportive behaviors.

In addition to emphasizing the problematic nature of cognitive impairment, parents also noted strategies for providing support in the context of impairment and substance use. First, some parents discussed avoiding particular, potentially supportive behaviors that appeared to be unhelpful given their child’s impairment. Christine and Diana felt that their son’s impairment meant that certain types of support (e.g., talk therapy) would be ineffective. Christine sought out support that did not revolve around counseling, but complemented other aspects of her son’s personality. She noted that support programs could be effective if they allowed her son to be connected with nature and created a sense of “community.” Accordingly, Christine and her husband sought out programs that emphasized recovery through building relationships and contributing to the environment, thereby focusing on aspects of his behavior that appeared to be unaffected by his use.

Second, other parents noted that their child’s cognitive impairment meant that they chose to avoid certain behaviors that might have otherwise have been helpful and supportive. Angela said that her daughter’s alcohol use, in combination with her anxiety and tension, made shared
activities more difficult and less frequent. She noted that when her daughter asked to avoid public places, she valued her daughter’s willingness to be “honest” about how she felt, but at the same time, Angela wanted to address her daughter’s continued use and the likelihood that it would aggravate her anxiety in public places. She indicated that she told her daughter, “that’s fine. I get that. You know, I’m just glad you’re being honest with me.” But that, too, I’ve said to her, “It’s like all this stuff, the smoking and drinking, affect your brain.” Angela noted that the changes in her daughter meant that they spent less time together participating in shared activities, but that she could not help but address the likelihood that her daughter’s use exacerbated symptoms of her brain injury.

Similar to Angela, Marie found that her son’s cognitive impairment meant that it was ineffective to continue engaging in certain supportive behaviors. Instead, she and her family focused their attention on ways that they could effectively support her son. In particular, Marie focused on her son’s daily life in the context of his marijuana use. She noted:

It’s just a matter of keeping him safe and out of our house, on his own, living his lifestyle. Just hoping that he doesn’t get in trouble with the law or something, I guess.

Getting caught with it or something.

Marie went on to say that she and her family felt that trying to change the “psychology” of her son’s thinking and decision making to be futile. She said:

And, you know, really, I think that I guess we are accepting it now. It seems to me that it’s sounding more like we’re accepting it. This is what he does. It’s a cycle of this. And you know, there’s little we can do about it.

For Marie, it was easier to focus on the nature of her son’s drug use and “keeping him safe” than to try to encourage him to change his behavior or make better decisions. Some parents reported
feeling as though there were no effective ways to intervene given their child’s use and cognitive impairment. For example, Diana described feeling as though she had been a “coward” in not intervening in her son’s use. At the same time, Diana described how her son’s alcoholism would also influence his response to any conversation about seeking support:

We’re just to the point that we need to tell him that we know it’s a problem. We haven’t even done that. We haven’t even done that. And I think he’s not thinking right, if he was drinking, it would probably make him mad.

Diana felt as though she could not raise the topic of support groups because her son’s impairment would influence how he reacted to their intervention. Diana’s comments suggest that the influence of alcohol on her son’s cognitive functioning meant that not only would he be unlikely to benefit from support groups, but also she could not raise the topic of support with him. Overall, parents’ strategies centered on adapting or changing the nature or focus of their supportive behaviors. Some parents emphasized the importance of support that complemented their child’s current needs. Other parents chose to abandon certain supportive actions that appeared ineffective or futile given their child’s cognitive impairment. In addition, parents attended to the problems associated with their child’s continued use.

**Co-occurring mental health disorders.** Similar to challenges related to cognitive impairment, parents found that communicating and providing support was complicated by the co-occurrence of substance use and mental health conditions. Parents sometimes seemed to see supportive interactions as simultaneously about substance use and co-occurring disorders. For some parents, talking to their child about their substance use was difficult because it was so integrally connected to their mental health. Parents interpreted substance use as a way of
managing debilitating anxiety and depression. For example, Molly said that her son’s use was preceded by severe anxiety:

He was always a quiet kid, very anxious though. He wasn’t able to pump gas. He couldn’t get out of the car because people would see him and look at him doing things. Like, I said, he’s never had a good job. He would drive to interviews and be unable to get out of his car and go in and talk to someone face-to-face.

She said that intervening was complex because she felt that he used marijuana to “self-medicate” and deal with his anxiety. Another mother, Alisha, described the positive impact of marijuana on her son’s erratic behavior. She suspected that her son was struggling with a mood disorder and said:

Yeah, well he probably don’t know it’s helping with his mood ‘cause marijuana’s supposed to be like a mellow kind of high, whatever. But I think when he smoke that, he’s more calmer. You know, he ain’t all, you know, let’s see…paranoid, I guess.

Like Alisha and Christine, Olivia found that intervening in her son’s use was difficult. However, for Olivia’s son substance use both aggravated and helped him cope with his bipolar disorder. Marijuana use seemed to relieve the side effects his bipolar medication regimen. She noted:

And just the side effects of the chemical, regular medications… you know, there was this kind of lock jaw. You know, for some medications there really is this tension that happens or heart palpitations or you know. And you can communicate those. You’re told to like tell them what you’re experiencing. And then it’s like, “Well, let’s try it for another three weeks.” You know and so the experience of that is everyone is always feeling like a guinea pig in a sense. And it’s hard.
Although marijuana seemed to have a calming effect on her son, Olivia went on to say that other substances, like alcohol, would exacerbate the mood swings associated with his bipolar disorder. She said:

And then he did go through a period of time when he was drinking heavily. And it was very ugly. And he did get out of control. I would get pretty horrible phone calls…it was so hard because you know, he was this brilliant guy, talented guy, and composer writer, interested in a multitude of things… philosopher, physicist. He could have had his PhD.

And the mental illness was such a struggle for him.

Olivia’s experiences demonstrate the difficulty that parents encountered when talking to their child because substance use was, in some ways, beneficial because it served as coping mechanism for underlying mental health problems.

In some cases, parents felt that support in the context of substance use was complicated by the difficulty of talking about their child’s mental health. That is, although parents found their child’s use to be problematic enough to require intervention, they felt that talking about substance use inherently meant talking about their child’s mental health. Peter noted that his son’s use seemed to be connected to his son’s depression, which Peter saw as a function of his son’s low self-esteem. Peter said that although he felt confident that his son’s low self-esteem “caught up with” his son and led him to drugs, he had never discussed the connection between his depression and drug use with his son. Teresa, a foster parent to three young adult girls, worried about their use and noted, “I see them now. They don’t cope. They don’t communicate or learn how to deal with the situation. They just pop a pill, smoke some weed, drink it away.”

Comparable to other parents, Teresa felt that substance use helped her daughters cope with their
underlying mental health issues. However, Teresa noted that her daughters’ traumatic past made talking about their substance use incredibly challenging. She said:

> It’s really hard for me to tell them, “You can’t do that,” like I said. They went to a couple of counseling sessions, family counseling, and things like that. But they would really just rather bury it, not think about it than to deal with it.

Teresa felt as though telling her children not to use alcohol or drugs was fraught because she felt that talking about their use would inevitably mean talking about their abuse, which was too difficult to discuss. She said:

> But I don’t think they really want to talk about it. I don’t think they made some secret pact or anything like that, but I don’t think they will want to talk about it. I think they’re happy with their life now, but they don’t really want to go back...And like I said, think that’s why they use and it’s hard for me to tell them not to [use substances] ‘cause like I said, I don’t want to sit through counseling with them and hold their hand while they go through all that.

Teresa felt constrained in intervening in her daughters’ substance use because it seemed to serve as a means for coping with childhood trauma. Thus, encouraging them not to use meant that she had to raise the topic of their trauma. Overall, parents’ experiences with co-occurring disorders suggest that communicating or providing support was complicated by their perception that interactions surrounding substance use had implications for their child’s mental health. In cases where their child’s use constituted a mechanism for coping with mental illness, parents felt that raising the topic of use meant discussing their child’s mental status.

In conjunction with communication challenges, parents also noted strategies related to comorbid disorders. First, some parents chose to focus on addressing their child’s underlying
mental health issues rather than on discouraging substance use. For example, although Alisha was bothered by her son’s marijuana use, she said that she felt the most appropriate course of action was to take him to a health clinic where they could talk about his mental health. She said:

So maybe if he’s around this weekend or maybe sometimes I might sit down and talk to him, once I set something up with the psychiatrist. I can sit down and tell him, “You know, just go with me. We’ll go out to eat or something. You know, afterwards, let’s go see this doctor.” Maybe his attitude may be nice that day, but it may not be nice that day… I don’t know. But it’s worth tryin’ it. I’m a try it.

Rather than address her son’s marijuana use, Alisha felt it was more effective to elicit professional third-party help to deal with his potential mental health issues. Alisha’s approach with her son thus focused on what she perceived to motivate his use.

Second, parents indicated that they felt it was effective to focus on related issues, rather than substance use or mental health per se. Some parents found it more difficult to address mental health or substance use issues. For example, Peter noted that he saw his son’s use and depression as “very much connected,” but he was reluctant to engage in strategies that explicitly focused on his son’s mental health. Rather, Peter tried to get his son to develop interests that might alleviate his depression and improve his self-esteem. Peter said:

It’s very depressing for me to see him in that state where he doesn’t want to better himself for… or do something that would be helpful or get out and do something that would make him feel better.

When asked if he talked with his son about what he could do to feel better, Peter said he raised the topic by “trying to get him interested in something—not exactly telling him you know, ‘You ought to do this, it would be good for you.’” Given that he found the connection between his
son’s depression and use to be difficult to talk about, Peter’s approach allowed him to try to motivate his son without directly raising either issue. In a comparable fashion, Teresa described the difficulty of trying to discourage substance use in light of her daughters’ traumatic past. She described using different approaches to discuss each topic and rarely chose to bring them up together. She noted that she and her daughters would only indirectly refer to their childhood abuse. She said, “And we try not to talk about it. We’ll say, “You know things happened, things in your past.” Teresa went on to say how difficult it was to find ways to discourage her daughters’ use. She noted:

All the stresses they lived through… it’s hard for me to tell them. I can’t. I mean, I tell them but still in my mind, it’s hard for me to say the words because it’s keeping them from, God forbid, committing suicide or doing something worse.

When Teresa brought up the topic of use with her daughters, she drew upon other aspects of her daughters’ family history to discourage them from using. She described talking to her daughters about all the people that cared for them:

Like, I’ll tell Erica, “What if something happened to you? What would you like me to tell Josh and Shane [her biological children]? You’ve known them since they were born. You taught Josh his first words. You held Shane. How am I gonna tell them if you were no longer here? Or that you choose to medicate yourself rather than pick up the phone and call or go outside and take a walk?

In this way, Teresa did not have to bring up her daughters’ abusive childhoods, but was still able to feel as though she were expressing her concern and discouraging their substance use.

Parents’ strategies for managing co-occurring disorders and cognitive impairment included talking about mental health (rather than substance use related) topics. Rather than
openly talk about their child’s use, some parents focused on the potential consequences of their substance use behavior.

**Family history of substance use constrains support.** Comparable to siblings, parents reported that promoting behavior change was especially problematic in the context of personal or family history of use. This challenge centered on communicating support in the context of the parent’s or other family member’s identity as a current or former substance using individual. However, parental coping with family history of substance use was also distinct from siblings’ experiences. In particular, parents discussed how their own history of use presented both identity and relational concerns because their substance use had negatively impacted the closeness or quality of their relationship with their young adult child.

Many parents described the difficulty of intervening in their child’s use, given their personal history of alcohol and/or drug use. Parents often discussed communicating about and discouraging their child’s use as a natural part of their parenting role, but incredibly difficult when put in the context of their own use. Marcus described the complexity of intervening in his son’s use, especially because he felt that he was in a unique position to inform his son about where his drug use could lead him. Marcus said that despite his recent sobriety, in the past, his use meant that talking to his son about alcohol and drugs was incredibly problematic:

So, I go get weed. He go get drank. It’s a situation that was building up, and we used to get into these terrible arguments, you know. “You smoke weed? Dad, you smoke weed” I be like, “You can’t do what I do.” [His son said] “Who gon’ stop me?” “I can’t stop you. All I can do is tell you, you gonna learn. You gonna learn when you get behind that wall.”
Marcus felt that despite his use, he had to help convey to his son the potential consequences of drug use, in hopes that his son would lead a better life. Marcus went on to say that he felt a sense of responsibility for his son’s use, which made him all the more motivated to intervene, but this sense of responsibility did not make communicating with his son any less complicated. He noted:

But I got my own faults. I might not be the same thing, but in a way, I created something. I’m not going to give up on him. I want to get some help for him… I tried to tell him, “Hey, think about what I had done.” And when I tell him to think about it, it’s just like… I’m teaching him to do this stuff. He’s not thinking like, “Damn, dad got 28 years. Dad didn’t finish high school. I ain’t gon’ be like that.”

Like Marcus, Bobby felt as though discouraging his daughters’ use necessarily involved his identity as a recovering drug user. Bobby described how difficult it was to watch his daughters’ use escalate and although he wanted to intervene and support their sobriety, he knew that any conversation about their use was necessarily about his identity. He commented:

But that’s another thing, see. I was worse and how can I say anything when I’m a crack head? [His daughters would say] “We don’t smoke crack. We know what crack did to our family.” And they’re saying, “We don’t do that at all.” So, they compare me with, “Ok, we smoke a little pot and drink. We never be like you.”

Bobby’s attempts to discourage substance use were even more salient because his sobriety was still fairly recent. He said part of the challenge in communicating with his daughters about their use was that his daughters were incredibly skeptical of his recovery. He said he had “done this before” and things were “still iffy,” so his daughters were “not going to bring a cake over and congratulate” him just yet. Although Bobby seemed to feel that this period of sobriety was
different for him, he noted that part of his ability to intervene in his daughters’ use was bolstered by his own successful recovery. Another parent, James, echoed Bobby’s concerns, saying that his son “wasn’t trying to hear” anything about his use, given that he had “been in and out of recovery for 20 years.” For both Bobby and James, attempts to encourage sobriety and discourage use were likely to be understood in terms of their own recovery and ability to maintain sobriety.

Parents also recognized that other family members’ substance use history limited their ability to promote sobriety in their young adult child. For example, Marie described her ex-husband’s frequent absence from her children’s lives. When she considered whether her ex-husband might constitute an important source of support in discouraging her son’s marijuana use, she recalled her husband’s struggles with alcoholism. She noted:

>You know, my son’s father doesn’t support him using sub[stances] and I mean, he wouldn’t be like encouraging him to. He probably would be frowning on it. But whether he carries any weight… a person who’s abusing alcohol probably wouldn’t carry any weight with my son anyway.

Marie’s perspective suggests that her ex-husband’s ability to effectively intervene in her son’s marijuana use was a function of his own alcohol problems. In a similar fashion, Diana discussed the implication of her husband’s use on their ability to encourage her son to get help. She said:

>But my husband is also a drinker. So Austin grew up with that. But he also grew up with the negatives. That’s why it’s beyond me that he would turn out that way, although with the family genetics, once he did, it was… you know, it was gonna happen. And so when I talked to my husband about it, it’s a little bit hard for him to 100% be a part of the conversation because he knows, next she’s going to say something to me. And I mean,
no, I don’t want to talk to him about that. I want to talk to him about Austin. I want him to be totally open to talking about Austin, but he can’t be totally open because of the fact that it could affect him.

Like Marie, Diana seems to suggest that her husband’s use impacted his ability to encourage her son to seek help and achieve sobriety. However, Diana’s comments indicate that her interactions with her husband were challenging because her husband seemed to interpret conversations about her son as implicating his own use and therefore, leading him to be less likely to support her.

For Diana, the identity implications of support extended beyond her marital relationship. She discussed how her brother, Rob, also struggled with his alcohol use and that in seeking support for her son, Austin, she felt she could not raise the topic of drinking with her brother. This was especially difficult for Diana as she grappled with the legal consequences of her son’s drinking. Thinking about her son’s DUIs, she said, “My brother Rob wouldn’t want to talk about it because he knows by the grace of God, he would have 2, 3, 4.” She went on to say that the topic of her son’s DUIs and drinking was problematic with her brother because:

- He can’t say anything about Austin because then, you know, he can’t. It’s like somebody being overweight and talking about someone else who weighs three pounds more than them and being judgmental.

Like Diana’s experiences with her husband, her interactions with her brother were strained because talking about her son inevitably carried identity implications for her brother as a substance user. In some ways, these findings are comparable to siblings’ experiences with substance using identity and support, in that parents consider the family context when evaluating their ability to talk about alcohol/drug use. Further, Diana’s comments suggest that using family
members may have difficulty interacting not only with the substance using young adult but also with other family members who are trying to provide support to the young adult.

For some parents, their identity as a recovering or former substance user had implications for support because it impacted the nature of their relationship with their child. That is, support and intervention seemed to be about both parental identity and the parent-child relationship. Several parents described the emotional distance in their relationship with their child. For example, David suggested that because he spent many years using and selling drugs, intervening in his son’s heroin use first required that he try to “get things right” in his relationship with his son. Bobby described a similar feeling with his two daughters because:

They’re leery of my intentions. “What are you doing?” They ask me, “Why are you doing this? What’s really going on with you? What’s your angle?” I don’t have an angle. Everything has to be an angle with me.

Bobby seemed to feel as though his prior use had altered the nature of his relationships with his daughters such that they were suspicious of any of attempts to discuss recovery or sobriety. In light of his earlier comments about his “crack head” identity, it appears that, for Bobby, intervening in his daughters’ use was necessarily a reflection of who he was as a substance user and the degree to which his daughters felt that they could trust him. In a similar fashion, Marcus described how his years of drug use and incarceration had changed his relationship with his son:

I couldn’t really face him because I was like…my father wouldn’t have did none of that to me. Wonderful father. My father wouldn’t have never did me like that. He never would have missed a day of my life. So, I start selling drugs. Now, by the time, he [his son] was 16, 17. I mean, now… he picking it up. “I’m a blueprint of my dad. He ran
around these streets. They respect my dad. I’m gonna be out here doing what I do, like he did.”

Marcus went on to say that the years away from his son were especially difficult because as he tried to rebuild his relationship with him, he began to recognize his son was using drugs. He commented on the “karma” of his son’s use, given his own history:

I created him. I mean, I want to be a good dad like my dad before me and my granddad…but somewhere down the line, I failed. I don’t know what the sacrifice is that I gotta make to bring him back. It’s like The Exorcism. I’m the priest. He’s the poltergeist. I try to save him. The holy water ain’t gonna work.

Marcus’s comments illustrate how parental substance use created emotional distance, and thus complicated parents’ support and intervention attempts. James suggested the nature of his relationship with his son made it incredibly difficult to feel as though he could talk to his son about his concerns about his alcohol use. James said, “We never had a chance to bond because I was there, but I wasn’t there mentally and emotionally.” For James, his personal history of drug use contributed to his poor relationship with his son, which had direct implications for discouraging his son’s use. James noted that he often found out about his son’s use on Facebook, by looking through his son’s pictures. He noted:

I don’t like to find out that way. I wish he would just be open and honest with me and just come to me and tell me these things. But we haven’t gotten to that point yet where he feels comfortable with just being open and conversation carrying with me.

Like Marcus, James felt that his support attempts necessarily were shaped by his personal history of substance use. More specifically, he seemed to perceive his interactions with his son as a
function of his identity as a recovering substance user and the relational distance that his use
created with his son.

In sum, parents’ attempts to support their child (e.g., discouraging use, encouraging sobriety) were constrained by history of substance use. Often, parents’ own history of use led them to feel as though support was not only about effectively influencing their child’s behavior, but also about their identity as a current or former user. When parents’ use was associated with deterioration of their relationship with their child, supportive interactions also reflected relational concerns of closeness and trust. Parents who did not possess a history of use felt that other family members’ history of use complicated support of their young adult child.

Along with challenges, parents described strategies for managing challenges related to substance use history and support. First, some respondents indicated that they attempted to avoid the topic of their past use. For parents who recently achieved sobriety, this meant carefully regulating talk about various aspects of their recovery. This seemed to be especially salient when parents felt that their use had negatively impacted their relationship with their child. For example, Bobby discussed an incident when he was babysitting for his daughters and they returned home drunk. He said:

I said, “Here’s the kids. I’m gone. They’re in bed. Bye.” I think at the time, you can’t argue with a drunk. So, I think at the time it was good, but I should’ve came back and talked to them about it, told them my feelings about the situation. I never did.

Sometimes I feel like I got to walk on eggshells around them because I keep thinking it’s all my fault that this is what happened to them. I blame myself a lot.

Bobby’s response seemed to be directed at managing the identity implications of discouraging his daughters’ drinking. More specifically, he seemed to feel that bringing up their use
necessarily entailed his history of use. In a similar fashion, James was cautious about raising the
topic of his son’s drinking, in light of his recent recovery and the impact his own use had on his
relationship with his son. James dealt with the difficulty of talking to his son about his drinking
by referencing his son’s pictures on Facebook. He said:

So that’s my way of knowing what’s going on in his life. You know what I’m saying?
And I called him. We talked. And I told him about it. “Yeah, I heard, I seen you on
Facebook and I seen something to the fact of, you’re having a really nice time.” He kind
of laughed and was like, “Yeah.” But it wasn’t no details.

James said that he used a similar approach in talking about his own recovery. Like other parents,
James felt that his history of substance use remained such a difficult topic that he was cautious
about how he talked about his own sobriety. James commented:

So, it’s to the point to his attitude is “show me, don’t tell me. Just show me.” That’s his
attitude. So no, we don’t [talk about it]. I’ll say, “I’m clean” and he’ll say, “That’s
good.” You know, “I’m going to a meeting,” You know, I don’t even go into details…

James was able to reference both this own recovery (a topic related to his substance use history)
and his son’s use in a way that allowed him to feel as though he was addressing these issues
without raising them directly. In both of the previous examples, James indicated that avoiding
the “details” was an effective way to talk about sobriety and discourage use. Marcus described
the difficulty of discouraging his son’s use because he felt like he “initiated it” with his own use.
Although Marcus commented on his inability to find effective ways to cope with the identity
implications of his drug use, he did find it helpful to sit with his son and discuss the pain and
trauma he experienced. Marcus said:
I mean, I try. I try so hard. I’m telling you. I tell him, I sit down with him. I tell him things. I tell him stories and stuff about the streets and all of that in hopes to spook him. I show him when I was a casualty myself. I took bullets for somebody else…I show him obituaries and one day, he like, “Oh, I remember him and I remember him and I remember him.” I say, “Now, you look at them ages on that. You older than every last one of them.”

Marcus’s approach with his son seemed to allow him to acknowledge his past, but more importantly, focus on his own lifestyle as a cautionary tale to his son. In this sense, Marcus’s approach seemed to capitalize on the implications of his prior use by reframing his behavior as knowledge and education for his son.

Second, several parents described the importance of their actions, rather than words, in managing their identity related to substance use. Respondents suggested that managing the identity implications of support required demonstrating their ability to maintain their own sobriety. In other words, parents needed to prove to their children that they were sober (rather than using) as a way of mitigating the identity implications of support. Bobby described attending Alcoholics/Narcotics Anonymous meetings and learning how to best approach his daughters:

Right now, I’ve told them [his daughters] all that stuff before… in the past. And it’s a lie, basically. Now, I’m just going to try to show them what I’m doing and what’s going on. They told me at meetings, “You can’t try and bring up the past and try to change all that. That’s when they’ll come to you and start asking, you know.” I have to prove to them that I’m staying clean. They’ve got to see it to believe it.
For Bobby, demonstrating his own sobriety was an important step in being able to effectively intervene in his daughters’ use. In this way, Bobby felt it was necessary to perform the behaviors associated with sobriety in order to effectively gain his daughters’ trust and discourage their substance use.

Overall, parents’ strategies for managing the identity implications of past use focused on topic avoidance and indirect references to substance use. Parents seemed to feel as though their attempts to maintain sobriety were essential not only to repairing past damage to family relationships, but also being able to more effectively manage the implications of their past use when discouraging their kids from using alcohol or drugs.

*Support jeopardizes relational closeness and harmony.* Although most parents recognized the importance of intervening in their child’s substance use, they also were aware of the relational implications of such actions. In particular, parents noted that saying or doing things that discouraged their child from using could create disharmony and conflict. Further, some parents worried that intervening meant that their child might withdraw from the parent-child relationship. In this sense, parents saw intervening as simultaneously necessary to protect their child’s health and well-being but also a risk to their relationship.

Discouraging and talking about use was sometimes interpreted as a threat to relational harmony. Parents noted that bringing up their child’s use (or topics related to their child’s use) was incredibly difficult because parents associated it with relational conflict and discord. For example, Tim and his son lived together, which meant that Tim became aware of how his son’s marijuana use prevented him from maintaining employment and providing for himself. Tim noted that talking about his son’s use had the potential to create conflict between them:
Well, how you gonna pay rent or buy groceries if you can’t even hold down a job. And I know what the problem is. When you get high, you don’t feel like going to work… you don’t, your effort is not in it. You know. And he gets mad when I tell him the truth.

Sometimes when people know they doing wrong, they don’t want somebody that’s doing right to tell them, “Hey, you shouldn’t do that.”

Although Tim’s initial concerns focused on the possibility that “truth telling” would anger his son, bringing up the topic of use became more problematic over time, as his son’s reactions to the topic of his use became more aggressive and violent. For Tim, talking to his son about his marijuana use became more challenging because his son’s anger jeopardized his own physical safety. Tim said that his son began to “talk back” and “break up stuff” in his home. His son’s reaction to conversations about his behavior became so aggressive that one day, he struck Tim.

Diana expressed similar concerns about talking to her son about his drinking. She said that she felt that her son would inevitably interpret talking about this use as a personal attack. She noted:

No I can’t [bring it up]. If you say, “Do you think you should be doing that?” That’s a reprimand. No, and that’s been the hardest, that’s been the hardest part is to try to think of a non-attack conversation.

Diana worried that trying to talk to her son about his alcohol use would evolve into an unpleasant argument, but she realized the potential benefits of broaching the topic. She said:

Probably anything out of his mouth I wouldn’t want to hear. But then again, that also could open the door for a good conversation, too. But I’m not sure which it would be…I think probably one direction or the other. And if he was thinking right, even if it [the
conversation] went wrong, if he was thinking right and he remembered parts of it, it could end up being good.

For Diana, intervening in her son’s use was complicated because it could incite anger and conflict in their relationship. Thus, Diana had to weigh her desire to discourage her son from drinking and risking discord between them. Nicole noted that seeing her daughter intoxicated heightened her desire to intervene, but she knew that expressing her concern was likely going to turn into a disagreement. She noted the “most striking” memory of daughter’s drinking:

I was very pissed and kind of sad. I was as quiet as I could possibly be and just kind of get through that episode to get her to bed. To get her to, you know, as safe as I could get her. Yes, I was very upset about what I should say or what I should do. One time… what I was thinking is that my momma had told me, “You never argue with a drunk because you’re not going to get anywhere. You know, you’re not gonna get to any meeting of the minds most likely.

Nicole seemed to suggest that an argument would be an inevitable result of her confronting her daughter and telling her how she felt about her drinking. In addition, Nicole remarked on the volatility of her daughter’s behavior when she drank. She said, “She gets a sharp little temper from time to time, ‘cause the party’s over and she can’t drink anymore.” Bobby and Marcus also noted the potential for intervention to lead to conflict. Bobby said that he was the first to become angry and upset and that it was hard to talk to his daughters because he didn’t “want to be angry with them.” For Marcus, upsetting his son could mean that his son would try to hide his substance use, making intervention more difficult. He stated, “I don’t want him to think that I’m upset with him because I want him to be able to come to me, like “Dad, I did this. I did that. Or
this is like this or this is like that.” Marcus went on to say the alternative was that his son would go “on the sneaky move” and try to conceal his use.

Although parents frequently commented about how supportive interactions could lead to conflict and discord, they also focused on the potential for conversations to lead to relational distance and withdrawal. Similar to concerns about conflict, parents seemed to emphasize the difficulty of talking because there were inherent risks to their relationship with their child. James felt that bringing up his son’s use posed a direct threat to their parent-child relationship. James said:

I’m learning now that if I don’t say, “Jimmy, you shouldn’t be doing that. I’m scared. Fifteen shots of Patron, 21 years old. Damn, that’s the beginning of an alcoholic, signs of an alcoholic tendency” … that will run him away.

James went on to say that intervening could be interpreted as control, which would jeopardize the parent-child relationship. He noted that it was difficult, as a parent, to cope with his desire to intervene and that the most natural reaction was to try to change his son’s behavior. He said, “Don’t try to force them out of it. Don’t try to go and just pull them out of it because that’s what you want to do. It will push them away from you.”

Like James, Diana’s desire to intervene was complicated by relational concerns. However, Diana indicated that her entire family was worried about her son pushing them away. She said, “I think we’re all afraid to. We’re all afraid to say anything for fear that he’ll just withdraw.” Diana compared the difficulty of intervening in her son’s drinking with how she might react if it were a close friend. She noted:

It’s just the, for some people they can’t handle it [drinking]. And my friend can. And I sometimes wonder if she brings this up to me because she’s worried about herself…and if
she were to tell me she was having a glass of wine for breakfast, then I would have that conversation with her because I partially want to be her friend and partially because I would be less worried about losing her than I would helping. But with Austin, I don’t want to lose him.

Diana discussed her relationship with her friend, whom she suggested could also have a drinking problem, as a way of illustrating how her relational concerns constrained her interactions with her son. Diana did not altogether diminish the importance of her relationship with her friend, but said that “it would be less of a loss…it’s the importance of the relationship.” Diana’s comments suggest that discouraging her son’s use carried both instrumental and relational implications, which were difficult to reconcile.

Some parents reflected on past interventions that had indeed created distance between them and their young adult child. For example, Molly described how, after her son’s drinking and drug use escalated, she and her husband elected to send him to a local treatment center for rehabilitation. Molly noted how the decision created emotional distance between her and her son:

He was very emotional and he hated us for years. He told me he would never forgive me for doing that to him. I can still hear him say that. I can see the look on his face and it devastated me. To this day, we have a very good relationship. He’s always been very open with me and been able to bring things to me. But I feel like that is always something that will be between us.

Even though Molly felt as though her relationship with her son had improved over time, she still associated their intervention with irreparable distance. Angela noted a similar experience with her daughter. She described how talking to her daughter about her drinking generated distance in
their relationship. She said that trying to give her daughter “information” about her use pushed her daughter away for a while.

Parents encountered various challenges surrounding support and relational concerns. Some parents felt that although supportive behavior (e.g., intervening in and discouraging use) had the potential to help change their child’s behavior, it also carried implications for relational harmony. Other parents described how supportive behavior could be associated with relational distance or withdrawal.

In conjunction with challenges, parents also noted approaches that helped them manage the relational implications of support. Strategies centered on privileging relational concerns over support, indirect/passive approaches, and topic avoidance.

First, several parents engaged in behavior that emphasized the closeness or harmony of their relationship with their child. Rather than discourage their child’s use, parents responded in ways that highlighted their concern for and the centrality of their relationship with their child. For example, James described his approach to his son’s use this way:

So now I use another tactic as to…“it’s alright.” You know what I’m saying? It’s not alright but I give it to him. What am I trying to say? I accept you for who you are, whether I like it or not. So now I am trying to just show him that I don’t like it, but… I can accept you for who you are, the good and the bad. And um, hopefully, that would kind of draw him back to me.

James chose to privilege the closeness of his relationship with his son over discouraging his son from drinking. It is noteworthy, however, that James seemed to feel as though his approach might eventually make him more effective in influencing his son’s drinking behavior. James said, “It’s not so more or less of telling them that it’s not right. It’s more or less just accepting
them for who they are, the good and the bad, so that when they fall they know they have somewhere to come to.” James felt that, eventually, his son would get “tired of it” and it was more effective to accept him rather than encourage him to change. In a similar fashion, Bobby coped with the relational implications of support by emphasizing the importance of care and concern. Bobby commented that, sometimes, he lacked effective ways to balance relational closeness with intervention, but he noted that:

I don’t really know how to communicate well with her when I get mad about certain things. I try to bring in, “Well, I do love you. I do care about you. You’re doing this and this is wrong…”

Bobby commented that although he sometimes emphasized care and concern for his daughters, this was not always effective at managing the relational implications of support. He said that despite his attempts to demonstrate concern for his daughters, just bringing up the topic tended to get them “mad and upset.” It would appear that Bobby’s efforts to frame his support attempts as concern were not effective at preventing conflict and discord. It may be that his daughters were more attuned to the implications for their drinking behavior than Bobby’s affection or concern.

Second, some parents noted that they coped with issues of conflict and distance by avoiding the topic of their child’s substance use. Tim said that although he initially raised the issue of his son’s drug use, he reflected on other ways to deal with the issue, including allowing his ex-wife and her partner to confront his son about it. He noted:

I don’t know. I may not have to do none of this. The stepdad may do it for me because he will probably more likely to do it because he don’t got no feelings for him. It’s not his… you see what I mean? So he wouldn’t have a problem with doing it. It’s…you know…so I might get lucky and somebody will take the trash out for me.
Although Tim indicated that eventually, he would find a way to talk with his son directly about his behavior, it was likely other family members would be the ones to confront his son and that would be easier for them because they did not have as close of a relationship as he had with his son. Tim also commented that he felt it would be most useful to keep his son out of his home and let others address the issue. For example, Tim thought about sending his son to live at a shelter at the Salvation Army. He noted:

That’s why I say that Salvation Army is much better. They more aggressive…and I think he needs, I think he needs this. I’m too soft with him. He gets away with things. Just too soft with him.

Tim felt that confronting his son was, in some ways, more challenging because he viewed their interactions in terms of their relationship and the “feelings” between them. In fact, Tim seemed frustrated with his inability to talk with his son about his concerns. He lamented his own unwillingness to raise the issue with him. He commented:

I need to be hard like he’s being hard. And I think it’ll be a good outcome. Because, you see, I need to face up to the truth. And the truth of what I need to do. You see, that’s been my problem and that’s causing me problems.

Until Tim could find a way to talk to his son, it seemed to be more effective to put his son in situations where others might encourage him to change his behavior. Diana also described how topic avoidance helped her and her family deal with their worries about intervention leading to relational distance. She said that, initially, they talked with him about his drinking (and related issues such as legal repercussions). However, their concerns that he would pull away led them to avoid the topic:
I just have this fear. We all have this fear that he’ll just withdraw. And so we are kind of on eggshells about that subject, yet it’s the elephant in the room for us. Whether he knows it’s there or not, I don’t know.

Diana felt that avoiding the topic of her son’s drinking was effective in managing the relational implications of discouraging his use. However, Diana’s comments also suggest that avoiding the topic left her with the feeling that something was clearly being avoided. In other words, avoiding the topic did not diminish his use, and therefore, it was difficult to be around her son, knowing that his behavior went unaddressed.

Third, parents also noted that they could raise the topic of their child’s use via indirect strategies. For example, Nicole said that after her daughter came home drunk, she initially avoided the topic, but the next morning, raised the issue. She said:

I’m almost certain I asked her, “How are you feeling? Did you have a good time? What do you remember?” You know and she didn’t have a lot to say. I don’t remember having a real deep conversation or we certainly didn’t argue about it. It was kinda like you know, the water is already under the bridge. It’s already passed. There’s no point in discussing it in great detail.

Nicole’s comments reflect how topic avoidance seemed to be more effective than engaging in “deep” conversation or initiating an argument about her daughter’s behavior. Although Nicole did not entirely avoid the subject of her daughter’s drinking, she raised the issue in an indirect way that allowed her to refer to the events of the prior evening without appearing to discourage her daughter’s use. In a similar fashion, Diana noted how she indirectly brought up her son’s drinking behavior by raising this issue of his uncle’s drinking. She said:
I think I’ve probably talked about his uncle a few times, that’s showing “What do you think about that? And how do you think that affects your cousins?” And hoping, hoping that he would draw a correlation. But it’s also the age difference. We’re two different generations…

Diana seemed to suggest that although she tried to raise the topic of her son’s drinking by referencing her brother-in-law’s behavior, she could only “hope” that her son would see the connection and therefore consider the effects of his own drinking on his family. Diana felt that her approach did not appear to “attack” her son for his behavior, but she worried that it did not effectively discourage her son from using. She went on to say:

Oh, he understands what I’m saying about his uncle, but I don’t think he puts the two together, no. No, I don’t think he does. And if he does, it is uncomfortable, so you want to get away from it.

For Diana, raising the topic of another family member’s use had the potential to influence her son’s use. However, Diana’s comments indicate that she hoped her son would realize the relevance of her brother-in-law’s use. Thus, her approach was effective to the extent that it did not create conflict with her son, but ineffective in changing his behavior because he did not appear to make the connection with his own use. Diana seemed to suggest that discussing another family member’s use was effective only if her son interpreted such discussions as relevant to his own use. However, Diana also indicated that her approach would be ineffective, should her son realize that she raised the topic of her other family member’s use in order to influence her son’s behavior.

Bobby described a similar approach in coping with his daughters’ use. He said that he sought out suggestions from his Al-Anon group about how best respond and found that he was
able to minimize the likelihood of conflict by not directly raising the issue. He noted, “So we can relate, not really suggesting that they have a problem...just so they can find out themselves that they have a problem. I can’t really tell them, ‘You have a problem.’” He noted that it was more effective to spend time around his daughters so that he would know what was going on in their lives, rather than explicitly raise the topic of drinking. Bobby also commented that modeling his own clean behavior seemed to be effective at managing the relational implications of support. He said:

I have to prove it to them. I still have that coming. I figure, if they see that I can prove it to them that eventually they’ll be able to see the change and maybe they’ll want to change. I can’t really pressure them because that’s not going to work. That’s going to lead to pushing them away and everything else.

Bobby’s approach reflected a desire to change his daughters’ behavior without appearing to influence them. He felt that attempting to discourage their use by directly discussing the issue would likely create relational distance and conflict. Instead, Bobby emphasized the utility of showing his daughters how to achieve and maintain sobriety in hopes that they may want to model their behavior after his. Compared to Diana, Bobby seemed to feel that supporting sobriety through indirect, modeling approaches was effective. Diana seemed to worry that her son did not connect her comments about other family members with his own use. It is possible that Bobby felt his approach was effective because he was responsible for modeling clean behavior, rather than referring to the behaviors of other family members whose use might or might not seem relevant to his daughters’ drinking.
Overall, parents dealt with the tension between support and conflict/closeness in several ways. Parents’ strategies centered on privileging closeness over behavior change, topic avoidance, and indirect strategies.

**Support implies child/parent roles.** In addition to describing difficulties with conflict and closeness, parents also noted how support had implications for their role as parent. Although not all parents viewed this as inherently problematic, many parents discussed the tension between support and adopting parent/child roles. This challenge emerged in two distinct ways. First, some parents described the difficulty of treating their young adult child like a child and, therefore, adopting a parenting role. Second, some parents indicated that it was challenging to communicate support because they felt that it was a reflection of their skill as parent. Respondents found this to be problematic because they felt they lacked certain parenting skills.

Parents noted that one of the most problematic aspects of communicating support was that doing so implied traditional parent/child roles. Taking on a parenting role may have been especially difficult given that substance using children were technically legal adults. From a developmental perspective, parents might have felt as though treating their child like a child was inappropriate or uncomfortable. For example, Marie noted that her son’s drug use meant that he was “stuck” and kept “him more childlike.” Despite the fact that she attributed his “childlike” behaviors to his drug use, it nonetheless made it difficult to support her son. She described a particular incident when her son was living in public housing and even though his public assistance prohibited substance use, he was still smoking marijuana. She said:

> And the social worker, he doesn’t tell him that he’s doing these substances and stuff. He doesn’t tell and so then I will see him getting in trouble and I will start badgering him.
[She said] “You have to tell your social worker. You have to be upfront with him that this is a problem that you’re having.”

Marie went on to say that the situation was especially challenging because she felt as though intervening in his use (and telling the social worker that her son was violating the terms of his public assistance) put her into a “mother” role. She noted:

And it’s very difficult to fill that role as a mother because, you know, he can be a kid with his mother. It always keeps him as the kid. And as much as I am a mother and try not to make him like the kid when I’m in the position of...he’s doing something he’s not supposed to do. That’s usually not healthy for me, to have his mother supervising him, in a sense.

Although Marie did not reject her role as mother, she indicated that intervening in her son’s use put her in the difficult position of having to treat him like a child by informing his social worker of his behavior. She felt that doing so required her to “cross...an unhealthy line.” In a similar fashion, Angela felt that discouraging her daughter’s drinking implied adopting a parent-like role. She said that talking to her daughter about her drinking was “like being a mom.” More specifically, her daughter would come to her to discuss her problems, and her inclination was to share her own experiences as a way to caution her daughter. She commented:

As a mom, it’s like you’ve been, you have 20 years, you’ve gone down some of the same roads and I learned all of this. So when she would talk about a lot of her frustration and stuff with life, then it’s like I was being a mom.

Angela’s comments demonstrate that although her daughter’s use led Angela to want to impart her parental knowledge and experience, this created difficulties because she put herself in a relatively more powerful position over her daughter. Angela noted that although behaving like a
“mom” seemed to be useful in some ways, it generated tension with her daughter. Nicole discussed a similar difficulty with her daughter and indicated that although she worried about the consequences of her daughter’s drinking, she felt uncomfortable adopting a parental role. She said that discouraging her daughter’s drinking was difficult because her daughter “would look at it like I was lecturing her and the walls would go up.”

Some parents focused solely on the difficulties associated with enacting parent/child roles. That is, parents noted that they did not know how to effectively fulfill their role as a parent. In this sense, parents focused on their experience or efficacy in taking on a parent role. Marianne noted that she was a relatively new stepparent and therefore, she found intervening in her stepson’s use because she saw it was a function of her parenting role. Further, it was problematic to behave like a parent because of the relatively small age difference between them. She said:

Another thing with having a stepson, I don’t have any children of my own. And I’m an only child myself. So, I’ve never really known really how to, like you know… I guess raise or interact with children. I mean, I know how to be a mom, you know, and try to teach them the right things. But when it comes to an older child, like my husband’s son, it’s kind of awkward because it’s like he’s older than me and that’s really strange to me trying to be a mother figure to him because I’m younger than him.

Marianne felt that the difficulty of talking to her stepson about his use emerged from two, interrelated issues. She felt that she was relatively inexperienced as a parent and her stepson’s age made it difficult to enact a parenting role. Marcus reflected on a similar experience in trying to talk to his son about his drug use. Marcus said:
So, I just take him and try to talk to him. I mean, it is a real challenge, the challenge of trying to save one of your most prized possessions. How deep can it get, you know? It ain’t like I was a father in another life and now I know exactly what to do in this life—the words to say, the things to do to save him.

Marcus felt that talking to his son about his marijuana use highlighted his role as a parent. Further, he noted that being put in the position of parent was incredibly problematic because he felt somewhat inexperienced or unskilled. For Sharise, her role as a single parent heightened her concerns about effectively intervening in her son’s use. She said that her son’s behavior became difficult to deal with because she could not effectively enact mother and father roles. She said:

It’s like he didn’t have the motivation. And don’t get me wrong. I’m a mom, but I can’t do things that some men can do as far as raising a son. I mean, you can and you can’t, you know.

Although Sharise felt confident enacting her role as mother, she noted that effectively intervening in her son’s use required behaviors that were more characteristic of a father’s role. Because her son’s father was not involved in her son’s life, Sharise seemed to feel that her ability to change her son’s behavior was limited because of the need for a masculine, paternal influence.

In sum, parents experienced challenges surrounding support and parent/child roles. For some parents, intervening in their child’s use required them to enact a parent role, thereby treating the substance using individual like a child. Participants also described difficulty enacting parenting behaviors, which was especially problematic because of perceived inexperience or lack of efficacy as a parent.

In combination with challenges, respondents discussed several ways to manage challenges associated with support and parent/child roles. Parents relied on family and social
network members to enact parenting roles or support their parenting behaviors. Some parents engaged in verbal strategies that highlighted the inappropriateness of parent/child roles.

First, to cope with role implications of supportive behaviors, parents often elicited help from family and social network members. For parents who felt that parent/child roles were inappropriate or uncomfortable, enlisting the help of outsiders seemed to ease the tension that parents experienced. For example, Marie described relying on her son’s social worker to help regulate her son’s behavior. Despite the fact she felt uncomfortable disclosing her son’s use to his social worker, Marie felt that the social worker could enact some of her parent-like behaviors and monitor her son’s actions. She said, “I tell him that they can put him in an apartment somewhere and he can deal with his social worker. He doesn’t have to deal with me helping him.” Marie seemed to feel that, rather than continue to regulate her son’s substance use behavior, she could enlist the assistance of the social worker in doing so. Although Marie looked to the social worker to help bolster support of her son, she noted that the social worker was relatively ineffective with her son and he continued to use until he was kicked out of public housing.

Like Marie, Sharise managed role implications by seeking out a social network member to enact specific parenting behaviors. Sharise thought that her son’s behavior required support from both a mother and father. Rather than trying to perform what she perceived to be father-like behaviors, Sharise looked to a community police officer to take on a paternal role. She noted:

So, Officer Jones and my son had become really cool. Everyday, he would drop my son at school…even when he was on duty would take my son to school sometimes…he would take him to school, talk to my son about drugs. [The officer said to him]
“Smoking weed, it ain’t cool.” My son started changing a little bit…I believe that officer had so much control over him at that time and it was really working.

Sharise reconciled the tension between support and her parenting role by relying on a police officer to “control” her son in a way that she felt she could not. Similar to Marie’s experience, outside help was only so effective. Sharise noted that as soon as the police officer spent less time around her son, “it was like a relapse…he went right back to doing what he was doing.”

Marianne also relied on others to help her cope with her parenting role. However, rather than look to individuals outside of the family, Marianne focused on the strength of her husband’s relationship with her stepson. For Marianne, her husband’s fatherly connection with her stepson helped her manage her parenting role in several ways. First, Marianne seemed to feel less pressure to take on a parenting role (which she perceived to be awkward given her age) because she felt that her husband did an exceptional job as a parent. She said, “He talks to him really pretty, fairly easily because he’s always been a father figure in his life and always been there as a dad for him. So they have a good connection together.” Marianne felt that the “connection” between her husband and stepson also meant that she could rely on her husband for advice about how to handle the role implications of support. She noted that she often talked with her husband about the awkwardness associated with her parenting role. Her husband encouraged her to see parenting as “process” and something that would improve the “more he [her stepson] opens up” to her.

Second, some parents noted that their parenting role often led them to feel frustrated and that they did not seek ways to balance role implications and support. Instead, they rejected the idea that they should be expected to parent their young adult child. For example, Marie described her aggravation with her son’s “childlike” behavior and feeling as though her support
might always imply a mothering role. She indicated that sometimes she would explicitly discuss how childish he seemed. She said:

*But he’s not in college, you know. He’s 30. He’s older. That’s kind of one of the things with him. I tell him, you know, “You are 30. You are not a high school or college student. You are an adult. You can’t behave this way forever.”*

Marie seemed to feel that highlighting the childish nature of his behaviors might help mitigate the role implications of her support. By explicitly discussing her perceptions of her son’s behavior, she seemed to draw attention to the potential impact of his behavior for her own role. Marie noted that although she would point out the problematic nature of her son’s childish behavior, she said that her approach was rarely effective in motivating him to change. She indicated that she often tried to highlight where her son’s “childlike” behavior would lead him, but to little avail. She noted:

*So as much as I want to help him with things and I try to make sure I don’t cross that line so much…so it’s pretty much always, “Where are you going with your life?” You know stuff like that… but whether that works, I don’t know. That tactic doesn’t work with people who abuse substances.*

Marie suggested that although she hoped that drawing attention to the childish nature of her son’s actions would encourage him to stop using, she also recognized that her approach was likely ineffective. Thus, Marie seemed to hope that her direct statements about her son’s behavior would resolve it, alleviating the need to cope with its implications for her role as “mother.”

*Third, some parents noted employing verbal strategies that highlighted how substance use implied a parent/child dynamic. Although some parents successfully implemented these*
strategies as a way to manage the tension associated with support and roles, others found these approaches were not always effective. Parents could rely on members of their social network to help mitigate role implications of support, but when these individuals were unavailable, parents were forced to manage such implications on their own. Verbal strategies also appeared to have limited effectiveness because, although they drew attention to the way that intervening forced parents into a parenting role, they did not effectively change the underlying behavior (i.e., substance use).

**Divergent views constrain the provision and receipt of support.** Comparable to siblings, parents described challenges associated with support and divergent perspectives on substance use. Divergent views seemed to complicate support in two ways. First, parents discussed tension surrounding others’ perceptions of control. That is, parents felt their ability to provide (and sometimes receive) support also meant dealing with others’ attributions of control. Second, parents noted that family norms about substance use seemed to complicate their ability to effectively intervene in their child’s alcohol/drug use. Often, parents struggled with trying to discourage use when other family members encouraged substance use.

**Perceived control.** Parents noted that it was challenging to seek support for their child because others held divergent views about whether anyone could effectively control or influence their child’s behavior. For example, Christine described the difficulty associated with seeking support for her son within the family because some family members felt that no one could effectively influence her son’s substance use. Christine said that it was especially difficult to talk with her husband and brother-in-law about her son’s heroin use because they felt that any effort to intervene would be futile. After her brother-in-law fired her son from a job, she went to talk with him about how her son’s travel schedule had aggravated his use:
My brother-in-law [said], “He is a waste. He is a piece of shit. He’s just a user. I’m done.” Basically telling me, “Don’t come begging. I want nothing to do with your son.” I told him he [her son] wasn’t supposed to be on the road…this was just, you know, “Christine, face it. He’s always going to be an f-ing drug addict.”

Although Christine initially felt that her brother-in-law was her ally in combatting her son’s drug use, she felt that she could not turn to him for support after he portrayed her attempts to help her son as ineffective because her son would be “an addict” no matter what. Olivia also encountered difficulty in seeking support from others, particularly her son’s healthcare providers, who encouraged her to view her son’s mental illness and substance use as outside of her control. Olivia was especially frustrated because of her son’s fragile emotional state. She noted:

And he went into one room and then a different doctor talked to me and just said, you know, “With the suicidal stuff, you’re just going to have to let him go. You’re not gonna be able to control this.” I mean, it just felt really odd and it felt really wrong. I mean, intellectually, I know where they’re coming from. “We can’t control. This is an adult. They can make their choices and we have to accept that.”

Olivia said that although she understood “intellectually” that she could not control her son’s behavior, at the same time, the healthcare provider’s statements felt “paradoxical” because she sought help from the provider to try to intervene in her son’s behavior. Thus, the healthcare provider’s statements seemed to impede the support process because they contradicted Olivia’s views about how to best help her son. Like Olivia, Nicole felt that seeking support was constrained by others’ perceptions of control. However, in Nicole’s case, family members felt that her daughter’s adult status meant that intervening was futile. Nicole said:
Sometimes I feel, you know, I have felt in the past that discussing concerns about an adult child is sometimes fairly futile because often times it seems like, I feel like the answer I am gonna get is, “Well she is grown up now. And that’s her business.” Nicole indicated that this reaction was fairly common in discussions with her husband and family friends, who seemed to view her daughter’s use as something outside of Nicole’s control and therefore, did not necessitate intervention.

Marie also struggled with supporting her son in the context of contrasting views about her son’s use. For Marie, it was difficult to seek support from her spouse, who believed her son was capable of changing his behavior. In contrast to Marie’s beliefs, her husband (her son’s stepfather) disapproved of her instrumental and emotional support of her son because he saw his use as something her son could overcome if he were stronger:

But my husband, a man, sometimes looks it as a weakness in another man. My son is a man. And so not understanding mental illness as well… sees it as problems that are all solvable that he can just shape, you know? Kind of like the old rule in the army, that we’ll just straighten him out sort of thing. And so he probably doesn’t wanna hear how much helping I do out of my finances that I help him with.

Marie felt that communicating with her husband about her son’s use inherently reflected their divergent views on her son’s use. More importantly, Marie felt that she could not talk with her husband about how she supported her son because he believed that her son’s behavior was a manifestation of individual weakness, rather than a “mental illness” issue. In a similar fashion, Margaret found that providing support for her son was constrained by her husband’s perceptions of their son’s ability to control his alcohol use. Margaret discussed her son’s increasing alcohol use as his marriage dissolved and emphasized that her perspective on her son’s use differed from
And I think that just brought him down even before this all escalated and the alcohol and he always drank a little bit. It just got more and more ‘cause he didn’t know how to deal with it. My husband says to me, “Well, if he was a well-adjusted individual, this… he would have been able to tolerate the alcohol. That wouldn’t have escalated it.”

Margaret’s husband seemed to feel as though their son could have better dealt with his divorce and his alcohol use had he been psychologically well “adjusted.” However, Margaret felt that her son’s increased alcohol use (in response to his divorce) was not necessarily preventable or controllable. She noted that, in contrast to her husband’s perspective, in coping with stress, “there’s no set pattern.”

Encouraging substance use. Parents also faced challenges in providing support in the context of others’ encouragement or tolerance of substance use. That is, family and friends talked about substance use as normative or socially acceptable, which complicated supportive interactions. Paul described the difficulty in intervening in his stepdaughter’s use because his wife interpreted her use as normative or appropriate for her age. Paul noted:

Her mom, back before we got married, she partied and drank. So I guess to her, it isn’t that big of a thing. “It’s just something I did. All kids go through it.” Well, kids go through it but they don’t need to be going through it. You can find alternatives for them to do something else. Hopefully, something other than become a drunk or a dope fiend. Paul went on to say that he understood that individuals often perceived substance use as relatively common. However, Paul felt that it was especially problematic because he and his wife had different perspectives on his stepdaughter’s use. He commented that his wife thought:
It’s acceptable. It’s acceptable. I mean, it was acceptable in my family, too. But I’ve never been a hardcore drinker. I partied. I don’t anymore, but I used to party a lot. I used to do everything there was to do. I grew out of it… I mean, there’s a difference between what you do being socially acceptable and it’s an issue.

Paul felt that conversations with his wife highlighted the difference in their understanding of his stepdaughter’s drinking. Whereas Paul clearly classified his stepdaughter’s use as “a problem,” his wife seemed to feel as though her use was merely “social” drinking. Nicole indicated that it could be challenging to seek support because others may not interpret her daughter’s use as problematic or worrisome. She noted her own concerns about her daughter’s drinking, but said it was hard to elicit support from friends and family when “there’s not a whole lot of tragedy and trauma and 911 drama type of things going on.” Nicole said she felt like there might need to be “flashing red lights” for others to interpret her daughter’s use as problematic and be able to effectively support her and her daughter.

Several parents described the difficulty in seeking and providing support in the context of other family members’ use. These parents suggested that it was difficult to discourage their child’s use when it appeared that other family members were willing to use substances with their adult child. For example, James discussed the challenge of intervening in his son’s drinking, given that his ex-wife’s family drank heavily. He said, “He’s partying all the time. And that’s what’s up. That’s how the family do. The grandmother parties with all the grandkids. The mother parties with all her kids.” James felt that his efforts to discourage his son’s use were only so effective because one side of the family not only permitted, but also appeared to encourage his son’s drinking. Angela commented on a similar concern, noting that her ability to discourage her daughter’s drinking was complicated by the fact that her husband also drank. She indicated that
her husband would often suggest meeting for lunch and spending time with her daughter in local bars. This was problematic for Angela not only because she rarely drank, but also because she felt it sent the wrong message to her daughter and other family members about what was acceptable. Angela noted:

He’ll suggest going there or whatever. And I, I just draw the line… that, I mean, I don’t want to be sitting in the bar, drinking with my daughter… I mean, his place to get sandwiches was in a bar… I am not in favor of doing that cause I just think it desensitizes them to that environment and that way of life and it makes it easy for them to feel comfortable walking into a bar.

For Angela, effectively intervening in her daughter’s use was also a function of her ability to cope with her perception that her husband felt it was acceptable to drink with her daughter. Angela went on to say that she worried about the long-term impact of his seeming approval of alcohol use, as she worried that her daughter’s children would begin to get the impression that it was appropriate to spend time and socialize in bars.

On the whole, parents felt that communicating support in the context of alcohol and drug use necessarily involved managing divergent perspectives on use. For some parents, competing perceptions of control or normative explanations complicated their ability to seek support for themselves or effectively intervene in their young adult child’s use. Other parents noted the complexities of discouraging their child from using when other family members or friends appeared to sanction alcohol or drug use.

In addition to describing the difficulties, parents also discussed several strategies for managing divergent perspectives on use in the context of support. They described employing direct, verbal strategies that highlighted the implications of divergent views for support. Parents
also described topic avoidance with particular family members whose views differed from their own.

First, parents managed divergent perspectives through statements that highlighted the difference between their and others’ views on substance use. Parents seemed to employ this approach as a means of emphasizing how perceptions of control could deprive the substance using individual of much needed support. For example, Christine noted that when family members commented on the futility of attempting to help her son, she would respond in ways that emphasized her own perspective on his use. She seemed to feel as though no one could know whether help would be futile and making such assumptions was tantamount to giving up on her son. She said, “That was my response, ‘I don’t know what is going to happen to him but I’m not just going to write him off.’ That was my response. ‘I’m not writing him off.’” Like Christine, Margaret engaged in verbal strategies that highlighted the difference between her and her husband’s perspectives. However, Margaret’s approach seemed to provide an explanation for her son’s lack of control over his alcohol use. Because Margaret felt that her son could have done little to prevent his alcohol use from escalating, she felt that her husband’s comments about her son being better “adjusted” were unhelpful and inappropriate. Margaret indicated that it was more important to consider the other factors that contributed to her son’s use. She commented:

Death, it’s just like death. We may live in the same household, but we may react totally different. And I told my husband, I said, “There are no rules in divorce as far as how you’re gonna feel…nor death… ‘cause you can’t, you just can’t. You have to react.” Margaret’s reaction to her husband highlighted her own views of her son’s use. More specifically, she felt his drinking was a stress reaction to the dissolution of his marriage. By drawing the comparison to death, Margaret points to the importance of contextual, rather than
individual factors, in helping her son cope with his alcohol use. Olivia employed a similar approach with her family members who seemed to want to punish her son for his mood changes. She noted that her ex-husband and his new wife did not appear to “get” what was happening with her son’s mental illness and would often blame him for being quiet or introverted. Olivia responded by trying to explain her son’s behavior by situating it in the larger context of his personality and interests. Rather than focus on his mental illness, Olivia suggested that his behavior was in keeping with what “artists” do. She said:

   His stepmother would say, “You know, he can’t do a damned thing.” They went to their second house in Phoenix and took him and his stepsister for a couple weeks. And they said all he did was just sit there. And my sister even said that to me that “They said, ‘All he did was just sit.’” And I said… “That’s what artists do. They look as if they’re not doing but they’re mulling things. They’re inventing.”

For Olivia, it was important for her family members to understand that her son’s actions were not a result of his unwillingness to interact with others or completely outside his control. Rather, Olivia attempted to emphasize that her son’s behavior was purposeful and better understood through his artistic qualities than as a result of his mental illness and substance use.

   Second, parents employed statements that highlighted the implications of others’ substance use for their ability to promote behavior change in their child. For example, Angela described her frustration with her husband’s willingness to drink with her family members. She reflected on her response to an incident where her daughter became intoxicated at a gathering at her home. She described her reaction to her husband’s approval of her daughter’s use this way:

   I am finally at a point in my life that I can stand up…I’ve told him, I mean, he’s been around it a couple of times when she’s been kind of, I mean he was there that day at the
fire pit in our yard... I said, “I just... she has an issue with alcohol.” I tell him and I’m not going to contribute to it... I’m not going to actively, you know, continually make a habit of meeting at a bar or having a drink.

Angela responded to (what she perceived to be) her husband’s encouragement of her daughter’s drinking by highlighting the implications of his behavior. Further, she communicated her unwillingness to engage in behavior that she felt tacitly encouraged her daughter’s drinking.

Third, some respondents felt that divergent perspectives made it too difficult to talk about certain issues related to their child’s substance use and thus, led parents to avoid particular topics. Nicole noted that, with some of her friends, she avoided the topic of her daughter’s use. She indicated that she often decided whether to talk about her daughter’s drinking based on her friends’ substance use history because it helped her determine her friends’ level of concern. She noted:

I do have a set of friends that, you know, don’t drink and use drugs and they maybe tend to be a little bit more understanding and more concerned. And then, I even know some people that are recovering and they, I don’t know that I’ve shared all that much with them about the extent of Alison’s drinking because I figured they’re better off working on themselves and they don’t need to listen--- there isn’t anything pressing or prevalent, in our faces wrong with Alison at this moment...

Nicole went on to say that she often avoided the topic with some friends because she would “pretty much get generalities, little pats on the back” in response to her concerns. For some parents, it was more effective to avoid the topic of their child’s use, rather than highlight the difference between their and their friends’ views.
It is important to note that some parents reported that divergent perspectives were not all that problematic or troublesome. It seems that some parents interpreted divergent views as a function of substance use knowledge. So, rather than focus on the difference between their and others’ views, parents sought to integrate others’ perspectives in a way that informed their own. For example, Molly said that her husband tended to talk about her son’s marijuana use as fairly normative or appropriate for her son’s age. Molly said that he often responded to her concerns about her son by saying, “Well, kids are going to be kids and when you’re young, you do stuff like that.” Instead of focusing on the difference between her perspective and her husband’s, Molly felt that her husband’s comments served an important function. She said:

It helps me not to worry about him as much. My husband now has told me lots of stories about things he did in his 20s and different drugs and I’m surprised he lived through his 20s, the way he talks about it. I was really sheltered as a teen when I was growing up…I didn’t even know that there were things out there like marijuana or pills or I didn’t drink or anything.

Molly’s comments suggest that one way that parents might approach divergent views is to compare and then integrate them with their own as a means to better understand their child’s use. However, this may be most effective for parents who do not find their child’s use to be especially problematic or worrisome. For example, Molly noted that although her son’s past alcohol and drug use was serious, she was relatively less concerned about his current use. This suggests that parents may find divergent perspectives to be especially problematic when their concern about their child’s use is elevated or heightened.

Overall, parents’ strategies included verbal responses that highlighted the implications of divergent perspectives for support. Parents also noted employing topic avoidance as way to cope
with differences in their own and in others’ views on their child’s use. Parents seemed to find both approaches to be fairly effective at managing divergent views. In some cases, parents found divergent perspectives (e.g., sanctioning use, interpreting use as controllable) to be fairly unproblematic. For these parents, it seems that divergent views were interpreted as educational and informative and were effective, in part, because parents were not exceedingly concerned about their child’s current use.

**Disclosure risks stigmatization of self/other.** Parents noted that they found it difficult to talk to family and social network members because they felt that disclosure inherently carried identity implications. That is, parents were concerned that revealing information about their child’s substance use would lead to stigmatization of themselves or their child. Some parents worried that they would be stigmatized as a result of their child’s use.

Parents seemed to worry about the identity implications of talking about their child’s use and felt that disclosure would necessarily lead to their child being judged or criticized. For example, James discussed how he initially chose to open up to his ex-wife and mother about his son’s use. He noted:

My mother is the same way [as his ex-wife], even though she’s my mother. And I would have to, she gets into the drama, too. I got a crazy baby momma and got two kids. And she gets into the drama with that. So, I feel like when I do talk to them about it, that’s when it’s just about going into details, going into drama and that’s it. There’s no solutions. There’s no comforting. It’s just drama…and I feel like they’re judging my son…

James’s comments indicate that although he wanted to talk with his ex-wife and mother about his concerns surrounding his son’s drinking, he felt that doing so necessarily carried identity
implications for his son because they tended to focus on “the chaos about his lifestyle.” Like James, John also worried about how his children would be perceived if others found out about their use. John was especially worried about talking about his family history because he felt as though people in the community would view his children a certain way. He said:

Don’t nobody know the problem, the history. But the first thing they…stigmatize. It’s like the word “addict.” You say the word “addict.” Stigmatize an addict. You’re an addict, too, you know? You might drink coffee everyday. That makes you an addict. But, see, the word addict is not very acceptable and people poo-poo the idea in society. I don’t ever want you to be labeled as a alcoholic or closet alcoholic.

For John, talking with others about his daughter’s use meant risking whether others might see her as an “addict.” Even though John acknowledged that, technically, many people could be classified as an “addict” of some sort, alcohol use was particularly stigmatized. In a similar fashion, Christine talked about the difficulties of disclosing her son’s drug use history with others. She said that, initially, it was challenging to talk to friends about her son’s use. She said:

I think…not, not anymore. I think there were things in the past. And when people talk about what their kids are doing. It doesn’t bother me anymore. I mean, it bothers me, but I’ve gotten to the point that I understand this is something that he is going to wrestle with for a long time, maybe his whole life.

Christine noted that part of the challenge of sharing information with her friends was telling them she “had a junkie for a son.” Like John, Christine appeared to be concerned with how others might view her son if she disclosed information about him.

Teresa described how difficult it was for her to encourage her foster daughters to open up to a therapist. Although she felt that there might be some benefit in seeking clinical guidance for
her daughters’ alcohol and drug use, she worried that, despite their formal role, counselors and therapists would judge her daughters. She commented:

So I don’t, trying to find a female psychologist that would sit and talk to them and try to be understanding but not judge—that would be very hard because I know teachers judge them. Some foster parents judge them. I know DCFS to this day judges them.

Teresa felt that, despite the fact that therapy could be of some benefit to her daughters in helping them cope with their substance use and related mental health issues, disclosure necessarily implied some risk to her daughters’ identities. Thus, talk represented both a means of coping and a threat.

Some parents worried that they would be stigmatized as a result of their child’s use. For example, Marie described the difficulty of disclosing about her son’s use to family and friends. She said that telling them about her son was difficult because she worried that it would change the way they perceived her. She commented:

And then not so much burden my friends and family with the drama, drama queen kind of stuff. That’s kind what I thought, you know. Like, too much drama, you know what I mean. People don’t want to be your friend if they’re constantly hearing this awful stuff. It’s just too much. I didn’t want to be that person. Here she comes, Marie, with all those problems that are bizarre.

Marie went on to say that she felt that part of the problem with disclosing to others was it revealed that her family did not fit what others might perceive as “normal.” She said, “For a long time, it [her family] was normal…and then you have this one kid that’s like gone astray. And we can’t figure out how this happened in this normal upbringing, a middle class family.” For Marie, talking about her son’s use was necessarily a reflection of her own and her family identity.
Marie worried that talking about her son’s use would lead her friends to conclude she had “bizarre problems.” Further, telling others about her son’s drug use jeopardized how others viewed her family as a whole, given that her son’s behavior did not seem to accord with Marie’s notion of a “normal” family.

In sum, parents’ challenges surrounding disclosure and identity focused on risks to themselves and their child. Parents felt that interaction was complicated by the possibility that others would judge or stigmatized their child, should they disclose information about their child’s use. Parents also worried that sharing information with friends and family could threaten their own identity.

As they emphasized the problematic nature of disclosure, respondents also discussed ways to manage risks associated with stigma and talking about their child’s substance use. Parents engaged in selective disclosure, choosing to talk to only some members of their family or social network. In combination with selective disclosure, some parents were careful about how they raised the topic of substance use.

James noted that he engaged in selective disclosure after realizing that his family members were likely judging his son for drinking. He emphasized that it was essential to find the “right people” to talk to about his son’s use because he knew it would be helpful to the coping process. He said:

No, I’m not saying it doesn’t help. I’m just saying that all the people in my life I can’t talk to about it. I’m not…no, I won’t say that it doesn’t help. They [his support group] encourage us to talk about it. I just haven’t found anyone as of yet to be able to be open and honest about… actually talking about it…ever.
James also saw this approach as effective in managing information about his own use. He noted, “Nothing is difficult to talk about. It’s just finding the people that I can talk to about it.” Like James, Marie noted that she could regulate her concerns about stigma and identity by avoiding topics with some friends but not others. She said:

> [It] was a family support [group] where it was just pretty much like a family sharing their problems and you know, very casual atmosphere, talking in small groups. And mostly it was mothers and some fathers, but mostly mothers who were dealing with chronic people who had chronic mental illness problems and all the things that go along with it, like substance abuse and impulsive behavior, you know…I fell in with that group, pretty good fitting in with that group. And so, that became more of an outlet for me to talk about it to people like that.

Marie found that talking about her son’s use with members of her support group allowed her to effectively manage her identity concerns about disclosing to her friends. Marie went on to say that disclosing to individuals whose family members also struggled with substance use and mental illness also allowed her to put her situation “in perspective.”

Like Marie, Christine found that it was easier to disclose to friends who had experience with alcohol and drug use in the family. Christine noted that she discussed her son with a friend whose “struggles” were comparable to her own. Describing her interactions with friends, Christine said, “Right, at this point in my life, I’m very open about his drug use. I don’t go around telling people, “I got a junkie for a son, but…” Christine’s comments seem to suggest that despite her openness, she was selective in how she discussed her son’s use with friends.

In sum, most parents described selective disclosure and topic avoidance as effective ways of managing identity concerns. Parents seemed to feel most comfortable sharing information
with individuals who were also coping with a family member’s alcohol/drug use. However, parents also noted that they were cognizant of the uniqueness of each family’s struggles with substance use. Marie said that, despite the helpfulness of talking with her friend whose son also had substance use problems, she recognized that she and her friend were not “comparing apples [to apples]” and felt that her son was “like a little mild puppy compared” with her friend’s son. Marie noted that she had to be careful not to “diminish” her friend’s concerns or emphasize that hers were “more important.” Although these represent common concerns in disclosing and talking about personal information, Marie’s comments suggest that parents may find selective disclosure to be useful, but nonetheless challenging in its own way.

**Uncertainty in illness complicates support.** Parents noted that uncertainty carried implications for supportive interactions with their substance using child. Parents seemed to interpret support attempts as a function of their (un)certainty about various aspects of their child’s use. In particular, parents focused on doubts surrounding symptom pattern, severity, and prognosis.

**Symptom pattern.** In the early stages of use, parents often wondered whether their child was struggling with alcohol and/or use problems. Parents often described their doubts about whether substance use accounted for changes in their child’s behavior. For example, Sharise indicated that several incidents raised her suspicions about the possibility of drug use. On one occasion, she went to a local health clinic and a nurse approached her:

> So I went to sign him up for school and one of the ladies at the health clinic was doing immunizations came to me and said, “Does your son got issues or anything? I’m not being rude…because you can just tell by the way he acting and talking.” She asked him,
“How’s school?” and he said, “School is okay.” It was like, I hear you but I’m not interested in what you saying…that put a lot on my mind.

Sharise indicated that she was not sure how to respond to her son’s behavior and that, over time, he began to act differently at home. She noted that despite the fact that she would cook meals for her children, her son seemed to be going through their groceries very quickly. She said, “I’m like, okay, I cook everyday, so I wonder what’s going on.”

Margaret described a similar experience with her son. She noted that she and her husband took her son to the hospital after it appeared that he was suffering from dehydration and exhaustion. She indicated that she was not entirely sure, but that she suspected that his symptoms were signs that her son was drinking heavily. She said, “I mean…as a mother and as a person who worked in the medical field, you can sense when a person has a problem. It’s like a puzzle. And you begin to put the pieces together.” In a similar fashion, Diana noted, initially, that it was not totally clear to her that her son was drinking heavily. She discussed his use as something that seemed to unfold over time and commented, “I don’t think there was actually an event and I think it came on slowly for him.”

Cameron remarked on the importance and difficulty of recognizing whether one’s child was using alcohol/drugs. He emphasized that “as soon as you realize what’s going on, you might not even know what’s going on at first, but when you find out, that’s when you really need to do something.” At the same time, Cameron reflected on his own doubts surrounding his stepson’s behavior. He said:

Sometimes you’ll tell him something like, “Hey, Nate, why did you do that?” Or you’ll ask him something like, you sitting across from me, “Hey, Nate. Hey, Nate. Nate!” It just like, he don’t hear it…I’m like, “Man, you ain’t hear me right now?” He ain’t hear
you. I be like, man, you need to quit smoking that stuff…then again, I be thinking, maybe that’s not attribute to smoking. Maybe that’s just him. Cameron’s comments indicate the difficulty that parents experienced in intervening in their child’s use because they doubted whether certain behaviors were indicators of drug use. Cameron did not know whether to attribute his stepson’s “absent minded” behavior to his stepson’s drug use or personality.

Some parents noticed how their child’s behavior reminded them of their own. However, parents did not necessarily see this is an absolute sign that their child would encounter substance use problems. James described how, when his son was much younger, he would observe his son’s behaviors and wonder whether he would eventually use substances. He said:

And then with him coming up as a child, I noticed it was just all about him all the time. And I used to be like, well, maybe it’s just, just him being a kid because kids, that’s how they are. You know what I’m saying? And just him coming up, he would just, be dishonest about things that really wasn’t necessary to be dishonest about. And so, to be honest, with him coming up, I seen it.

James explained that he was “hoping” that his son would not end up using substances as he had, but that being around his son increased his uncertainty about his son’s propensity for alcohol and/or drug problems. He noted, “I see a lot of character defects. I call them the “associates of addiction.” But then I was kinda in denial, too, because I wanted to believe it was just him being a kid…I’m like, maybe it is not what I think it is.”

Severity. For some parents, doubts about the severity of their child’s substance use complicated their ability to provide effective support for their child. Parents of individuals with
alcohol problems discussed their doubts about particular correlates of use. For example, Diana described her doubts surrounding her son’s drinking. She said:

I worry that, I worry that he’s drinking at work because I can smell it, but I don’t know if that’s because he’s drinking the night before and the alcohol is coming through his pores. I mean, I don’t know.

Diana went on to say that her uncertainty surrounding the severity of his use was also heightened because she would notice that his hands shook throughout the day. Diana felt that these could be signs that he regularly consumed alcohol (throughout the day and night), which would be indicators that he needed some sort of treatment.

Like Diana, Nicole described her uncertainty surrounding her daughter’s alcohol use and considered how the severity of her drinking would have implications for intervention. She commented:

As she got older, I think she felt kind of comfortable saying, “Yeah, Mom, I did drink” or “I did do certain things when I was in high school.” Which isn’t a real shock, but you know, I do wonder of what the full extent of her drinking habit might be. I think there still might be some things that aren’t… you know, she doesn’t hide anything per se, but you know, some things just kinda maybe don’t get mentioned or you know, she doesn’t talk to me about cravings.

Nicole indicated that despite the fact that her daughter admitted to drinking in high school, she remained uncertain about the “extent” of her daughter’s current use. She went on to say that having greater certainty about these issues might allow Nicole to intervene in her daughter’s use. She said, “I wonder if she has cravings. I wonder if she has blackout episodes. I wonder if she’s been out drinking and taken into situations that have been physically harmful to her.” For Nicole,
intervening in her daughter’s use was complicated by her questions about her daughter’s use. She stated:

You really have to have some iron-clad reasons to facilitate an intervention and get through to somebody about their drinking. If it’s time to go to treatment…I don’t think I have those situations at hand enough in a way that I can really convince her that was something she needed to do. Nor…am I not sure, more not sure that at this point that would be something appropriate for her.

Victoria was unsure whether her daughter had begun to use drugs, along with her alcohol consumption. She indicated that she and her other children had begun to suspect that her daughter also was using drugs. She noted:

They’ve not witnessed her using, but they think that she uses because of the way she’s going through money. So, my oldest daughter and her husband think that she’s getting the drugs through her ex-husband. And that’s… I can’t, I have no proof of that, but that’s what they think.

Victoria indicated that she and her children often talked about how to best approach her daughter, but that their lack of certainty about her daughter’s use complicated their attempts to support her. Moreover, Victoria said that because she did not live with her daughter, it was difficult to be sure about the severity of her daughter’s use.

Consequences of substance use. Parents experienced doubts about the consequences of their child’s use and this appeared to influence their attempts to intervene. Some parents worried about the physical outcomes of long-term use. For example, Nicole described her doubts about how her daughter’s drinking would impact her overall health and well-being. She noted, “I worry about her health. I don’t want her to have any drinking related health problems. I worry
about her being a victim of violence. I’ve experienced that.” Similar to her concerns surrounding the severity of her daughter’s use, Nicole felt that her questions about the consequences of her use impacted her ability to intervene. Knowing that her daughter had encountered those situations would allow her to better address her daughter’s drinking.

Diana expressed doubts about whether her son’s drinking would lead to serious, legal consequences. She noted that his DUIs amplified her concerns about whether his legal troubles would become more serious. She said:

Getting his DUI…that would definitely be sad, going to the courthouse and pointing over to the federal courthouse and thinking, “I don’t ever want to go there.” And seeing him two years later without a vehicle, still walking. Not having done all his community service, not paying his fines. Paid his lawyers because the lawyers were after him. And that scares me, what could happen to him.

Diana worried about what her son’s current legal infractions could mean for him over the long term. From Diana’s perspective, it was difficult to support her son, not knowing how his drinking might ultimately impact his freedom. She noted that it was especially challenging because her son did not seem to be equally worried about what might happen. She suggested that her son would continue to break the law, regardless of the outcome. She said, “He doesn’t have his license. He doesn’t have a vehicle. But he can still drive. People do it all the time…just because you don’t have a license doesn’t mean you’re not going to do it.”

Mark described the difficulty of coping with his daughter’s use, emphasizing the way that his uncertainty complicated his ability to educate and support his daughter. He said that part of being an effective source of support for his daughter was seeking out information relevant to
substance use. However, it was difficult to deem what was relevant to his daughter’s use, given that Mark did not know where her use could lead. He said:

I mean, that’s part [of it], not only to understand about alcohol and substance abuse but also, you know, the mental capacity. They’re not diagnosed with bipolar, ADHD, or schizophrenia…by you doing alcohol, by you doing especially drugs, now not only does it alter your mind, but it can also make you become bipolar…or it can make you, like they say, cocaine causes grain-green [gangrene].

Mark felt as though his uncertainty about what might happen as a result of his daughter’s use made seeking information (and thereby providing his daughter with support) more complex. Not knowing exactly what consequences to anticipate complicated his ability to effectively support his daughter. As Mark suggested, “There’s more than risk. I mean, it’s not only the mind at risk. There’s cirrhosis of the liver. I mean, the list goes on. It’s just… who wouldn’t be concerned?”

Parents’ attempts to support their child were complicated by various sources of uncertainty. They experienced doubts about the severity, symptom pattern, and prognosis of their child’s substance use.

In addition to discussing challenges associated with uncertainty and support, parents noted several ways of managing such challenges. First, some parents found that seeking information helped them reduce their uncertainty about their child and therefore, permit them to provide appropriate support. Mark noted the difficulty in seeking out information because of the uncertainty about his daughter’s use. However, he elected to seek a wide range of information, so that he could address the range of consequences of his daughter’s drinking. He said, “I can just keep everything in my pile.” Like Mark, Nicole felt that it was important to seek information about her daughter’s use. However, whereas Mark took a more active approach to information
seeking, Nicole described her strategy as “worried and watchful.” Nicole felt that her uncertainty was so pervasive that it was more appropriate to adopt a more passive approach. She noted:

> We have very general...we have a lot of generalities right now. We don’t have a you know... I have specific fears that I can put my finger on but are they realities for Alison? Not real sure. Are my fears realities? Not real sure. Not real sure. But I’m mindful. We might as well call it hyper-vigilant because I’m, if it happens, I’m going to catch it and I’m gonna catch it immediately...and I’m paying attention. I’m ready.

Nicole’s “hyper-vigilant” approach seemed to reflect her uncertainty regarding the severity and consequences of her daughter’s substance use. In this way, Nicole felt as though she could intervene when she felt she was sufficiently certain that it was warranted. Victoria indicated that she and her other children tried to collectively manage their uncertainty about her daughter’s use. Victoria noted that her children would often call after they interacted with her daughter and describe her substance using daughter’s behavior. Rather than seeking information directly from her substance using daughter, Victoria and her children would draw inferences from her daughter’s behavior. Further, Victoria seemed to focus on her grandchildren’s behavior as an indicator of the severity of her daughter’s use. More specifically, Victoria noted that she could gauge the frequency and severity of her daughter’s drinking through interactions with her grandchildren. She described one incident where she could not get ahold of her daughter. She noted:

> There’ve been time where, you know, I call over there early Saturday morning or Sunday morning to see if you know, they wanna meet me after church and go for breakfast or something, [at the] pancake house. [They’ll say], “Well, mommy’s not feeling good this morning.” And I know in...my grandson was 4 years old, I know he used to get up and
make coffee for her when he was 4 years old. He’d pull a chair over to the counter and pour water over the coffeepot…

Victoria was able to manage her uncertainty regarding her daughter’s use through indirect information seeking behaviors. Although she did not inquire with her daughter directly, Victoria suggested that her interactions with her children and grandchildren seemed to provide her with enough information to effectively support her daughter and grandchildren.

In a similar fashion, Sharise described employing indirect information seeking as a way to manage her uncertainty about whether her son’s behaviors were related to substance use. She noted:

I never questioned him about that. I just prayed about it and I’m like, I’m not going to question it. What’s in the dark will come to light, eventually. So I just sit back and I never said nothing about it… I was just like, I’m going to leave it alone. It will reveal itself, you know. Everything reveals itself sometimes. I don’t care how long ago it is. Whatever it takes or whatever. It doesn’t even matter. It’s like forensics on TV…it’s going to come out.

Sharise felt that, despite her uncertainty regarding her son’s use, waiting for the situation to “reveal” itself was more effective than questioning her son. Sharise noted that, in the interim, she engaged in other behaviors that might discourage his problem behavior. She indicated that she decided that it was best to move him away from their current location, which had an especially high crime rate. Sharise hoped that changing his environment would discourage him from getting into any trouble.

Second, some parents described avoidant or indirect approaches to talking about their child’s substance use. Whereas information seeking strategies seemed to help parents reduce
their uncertainty about their child’s use, avoidant and indirect conversational strategies appeared to allow parents to maintain their uncertainty. Regarding the severity of her son’s drinking, Diana said that she could not bring herself to seek information about her son’s use. She commented:

And I could get a book and find out. I could ask people, but I’m almost afraid to find out.

If I was researching something else, I would just do it, but this subject… I am afraid to research. I’m afraid to know more about it. I’d rather read a book right now about Alzheimer’s, something that I’m not concerned about but interested in.

Diana’s comments indicate that although she was aware of ways that she could resolve her uncertainty, she was too worried about what she might find out. In a sense, Diana’s statements suggest that she sensed that researching her son’s symptoms would lead to her to information that would be upsetting.
Chapter 5

Discussion

5.1 A normative model of family interaction in the context of substance use.

The current study develops new theory about the nature of communication challenges and strategies in the context of alcohol and/or drug use. The normative approach suggests that certain behaviors or strategies should be more effective than others because they help balance goals or manage multiple meanings in interaction (Goldsmith, 2004). Accordingly, I present two separate models (one for parents, one for siblings) that describe under what circumstances communication strategies should be effective. Given that the normative approach emphasizes the importance of situated, context-specific demands (Goldsmith et al., 2006), I highlight how features of substance use may complicate the management of support, privacy, and uncertainty related challenges. I present a summary of these conclusions in Tables 1 and 2.

Effective strategies for siblings. Siblings noted an array of strategies for managing challenges associated with privacy, support, and uncertainty. Participants described the effectiveness of various types of avoidance, direct statements regarding identity and care, passive information seeking, and cognitive reframing. I summarize these findings below in Table 1.
<table>
<thead>
<tr>
<th>Strategy</th>
<th>Relevant Goals &amp; Meanings</th>
<th>Constraints that Impede Strategy’s Effectiveness</th>
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<tbody>
<tr>
<td>Avoidance</td>
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| **Conventional responses** | Coping with gossip, boundary violation  
Respecting autonomy  
Managing relational uncertainty and boundary ambiguity  
Managing identity, stigma, and private information | Reliance on social network members to drop subject  
Communicating severity of substance use problem; topic avoidance appeared to be overt  
Overlapping social networks |
| **Topic avoidance** |                                                                                          |                                                                                       |
| **Person avoidance** |                                                                                          |                                                                                       |
| Direct statements | Mitigating identity threat  
Communicating unhelpfulness of support attempts | Desire to alter others’, divergent views on substance use                              |
| Passive information seeking | Managing meaning of illness related doubt | Reliance on physical signs or others to broach topic of substance use |
| Cognitive strategies | Respecting identity and relational concerns | Desire to produce immediate behavior change in substance using |
Avoidance. Siblings appeared to find avoidance to be useful in several contexts. With respect to managing private information, siblings seemed to feel that avoiding the topic of their family member’s substance use was effective to the extent that they could safely discuss some information about their family member, while avoiding difficult or sensitive issues. For instance, in managing information requests, siblings perceived conventional responses to be effective because such responses appeared to be situationally appropriate but were not necessarily revealing or disclosive. That is, siblings could appear to address comments or questions regarding their sibling without further discussing sensitive information. Conventional responses were also helpful in managing respondents’ network members’ attempts to gossip about the substance using individual. Thus, siblings were able to maintain privacy boundaries without explicitly rejecting others’ requests for information about their family member.

Topic avoidance was useful for siblings who sought to promote sobriety in ways that respected autonomy concerns. Siblings focused on safe topics (such as healthy alternatives to substance use) rather than explicitly discouraging drinking or drug use. Siblings also found that sticking to safe topics (e.g., their family member’s progress, current sobriety) was useful in managing their uncertainty about the consequences of or prognosis for their sibling’s substance use, as talking about certain topics appeared to magnify or make salient their doubt.

Respondents also seemed to find person avoidance to be useful in managing privacy and uncertainty. For instance, given that certain individuals were likely to raise topics that heightened identity concerns, siblings found that avoiding such individuals helped them mitigate threats to identity and maintain the privacy of information surrounding their family member’s substance use. Overall, siblings seemed to feel that avoidance was most effective when siblings could avoid
without appearing to do so (e.g., conventional responses) or could stick to safe topics without imped ing long-term support. Topic avoidance appeared to allow siblings to successfully navigate boundary issues associated with information requests or balance relational concerns with the enactment of support. Thus, topic and person avoidance could be useful in managing multiple meanings of disclosure and various sources of uncertainty.

Despite its potential utility, participants’ comments suggested that avoidance was not always an effective approach. Although focusing on safe topics generally was viewed as effective, it was less useful when siblings were concerned about conveying information about the severity of the individual’s substance use. Thus, siblings felt that discussing safe topics had the potential to backfire in the long-term because respondents felt that other family members needed to know about sensitive or difficult issues in order to understand the severity of the substance using individual’s behavior. Some respondents noted that they wanted to entirely avoid certain people or situations where the topic of the sibling’s substance use might be raised and could influence uncertainty or identity management. Given the overlapping nature of siblings’ and their substance using family member’s social networks, avoiding individuals or situations (with whom or in which substance use might be discussed) was not always possible. Although respondents indicated that they sought out situations in which their identity or uncertainty related concerns were not likely to be magnified, they felt it was not always feasible for them to develop entirely new social networks or effectively anticipate every situation where identity or doubt might be made salient. Some respondents noted that topic avoidance was difficult in early stages of their sibling’s substance use because they were unprepared for others’ questions or felt they could not successfully avoid the topic of their sibling without appearing to avoid. Siblings
seemed to suggest that effectively avoiding the topic of their family member’s substance use required a certain level of skill, which they could develop over time.

**Direct statements.** In some instances, siblings chose to cope with privacy and support related challenges through direct statements that highlighted identity or instrumental implications of communication. Participants indicated that direct statements seemed to be most effective at mitigating threats to identity in the context of sharing information with social network members. Siblings employed statements that distanced themselves from their family member’s substance use and established sibling identity apart from alcohol and/or drug use. Such statements appeared to be useful when siblings were primarily concerned with identity implications and stigma of being associated with their sibling’s use. Some siblings employed direct statements to make explicit the challenges associated with seeking support. Especially when siblings confronted divergent perspectives on their family member’s substance use, direct statements highlighted how divergent perspectives made siblings feel less comforted or supported. Even though direct statements could highlight the unhelpfulness of social network members’ actions, they were not necessarily effective as changing social network members’ perspectives. That is, direct statements could highlight the implications of divergent views for support but did not alter social network members’ perceptions about substance use.

**Passive information seeking.** Siblings noted that passive information seeking strategies appeared to be relatively effective at addressing communication challenges associated with uncertainty. As previously noted, Berger (2002b) defined passive information seeking as a means of gaining information through observation and without interacting with the target (who possesses desired information). Siblings seemed to be concerned with the potential for interaction to magnify or exacerbate their uncertainty; thus, direct approaches to information
seeking could complicate interactions with their sibling because it could increase their doubt related to their sibling’s substance use. Therefore, it appears that passive strategies allowed them to minimize increases in doubts while permitting them to maintain desired uncertainty.

*Cognitive strategies.* Siblings also found cognitive strategies to be useful in managing communication challenges, especially the identity and relational implications of support. Cognitive strategies allowed siblings to feel as though they were promoting behavior change without threatening their family member’s autonomy or appearing to enable substance use. With respect to identity and relational concerns, cognitive strategies permitted respondents to reframe or focus on positive aspects of their sibling’s substance use. Although research on support and illness has emphasized the importance of cognition generally (Leydon et al., 2000; Mishel, 1990), the current findings also suggest that family members may utilize cognitive strategies such as hope or reframing as a way to effectively cope with their family member’s substance use without having to risk identity or relational implications of support. Clearly, such strategies may not be as effective at producing immediate changes in the substance using individual’s behavior, but nonetheless constitute a valuable way for family members to successfully address other related concerns. For example, cognitive strategies helped siblings manage relational concerns surrounding control and power. Further, siblings felt that cognitive strategies helped them to reinterpret their own behavior in positive terms or reconcile potentially conflicting roles.

*Perceived ineffectiveness of ultimatums.* Siblings also noted a number of approaches that they felt were fairly ineffective in addressing multiple meanings associated with supportive interactions. For example, they noted the ineffectiveness of ultimatums in the context of promoting behavior change. Siblings seemed to feel that ultimatums made clear to their family member that their primary concern was to influence their family member’s behavior, rather than
respecting relational concerns (e.g., autonomy). This finding is consistent with prior research on close relationships and health (Goldsmith et al., 2006), which indicates that individuals should attend to the ways in which health promotion can signal an attempt to control or coerce. Further, participants indicated that they felt it was ineffective to behave in ways that disregarded relevant goals or meanings. That is, siblings felt that entirely privileging one goal over another was likely to produce additional difficulties in enacting support (Goldsmith et al., 2008). Siblings seemed to be attentive to the potential implications of their actions and felt that the most effective approaches addressed multiple meanings.

In sum, siblings seemed to find a range of strategies to be helpful in managing communication challenges in the context of substance use. Consistent with the normative approach (Goldsmith, 2001, 2004), the effectiveness of strategies depended on the presence and nature of interactional goals or multiple meanings.

**Effective strategies for parents.** Similar to siblings, parents seemed to find various strategies to be helpful in managing challenges associated with privacy, support, and uncertainty. Parents noted the utility of avoidance, indirect references, selective disclosure, and information seeking behaviors. In Table 2, I summarize these strategies, their relevant goals/meanings, and constraints that might reduce the strategies’ effectiveness.
Table 2

*Parents’ Effective Communication Strategies*

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Relevant Goals &amp; Meanings</th>
<th>Constraints That Impede Strategy’s Effectiveness</th>
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<tr>
<td><strong>Avoidance</strong></td>
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<tr>
<td><em>Avoidance of unhelpful or unsupportive behaviors</em></td>
<td>Coping with multiple meanings associated with substance use</td>
<td>Impairment rendered many potentially supportive behaviors unhelpful</td>
</tr>
<tr>
<td><em>Topic avoidance</em></td>
<td>Mitigating identity and relational threats of parents’ current/prior substance use</td>
<td>Desire to produce immediate behavior change in substance using individual; eliciting support; topic avoidance appeared to be overt</td>
</tr>
<tr>
<td><strong>Indirect references to substance use</strong></td>
<td>Providing support while protecting identity or relational goals</td>
<td>Limited access to information about substance using child; strained parent-child relationship</td>
</tr>
<tr>
<td><strong>Selective disclosure</strong></td>
<td>Protecting own identity</td>
<td>Disclosure risks burdening confidants</td>
</tr>
<tr>
<td><strong>Active and passive information strategies</strong></td>
<td>Managing multiple meanings associated with illness-related</td>
<td>Frequency or availability of face-to-face interaction limits</td>
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Avoidance. Parents managed privacy and support related communication challenges through several types of avoidance. Parents avoided engaging in particular types of behaviors that might exacerbate their child’s co-occurring impairment or mental health issues. Thus, parents felt that effective support was premised on engaging in helpful behavior while trying to avoid increasing or worsening their child’s agitation or cognitive impairment. Parents felt that avoidance of such ineffective behaviors was useful because it addressed both substance use and (what parents perceived to be) its underlying issues or causes. For some parents, however, their child’s impairment rendered most potentially supportive behaviors unhelpful. In addition, parents relied on topic avoidance to manage identity and relational implications of support. Topic avoidance appeared to be especially useful when parents’ own substance use history was salient to supportive interactions. Parents indicated that they needed to avoid the topic of their own substance use history because they felt it could influence their ability to change their child’s behavior. Parents’ comments suggested that topic avoidance was effective in managing not only identity goals related to their own prior use but also relational implications of support (e.g., conflict, emotional distance). Parents’ comments suggested that topic avoidance was particularly helpful if they felt that their own prior substance use had negatively impacted their relationship with their substance using child because avoidance allowed them to focus their supportive interactions on their child’s behavior rather than highlight their own behavior.

Despite the usefulness of topic avoidance in some situations, parents did not seem to find it to be uniformly effective across all circumstances. Similar to some siblings’ experiences, topic avoidance seemed to be ineffective when parents needed to communicate the severity of their child’s substance use in order to elicit support or help. In this sense, parents found topic avoidance to be effective in preventing conflict or family discord. However, in some cases, topic
avoidance did not allow parents to successfully enact supportive behaviors that might bring about desired behavior change in their child. Consistent with previous research (Samp & Solomon, 1999), this finding suggests that communication strategies may be ineffective if parents feel that they must completely subvert support related needs in order to manage relational concerns. Thus, parents’ comments indicate that, to be effective, topic avoidance must allow parents to feel as though they can promote behavior change and encourage sobriety while respecting relational concerns. Parents also noted that topic avoidance appeared to be ineffective when it was clear to others that the issue of substance use was being avoided. For example, Diana noted that topic avoidance was problematic when she and her family members refused to talk about “the elephant in the room.” Consistent with siblings’ perspectives, there appear to be more and less effective ways to avoid the topic of a family member’s substance use, in that some approaches may allow family members to feel as though they are communicating about substance use in ways that effectively mitigate relational concerns while accomplishing other relevant goals.

*Indirect references.* Parents’ comments suggested that indirect references provided a means for managing communication challenges associated with support. However, the effectiveness of indirect approaches appeared to hinge on the nature of other, relevant goals. More specifically, indirect approaches appeared to be useful when parents were managing support and identity related concerns in the context of their own prior/current substance use. With respect to promoting behavior change and preserving relational harmony, parents seemed to find indirect references to be useful in some (but not all) cases because parents felt as though indirect approaches successfully mitigated relational concerns, but often at the expense of effectively promoting change. That is, parents indicated that indirect references helped them
avoid conflict with their child but also meant that they were less effective at encouraging their child to seek sobriety. Compared with balancing support and relational harmony, it may be that parents felt more efficacious at indirectly referring to their own use (as compared to referring to their child’s use). Parents’ own experiences with substance use may provide them with more effective ways to refer to their own substance use, in comparison to parents who sought to indirectly raise the issue of their child’s use. One parent, Steve, commented on his ability to raise the topic indirectly, noting that his Al-Anon group members helped him devise ways to bring up the topic of his own use.

*Selective disclosure.* Parents noted that they relied on selective disclosure to manage the identity implications of privacy management. Consistent with extant research on disclosure and illness (e.g., Derlega, Winstead, Greene, Serovich, & Elwood, 2004), parents indicated that they found selective disclosure to be helpful because it allowed them to effectively manage risks associated with talking about their child’s substance use. Parents noted that selective disclosure could be effective as a proactive approach (e.g., deciding not to disclose at all to a given individual) or as a response to negative experiences with openness (e.g., deciding not to further disclose after a negative reaction from a given individual). In both cases, selective disclosure seemed to permit parents a certain degree of identity protection because they could actively assess whether others would judge them or their child. However, even when parents found individuals to whom they felt comfortable disclosing, parents indicated that communication still could be problematic. Parents seemed to need to strike a careful balance when choosing to whom to disclose, in that it was important that they talk to those who would not judge them and could understand their experiences. At the same time, however, such individuals (who could relate) often were struggling with substance use in their own family and so respondents wanted
to be careful not to burden them with their own problems. This finding supports and extends current research on confidant burden (Petronio et al., 2003; Petronio & Reierson, 2009), as it demonstrates the limitations or pitfalls of particular communication strategies aimed at managing privacy and support.

Relying on social network members. When managing role and/or relational concerns, parents noted the helpfulness of involving social network members. Parents found that friends and family members could be especially helpful in attempting to address problems associated with parent/child roles. More specifically, parents relied on social network members to enact behaviors that they felt were inappropriate or uncomfortable, given the nature of the parent-child relationship or the age of their child. Respondents suggested that this strategy was useful because it allowed parents to effectively step out of roles that they perceived to be inappropriate or uncomfortable.

Active and passive information seeking. Parents seemed to find interactive and passive information seeking to be useful in managing their doubts. In some cases, the ability to engage in active information seeking was predicated on the nature of the parent-child relationship. For instance, parents who were relatively close to or shared a household with their child were able to collect and share information in active or interactive ways (e.g., asking their child questions, bringing home substance use literature to discuss with their child). Some parents had relatively less face-to-face interaction with their child and thus, had to rely on passive approaches (e.g., searching their child’s Facebook page for information about their substance use). Parents’ comments suggested that passive approaches also allowed them to collect information in ways that were consistent with their orientation to their uncertainty. That is, some parents seemed to feel comfortable with a certain amount of uncertainty and felt that doubt was germane to coping
with substance use problems. For example, Nicole noted that her “worried and watchful”
approach was consistent with her perception that, in some cases, parents do not immediately
know the extent or severity of their child’s substance use. Similarly, Sharise indicated that she
coped with uncertainty related challenges by waiting for “what’s in the dark to come to light”
because the severity of her son’s use would eventually “reveal itself.” Nicole and Sharise
appeared to be comfortable with monitoring their child’s behavior over time, rather than taking
more interactive approaches to obtaining information. Some parents indicated that they knew
enough about their child’s use that, despite a certain degree of uncertainty, they found it useful to
avoid seeking out further information. For these parents, avoiding information about substance
use allowed them to maintain their uncertainty, thereby supporting their current perspective on
their child’s use. Such findings are consistent with prior research on multiple meanings of
uncertainty (Brashers et al., 2002, 2003) and demonstrate how specific illness features influence
the experience and management of doubt.

Perceived ineffectiveness of reframing as care. Although many strategies helped parents
cope with communication challenges, parents also indicated that some strategies were less likely
to be effective. For instance, some parents attempted to frame support as a manifestation of care
and concern as a means of reducing the likelihood of conflict with their child. However, parents
noted that this approach often increased the potential for conflict or distance. Parents indicated
that part of the problem with this approach is that they often employed it once they had already
attempted to raise the topic of behavior change in a fairly direct fashion. Thus, substance using
children may have interpreted their parent’s behavior as attempt to change or influence them,
rather than act as symbolizing their parent’s concern or love. Thus, parents’ attempts to reframe
the supportive interaction in terms of concern may have been relatively futile if their child
interpreted the interaction in terms of parents’ desire to control or influence. This finding supports extant research on the importance of interpretive processes to the enactment of support (Goldsmith, 2004; Jefferson, 1988), in that interactants may adopt various orientations to conversation and the accomplishment of interactional goals is sometimes predicated on interactants’ ability to coordinate the meaning of a given interaction (Goldsmith, 1999; Stokes & Hewitt, 1976).

In sum, parents seemed to find various strategies to be useful in dealing with communication challenges associated with their child’s substance use. Similar to siblings’ experiences, parents’ comments suggest that some approaches were more effective than others. Moreover, specific features of their child’s substance use diminished the utility of certain strategies.

5.2 **Theoretical implications.** The current study contributes to various domains of substance use related theory and research. In particular, findings can inform theories of prevention and intervention, coping paradigms, and communication theories of substance use intervention. Below, I review the present study’s theoretical implications.

**Prevention and intervention.** Although the current study sought to explicate the nature of family members’ challenges in coping with individual substance use, findings also have implications for theorizing about the preventative and interventional role of families. For parents and siblings, support and behavior change were salient concerns. In general, this supports extant literature on the role of the family in health promotion (Hawkins et al., 1992; Tinsley et al., 1995). Despite their frustration with their family member’s alcohol and/or drug use, respondents noted the importance (and difficulty) of promoting sobriety, particularly in the face of co-occurring identity and relational goals.
Perhaps more important, the current project sheds new light on the complexities of promoting healthy and/or sober behavior. Especially for parents and siblings who (currently or previously) used alcohol and/or drugs, talking about behavior change was fraught with identity concerns. Parents, in particular, experienced a great deal of distress in encouraging their child to stop drinking and/or using drugs, given their own history of substance use. Because there is relatively little evidence about how family members engage in preventive behavior in light of their own use (see Sherriff et al., 2008 as an exception), the current study may contribute to theories of prevention by highlighting the importance of identity concerns to family members’ preventive behaviors. More specifically, theories of prevention may need to address how substance using family members can promote healthy behaviors while mitigating identity threats (Jackson & Dickinson, 2006) and how such health promotion behaviors are associated with substance use related outcomes.

Identity and relational concerns seemed to influence parents’ and siblings’ ability to effectively intervene in their family member’s substance use. Some parents and siblings felt that intervention was synonymous with conflict or the deterioration of their relationship with the substance using individual. Siblings were also concerned with how they could maintain the friendship component of their sibling relationship while promoting behavior change in the substance using individual. As with theories of prevention, theoretical approaches to family intervention should consider the influence of identity and relational concerns on family members’ willingness to and/or effectiveness in intervening in alcohol/drug use. Indeed, Fernandez and her colleagues (2006) noted that family members’ degree of comfort with particular intervention styles or techniques is an important factor in whether family members follow through with intervention. Multiple goals and meanings may influence family members’
degree of comfort with particular approaches and should be considered when evaluating appropriate methods for intervention. Indeed, Meyers and his colleagues (1999) noted that current interventional approaches should simultaneously address the concerns and needs of family members as a means of engaging and retaining substance using individuals in treatment programs.

Some communication theories have considered the implications of relationship dynamics for family members’ intervention in individual alcohol and/or drug use. In particular, inconsistent nurturing as control (INC) theory (LePoire, 1995; LePoire, Hallett, & Erlandson, 2000) has postulated that power dynamics may complicate partners’ attempts to change the substance using individual’s behavior. Moreover, INC theory suggests that certain strategies may help partners effectively intervene without (intentionally or unintentionally) contributing to the substance using individual’s problem behaviors (LePoire et al., 2000). The current study augments findings derived from INC theory by demonstrating how other relational concerns (e.g., conflict or emotional distance) may complicate family members’ support attempts. Further, applications of INC theory have revealed that partners’ promotion of alternative behaviors is a significant predictor of reduction in alcohol/drug use (LePoire et al., 2000). The current study demonstrates that family members felt that talking about alternative behaviors was an effective way to not only to promote behavior change but also to protect their relationship with the substance using individual. Thus, communication strategies consistent with producing behavior change (as predicted by INC theory) may serve multiple goals (i.e., promoting change and managing relational concerns).

Theories of prevention and intervention may benefit from consideration of how family members’ challenges and corresponding strategies contribute to or detract from family members’
role in intervention and prevention. Given that current theories emphasize the importance of family member engagement (McCrady et al., 2003; Meyers et al., 1999), accounting for the role of multiple goals and meanings may contribute to the validity and utility of family-based interventions. For example, some respondents noted that their desire or ability to intervene in their family member’s substance use was influenced by concerns that their own substance use identity would be highlighted. Further, participants’ comments indicated that their strategies were a function of not only their own relevant goals, but also their interpretation of other family members’ goals and behaviors. For instance, respondents were concerned with how other family members’ substance use history might complicate family-wide efforts to intervene in their sibling’s alcohol and/or drug use.

**Coping theories.** The current study contributes to theory on the impact of substance use on family members, in particular how the illness context creates and shapes communication based challenges. With respect to coping research, the present study suggests that researchers may find it useful to examine family members’ actions via situated demands or goals relevant to interaction. Focusing on situated demands (e.g., instrumental, identity, or relational goals) represents a departure from the coping paradigm, which has tended to emphasize individual behavioral styles or tendencies (Moos & Moos, 2006; Orford et al., 1992). Further, given their association with appraisal theory (Cronkite & Moos, 1984), coping frameworks have tended to underscore cognitive orientations to a given stressor as predictive of family members’ actions. In contrast, the normative approach suggests that context-based goals and meanings shape individual actions. Therefore, attempting to characterize family members’ actions at the level of styles or tendencies may not be entirely helpful in understanding how family members cope with the impact of substance use.
The normative approach can demonstrate why family members may not always adhere to a given style or why, under certain conditions, a particular approach is more or less effective. For example, findings from the current project suggest that family members found various types of avoidance to be useful in managing identity implications of talk. However, few respondents described being generally avoidant of topics related to their family member’s substance use. Rather, respondents discussed situations where avoidance was particularly useful or helped them manage a given set of constraints (e.g., identity and privacy management). Although coping theories might suggest that avoidant behaviors should be generally ineffective in helping family members cope with the stress of individual substance use, the current study provides evidence that avoidance may indeed help family members manage interactions when identity concerns are salient.

The present study also may clarify previously incongruous findings on family member coping. For instance, Orford and his colleagues (1992) noted that avoidant responses were not consistently related to increased stress for family members and that contextual features may influence the effectiveness of particular behavioral responses. Confrontational approaches (e.g., engaging in direct talk with the substance using individual about their use) were not useful in families where confrontation was not commonplace or normative. This finding could suggest that family members’ responses are effective to the extent that they are consistent with their family’s general approach. However, we might also consider Orford et al.’s (1992) findings as indicative of the importance of considering goals and meanings that are situated at the level of conversation and interaction. That is, confrontational approaches may not be consistently related to desirable outcomes (e.g., reduced family member stress) because such approaches may be more or less effective, depending on the context (defined by relevant goals and meanings) in
which they are enacted (Caughlin, 2010; Goldsmith, 2004). For example, the current study suggests that siblings and parents were concerned about how promoting behavior change might have unwanted implications for the parent-child or sibling-sibling relationship. More specifically, parents felt as though promoting behavior change in the substance using individual implied relational distance or conflict. Thus, if parents equate confrontational approaches with the potential for conflict or discord, confronting the substance using individual may not consistently predict declines (or increases) in family member stress. Such findings indicate the importance of considering potential multiple meanings underlying behavioral responses. In addition, findings indicate that situated demands and goals may explain why (and under what circumstances) family members find certain behaviors to be ineffective or problematic.

Findings from the current study may indicate the utility of integrated approaches to understanding family member coping. That is, coping and normative frameworks may be able to mutually inform one another. At first glance, it would appear that coping and normative approaches are relatively disparate; however, given that they both seek to identify and explicate the nature of effective family member behavior, it may be that, together, they could offer a holistic theoretical account of family members’ experiences. Coping paradigms may be most useful for understanding how individuals’ cognitive appraisals influence their actions. Indeed, the normative approach acknowledges the importance of individual cognitive processes and meaning making in the context of illness (Brashers et al., 2002). Coping theories may be helpful in assessing the effectiveness of approaches when behavior change is seen as the primary or only salient goal. For example, in his study of wives of alcoholic men, Cronkite and Moos (1984) found that wives’ cognitive appraisals were predictive of wives’ coping response and, in turn, reduction in husbands’ alcohol consumption. Thus, according to theories of coping, in cases
where family members find substance use to be a significant source of distress and behavior change is paramount, engaging in behaviors that are solely aimed at reducing substance use (e.g., confrontational or engaged styles) may, accordingly, reduce family member stress.

Compared with the coping paradigm, the normative approach offers a different theoretical explanation for family members’ difficulty or stress. Moreover, the normative approach indicates that challenges and difficulties should be interpreted in terms of what individuals are attempting to do with their behavior (Goldsmith, 2004), which may (or may not) only focus on reducing their family member’s substance use. Parents and siblings reported that such instrumental tasks (e.g., discouraging use, encouraging sobriety) were infused with identity and relational concerns. Thus, the normative approach can augment coping theories because it implicates a number of potentially relevant goals that may complicate or shape family member behavior (Caughlin, 2010). Further, the normative approach assumes that a situated understanding of family member stress will more fully explicate the experiences of families who attempt to cope with individual substance use (Goldsmith, 2004).

**Multiple goals theories.** Findings from the present study contribute to multiple goals research in several respects. First, findings support previous theorizing, which indicates that individuals often describe their behaviors in terms of what they are attempting to achieve (Berger, 2000; Caughlin, 2010). That is, the goal paradigm is useful for understanding human interaction generally and family communication specifically. Although not all participants explicitly described the pursuit of multiple goals, many respondents discussed their experiences terms of instrumental, identity, or relational concerns (or some combination thereof). Second, the present study points to the effectiveness of multiple goals theories as an interpretive lens. Even though much multiple goals research has focused on goals at a conceptual or predictive
level (Dillard, 1989; Samp & Solomon, 1998, 1999), the current study demonstrates that multiple goals approaches can serve as a valuable interpretive tool for understanding the nature of and constraints surrounding interaction. Third, consistent with prior work (e.g., Dailey & Palomares, 2004; Samp & Solomon, 1998), the present study highlights the importance of linking interactional goals with communication strategies. Findings of the present study demonstrate that family members’ identity, instrumental, and relational concerns were represented in their responses to substance use related challenges.

The normative approach. Results of the current study demonstrate the salience of multiple meanings to conversation. Although such meanings were often reflected in respondents’ interactional goals, results also reflect how situated, context-specific meanings shape communication. For example, parents discussed how substance use reflected both issues of use and dependence as well as underlying mental health concerns. That is, substance use represented both a problem behavior and a means for coping with comorbid disorders such as depression or social anxiety. Parents’ attempts to encourage their child to decrease or abstain from substance use were, therefore, a reflection of substance use’s problematic and functional nature.

Both parents and siblings commented on how initial disclosure appeared to prompt further disclosure about their family member’s substance use. Comparable to Bute and Vik’s (2010) study of women’s experiences with infertility, the present study’s results suggest that individuals consider not only the immediate but potential future implications of disclosure. For parents and siblings, talk about substance use reflected not only instrumental tasks of revealing and sharing information but also negotiating sibling and family identity. Similar to Kosenko’s (2010) investigation of transgender individuals, the current findings demonstrate that individuals
may ascribe multiple meanings to disclosure and that talking about difficult or sensitive topics is inherently connected to identity concerns.

Thus far, the normative approach primarily has been applied to analyses of relational processes. For example, early work on the dilemmatic nature of conversation focused on the difficulties of providing or receiving support (Goldsmith, 1992; Goldsmith & Fitch, 1997). More recent work has extended normative theory to the context of close relationships, such a couple (Goldsmith et al., 2006; Goldsmith, Bute, & Lindholm, 2012) and family (Caughlin et al., 2011; Stone, Mikucki-Enyart, Middleton, Caughlin, & Brown, 2012) communication in the context of illness. The present study extends these lines of inquiry by documenting the ways that close relationships influence individuals’ experiences in the context of illness and demonstrating the complexity of interactional goals in interdependent systems. For instance, findings indicate that substance using parents and siblings consider the identity implications of their own and other family members’ substance use history in their attempts to promote behavior change in their child/sibling. Further, they felt that, to be effective, supportive behavior must account for the ways in which other family members’ identities may implicated. These findings are consistent with other, recent applications of the normative approach (see Miller & Caughlin, in press), as they demonstrate the importance and complexity of identity concerns and negotiation in the context of close relationships. Moreover, results indicate that family members evaluate strategies on a systemic level by considering how other family members’ behaviors or concerns add to or detract from the utility of their own actions.

5.3 Practical implications. Findings from the present study can inform various aspects of family education and therapy, treatment of substance use problems, and support services.
Further, results may help clinicians better understand families and tailor interventions to families’ concerns and needs.

**Family education and therapy.** Many current substance use treatment approaches seek to educate family members so that they may better understand substance use related issues, such as health outcomes and legal consequences of use (Liddle, Rowe, Dakof, Ungaro, & Henderson, 2004). Family education programs may focus on common sources of family distress in an attempt to help family members and substance using individuals anticipate and address problems that may occur within the family system. In addition, therapeutic treatments may seek to change family dynamics surrounding alcohol/drug use as a means of improving the well-being of family members and treatment outcomes for substance using individuals (Meyers et al., 1999).

Findings of the current study can inform family education and therapy in several respects. First, results demonstrate that interaction may be a source of difficulty or stress for family members. More specifically, clinicians can help families by highlighting specific communication processes that may be a source of distress, such as regulating privacy, providing and receiving support, and managing various sources of uncertainty (e.g., illness, relational) (MacDonald et al., 2002). To be sure, family members may experience challenges related to other issues (e.g., finances, caregiving for younger family members). However, the current study may help individuals better understand and address their own needs while serving as a source of support for the substance using individual and other family members. For example, clinicians can help family members recognize and manage their doubts about the substance using individual’s ability to achieve or maintain sobriety and emphasize that talking about such doubts may not always be the best approach for dealing with their concerns. Further, clinicians can acknowledge challenges associated with providing and receiving support. In particular, family
members could consider how their own identity and relational concerns may complicate supportive interactions with the substance using individual. In addition, clinicians can discuss how divergent perspectives on substance use may frustrate family members’ attempts to talk with or seek support from social network and family members. Educational programs also can be tailored to parents’ and siblings’ specific needs. For instance, parents seemed to experience challenges related to co-occurring disorders, whereas siblings noted relatively more difficulties related to their confidant role.

Second, practitioners can offer family members cognitive and communication strategies for managing problems associated with interaction. Results indicate considerable overlap in the nature of parents’ and siblings’ strategies. Consistent with prior research (Barnard, 2005; Caughlin et al., 2011; Hogan, 2003), parents and siblings seemed to find topic avoidance to be useful in several contexts, particularly in managing identity concerns associated with privacy and support. Parents and siblings also felt that the utility of topic of avoidance was limited in cases where they needed to effectively communicate the severity of the substance using individual’s problems to elicit support from family and friends. Clinicians can communicate with family members about the effectiveness and possible limitations of avoidance and acknowledge how the utility of strategies may vary for parents and siblings. For example, both parents and siblings noted that they managed identity concerns by selectively disclosing to certain individuals in their social network. Yet, parents felt that they might burden their confidants, despite the fact that their confidants likely could understand and relate to their distress.

Current treatment modalities emphasize the importance of assessing and improving family dynamics (McCready et al., 2003). In addition to family education programs, the current study might help family members better understand the motivations underlying each other’s
actions. For example, although topic avoidance and secrecy are often considered dysfunctional behaviors in the context of substance use (Jahn, 1995), normative theory and results of the current study provide theoretical explanations for such behaviors. Equipped with a better understanding of each other’s actions, family members might be able to resolve areas of conflict or sources of stress. Clinicians can also help family members acknowledge the importance of identity and relational concerns in coping with substance use. Indeed, extant research on treatment of substance use problems shows that family members wish to be treated as individuals, with their own concerns, goals, and needs (De Civita et al., 2000). The normative approach can improve family therapy programs by recognizing and validating family members’ concerns. Further, although some substance use research has examined the problematic nature of support (Strauss & Falkin, 2001), there are few theoretical accounts for the effectiveness of support attempts. Because family members often rely on one another to cope with the stress of substance use, the current study may offer families insight into potential pitfalls and problems associated with support.

Given that family history is a significant predictor of substance use (Brody et al., 2009; Merikangas et al., 1998), substance using parents often have children who also struggle with substance use. Findings may offer unique perspective on how to help parents who are coping with their own substance use history. Although all participants reported some level of distress about their family member’s substance use, former or current substance using parents seemed to experience a considerable amount of stress and negative emotion (e.g., blame, regret). Clinicians can help parents cope with identity implications and provide parents with emotional support as they deal with their feelings about their own use. Particularly in cases where parents’ substance use has negatively impacted their relationship with their child, practitioners may need to help
parents recognize how relational concerns complicate intervention or support of their substance using child. In some cases, parents may worry about creating emotional distance, making them unwilling to talk to their child about their concerns about their child’s use. Clinicians can help parents employ strategies that effectively address those relational goals while communicating parents’ concern about the problematic nature of their child’s substance use.

_Treatment of substance use problems._ Similar to current trends in family education and therapy, current substance use treatment methods emphasize the centrality of significant others and family members (Landau & Garrett, 2008). The present study may help improve family member participation and retention in treatment of individual substance use. Findings of the current study indicate that family members face an array of communication challenges when coping with their family member’s substance use, any of which may impede family members’ ability or willingness to refer the substance using individual for treatment. For example, interaction with the substance using individual may increase family members’ uncertainty about the nature and severity of substance use problems. Moreover, if family members discuss their concerns with the substance using individual or other family members, this may not necessarily reduce or resolve their uncertainty, which could delay or prevent them from seeking professional guidance.

Results of the current study also reveal the importance of matched or tailored treatment of substance use problems. More specifically, parents indicated that intervention was especially problematic because their child’s substance use appeared to help their child manage mental health issues such as anxiety and depression. This finding supports existing research on the complexity of comorbid disorders (Mueser et al., 2009) and demonstrates that comorbid disorders may shape parents’ interpretation of their child’s substance use. Inasmuch as substance
use may help young adults manage anxiety or emotion, mental health and substance use
treatment professionals might consider how parents’ perceptions influence their willingness to
intervene in their child’s substance use. Given that family members can be instrumental in
referring substance using individuals for treatment (Meyers, Miller, Smith, & Tonigan, 2002),
how family members interpret substance use (in the context of mental health issues) may either
facilitate or hinder treatment of substance use problems. Although current treatment
methodologies account for the influence of co-morbid disorders, the current study demonstrates
the importance of considering how communication (e.g., enacting support) is complicated and
shaped by the meaning ascribed to co-occurring disorders.

Drawing from the normative approach, findings can illuminate potential obstacles to
family member involvement in treatment of substance use problems or reasons why interaction
with the substance using individual, friends, or even practitioners may be problematic. If
substance use treatment programs can, to some extent, recognize the salience of family
members’ interactional goals and meanings to the effectiveness of the treatment process, they
may be able to improve family members’ experiences during treatment and increase the
likelihood that families will remain involved in the substance using individual’s recovery.

Clinicians’ experiences. In addition to its implications for family members’ experiences,
the current study also can help clinicians improve their experiences and effectiveness in working
with family members of substance using individuals. Research on clinicians’ perspectives
suggests that practitioners can become frustrated with family members’ unwillingness to talk
openly about substance use related issues (Kroll, 2007), concerns regarding the relational
implications of intervening, or denial of the substance using individual’s behavior (Dare &
Derigne, 2010; Taylor & Kroll, 2004). Particularly for case workers and family therapists who
may interact with family members on a near daily basis, a theoretically grounded account for behaviors like avoidance of or indirect references to substance use issues may improve clinicians’ ability to help families. Further, findings suggest several theoretical explanations for such behaviors and can offer clinicians additional tools for helping families cope with substance use in a way that respects their concerns and needs. For example, multiple goals and meanings may provide clinicians with a better understanding about why family members do not proceed with certain interventions. In the current study, family members were concerned about the identity or relational implications of intervening, which may influence their willingness to participate in interventional approaches (e.g., The Johnson Method) that heighten these concerns. It may be that promoting sobriety or issuing ultimatums are necessary in certain contexts, but if clinicians can address family members’ concerns about these behaviors, family members can enact them where appropriate.

**5.4 Limitations and future directions.** Despite the potential practical implications of the current study, it is nonetheless limited. First, like other self-report methods, qualitative interviews rely on respondents’ subjective perceptions of events and experiences (Charania & Ickes, 2006). Qualitative interviews can provide important insight into family interaction because they tap into family members’ perceptions of their own and other family members’ behaviors. Qualitative interviews focus on the voice of the respondent and privilege the role of their subjective experiences. Although interviews are a potentially useful methodology, they are necessarily limited because they rely on the subjective interpretation of communication and behavior and do not permit researchers to extrapolate beyond their data. Qualitative interview data is characterized by richness and depth and thus can explain a limited set of phenomena with great detail (Maxwell, 2005), but interviews do not allow for comparison across multiple,
perhaps heterogeneous samples. This limitation, although true of interviews in general, is perhaps less problematic with respect to examining specific types of difficult circumstances and family interaction, given that generalizability may not be a primary concern (Weiss, 1995).

Similar to other self-report methods, interviews may be plagued by problems with respondent recall and bias. With respect to recall, interviews necessarily rely on retrospective accounts of events and behaviors, and thus, respondents may not always be able to provide detailed accounts of specific conversations or actions (Bolger, Davis, & Rafaeli, 2003). Future research might employ different methodologies to assess the nature of communication in the context of substance use. For example, family members could complete daily diaries to document their experiences. This method could be helpful, as results indicate that respondents’ challenges may vary, to some extent, based on the progression of their family member’s substance use. For instance, it may be useful to focus on individuals who have recently learned about their family member’s substance use or those who have dealt with multiple phases of treatment or relapse. Further, problematic behavior, which was notably absent from the study’s findings, may be better assessed during early stages of substance use. Although substance use rarely follows a linear illness trajectory (Orford et al., 1992), examining communication during meaningful phases or stages (e.g., entering or leaving treatment programs) of use may be useful.

In addition, respondents’ perspectives are limited in the sense that they cannot provide objective information about others’ actions or feelings. Respondents often drew inferences and made assumptions about the effectiveness of their own behavior based on their perceptions of others’ thoughts and feelings. Without including the perspectives of other family and social network members, the present study cannot confirm or validate respondents’ inferences. For instance, parents worried that their substance using child might distance him/herself if they
discouraged their child’s alcohol and/or drug use and, accordingly, engaged in behaviors that they felt minimized the likelihood of relational distance. However, it is possible that substance using individuals would not have reacted to their parent’s support by distancing themselves. Future research could include multiple perspectives to help address this limitation.

In some respects, the study’s sample constitutes a potential limitation. For example, the present study included two parents who lost their child to substance-use related illness. Given that these parents reported their child’s use was still a source of concern for them, they were included in the study sample; however, in many cases, the loss of a child presents a unique set of circumstances and stressors (daSilva et al., 2007), which may be distinct from parents whose children have not passed away. As indicated in study results, respondents also included parents and siblings with a personal history of substance use, which may warrant more extensive examination. Current or former substance using parents and siblings reported challenges that were, in many ways, comparable to respondents without self-reported substance use histories. However, given the salience of identity concerns for family members who used alcohol and/or drugs, future research should consider how family members cope with these concerns, what influence their use may have on their child/sibling’s use, and whether interventions can be tailored to these individuals’ needs. With few exceptions (see Jackson & Dickinson, 2006; Sherriff et al., 2008), relatively little research has considered these issues.

In addition, the present study did not exclude participants based on type of substance use. Future research may extend findings from the current study by considering how specific characteristics of substance use (e.g., the type of substance used, the length of substance use) influence family members’ experiences. Further, it may be useful to consider how certain cultural, relational, socio-economic contexts shape experiences with substance use. For
example, single parents, grandparents with primary custody of their grandchild(ren), and/or economically disadvantaged families may experience unique sets of constraints in communicating about and coping with substance use. Although the present study included a fairly diverse parent sample (in terms of socioeconomic status and race/ethnicity), a more specific focus on the influence of cultural, socioeconomic, and relational factors may uncover unique challenges and strategies. Given that the sibling sample was not as diverse as the parent sample, it may be worthwhile to further explore siblings’ experiences with a community sample.

The current study developed new theory regarding communication in the context of substance use through interviews with individual family members. Because of its interpretive and qualitative approach, the present study cannot account for potentially related, quantitative outcomes such as reduction in alcohol or drug use by the substance using individual, changes in family member stress, or improved family functioning and quality. Future research should examine if and how family members’ communication challenges and strategies are related to indices of stress and functioning. Further, although effective communication strategies were identified, prior research (e.g., Caughlin et al., 2009) indicates that it may be theoretically valuable to assess the effectiveness of specific messages aimed at managing identity, instrumental, and relational goals.

5.5 Conclusion. Findings of the current study demonstrate the importance of considering situated communication challenges in the context of substance use. Moreover, the current study augments our understanding of the impact of substance use on parents and siblings of young adults and offers specific strategies for managing difficulties related to privacy, support, and uncertainty. Despite the study’s limitations, it complements substance use and communication literatures generally, and multiple goals and normative approaches specifically. Results have
implications for clinicians who help families cope with the stress exacted by alcohol and drug use. Further, findings can be applied to help family members better understand and address sources of difficulty and distress. Ideally, future research will continue to develop theory related to communication and substance use, consider the importance of different family forms and socio-economic and cultural contexts, and successfully apply findings to family education and treatment programs.
References


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doi:10.1192/apt.bp.106.002386


Appendix A: Participant Resources

University Resources
University of Illinois Counseling Center
610 E. John Street, Champaign, IL
217-333-3704
http://www.counselingcenter.illinois.edu/

University of Illinois Alcohol and Other Drug Office
McKinley Health Center, Room 333
217-333-7557

Community Resources
Local Counseling and Psychological Services and Referral Hotlines
Family Service Counseling
217-352-0099
Referrals to and appointments with licensed counselors (sliding scale fees available)
www.famservc.org

Community Elements 24-Hour Crisis Line
217-359-4141
Over-the-phone screening and referrals to licensed counselors (sliding scale fees available)
www.communityelements.org

National Alliance on Mental Illness (NAMI)
800-950-NAMI (6264)
Information and referrals to local counseling and support services
www.nami.org

Substance Abuse Treatment Information and Programs
National Institute on Alcohol and Alcohol Abuse (Referrals to Local Treatment Centers, Information)
National Drug and Alcohol Treatment Referral Routing Service
800-662-HELP (4357)
http://www.niaaa.nih.gov/RESOURCES/RELATEDWEBSITES/Pages/Referral.aspx

Carle Addiction Recovery Center (Substance Abuse Treatment, Support, Intervention Services)
217-383-6039/800-383-6039
http://www.carle.org/MedicalServices/AddictionRecoveryCenter.aspx

The Prairie Center (Substance Abuse Treatment and Support Services)
www.prairie-center.com
217-328-4500 (Outpatient Services)
217-356-7576 (Detox & Residential Services)
217-477-4500 (Vermilion County residents)
Sliding Scale and No-cost services available for those who qualify

The Pavilion (Substance Abuse Treatment and Support Services)
217-373-1700/800-373-1700
www.pavilionhospital.com

Family Member Support Groups
Al-Anon/Alateen www.al-anon.alateen.org
Southern Illinois Al-Anon/Alateen Groups www.siafg.org
Appendix B: Measures

Participant #________________

What is your sex? (please circle one)  Male  Female

What is your age?______________ (in years)

What is your race/ethnicity? (please check one)
   _____ White/Caucasian
   _____ African American/Black
   _____ Hispanic/Latino/a
   _____ Asian/Pacific Islander
   _____ Other (please specify):_________________________________________

What is your (or family) income level? (circle one)
   _____$10,000 or below  _____$61,000-70,000
   _____$10,001-20,000  _____$70,001-80,000
   _____$20,001-30,000  _____$81,000-90,000
   _____$31,000-40,000  _____$91,000-100,000
   _____$41,001-50,000  _____$100,000 or above
   _____$51,000-60,000  _____ Other (please specify):___________________________

For the next two questions, “the substance using individual” is the family member you thought of when you responded to the study advertisement.

Does the substance using individual currently live in the same household as you? (please check one)
   _____ Yes
   _____ No
   _____ Sometimes (Please explain:__________________________________________)

What is your relationship to the substance using individual? (please check one)
   _____ Mother  _____ Stepmother
   _____ Father  _____ Stepfather
   _____ Brother  _____ Half/stepbrother
   _____ Sister  _____ Half/stepsister
This is participant #________ and the date is __________________. First, thank you again for agreeing to participate. The interview is broken down into three parts: discovery of substance problems, seeking support, and general family coping. If you would like to stop and take a break at any time, please let me know. I’ll also check in with you at several points to see if you would like to take a break. Keep in mind you can skip any questions that you do not wish to answer.

Let’s begin with assigning a pseudonym to the person in your family whom is substance using (this is the person that you thought of when you read the study advertisement) to use throughout the interview. If there are other family members that are substance using, you can talk about them, too, if you feel it is relevant. Also, if you happen to use anyone else’s (e.g., other family members’) names during the interview, we will replace their names with pseudonyms, too. Do you have any questions before we begin?

**Warm-up**

To begin, can you tell me what your family is like? How would you describe your family to an outsider or someone who does not know you?

**Discovery of and coping with substance use**

Please begin by telling me how you found out about (insert pseudonym)’s substance use.

What kind of substances did you think (insert pseudonym) was using?

To the best of your knowledge, are they currently using the same substances?
To the best of your knowledge, how has their substance use changed since the time you found out (e.g., increased, decreased, stayed the same)?

When you first found out about (insert pseudonym)’s substance use, did you think that (insert pseudonym) might have a substance use problem?

(if yes) What made you think (insert pseudonym) might have a problem?

Probe: Was there a specific incident that made you think (insert pseudonym) may have a substance use problem?

Was anyone else around when this incident happened?

(if yes) Who was around?

(if yes) How did they respond?

(if yes) How did you respond?

How did that go?

(if yes) Did you talk about what happened with those who were around?

(if yes) What was that conversation like?

How did the conversation go?

(if no) Did anything ever happen to change your mind about whether (insert pseudonym)’s had a substance use problem?

(if yes) What was it?

Was anyone else around when this incident happened?

(if yes) Who was around?

(if yes) How did they respond?
(if yes) How did you respond?

How did that go? (i.e., how did that

work out)

(if yes) Did you talk about what happened with

those who were around?

(if yes) What was that conversation like?

**Problematic behavior**

Was there ever a time when you were embarrassed by (insert pseudonym)’s behavior

while they were under the influence of alcohol and/or drugs?

(if yes) Can you describe your experience(s)?

How did you react?

How did that work out?

Were any other family members around?

If so, who was around?

How did they react?

How did you feel about their reaction?

In general, is there anything that’s made it easier to talk about

embarrassing situations surrounding (insert pseudonym)’s substance use?
Privacy

Thinking back to when you initially found out about (insert pseudonym)’s substance use, did you talk to (insert pseudonym) about your concerns about his/her substance use?

(if yes) Think back to one of the most memorable conversations you had with (insert pseudonym) about your concerns about their substance use. Please describe the conversation.

Was there anything that was particularly difficult to talk about?

Why do you think it was difficult?

Was there anything that you or the other person(s) did that made it easier to talk about?

Why do you think it made it easier?

How did the conversation go? (e.g., how did it work out?)

(if no) In your opinion, why didn’t you talk to (insert pseudonym) about his/her substance use?

Did you tell anyone in the family other than (insert pseudonym) once you found out about (insert pseudonym)’s substance use?

(if yes) Whom did you tell?

How did you decide whom to tell?

Can you describe a conversation you had with a family member about (insert pseudonym)’s substance use? (e.g., what did you say, how did the other person respond)

In that conversation there anything that was difficult to talk about?
(if yes) Why do you think it was difficult?
Was there anything that you or the other person(s) did that made it easier to talk about?
Why do you think it made it easier?

(if no) Did you tell anyone outside of the family about (insert pseudonym)’s substance use?

(if yes) Who did you tell?
Please describe what that conversation was like (e.g., what did you say, how did the other person respond).
In that conversation, was there anything that was difficult to talk about?

(if yes) Why do you think it was difficult?
Was there anything that you or the other person(s) did that made it easier to talk about?
Why do you think it made it easier?

Was there anyone (in or outside the family) that you wish you had told but didn’t tell?

Why do you wish you had told them?

Did you ever regret telling anyone (in or outside the family) about your family member’s substance use problems?

If so, why did you regret telling this person?
If you’d like, we can take a break at this point. Would you like to take a short break?

**Uncertainty**

With respect to (insert pseudonym)’s substance use, was there ever a time when you were uncertain or had doubts?

(if yes) What were you uncertain about?

Probe: Were you ever uncertain about whether (insert pseudonym) was using substances? If so, please describe what that experience was like.

Probe: Were you ever uncertain about how to act around (insert pseudonym)? If so, please describe what that experience was like.

Was there anything that you did that made it easier to manage your uncertainty?

Probe: Were you ever uncertain about whether (insert pseudonym) would stop using substances/achieve sobriety? If so, please describe that experience.

Have you ever talked to anyone in your family about your doubts?

(if yes) If you can, think back to one of those conversations with a family member. Please describe what that conversation was like.

Was there anything that was particularly difficult to talk about?

Why do you think it was difficult?

Was there anything that you or the other person(s) said that made it easier to talk about?

Why do you think it made it easier?
Have you ever talked to anyone outside your family about your doubts? If so, who?

(if yes) If you can, think back to one of those conversations. Please describe what that conversation was like.

In general, is there anything that’s made it easier to talk about your uncertainty?

*If you’d like, we can take a break at this point. Would you like to take a short break?*

**Support/treatment**

Now, we will discuss any attempts by you, your family or (insert pseudonym) to seek or provide help for (insert pseudonym)’s substance use. By help, I mean treatment (inpatient and outpatient programs), guidance from therapists or support groups, and support from your friends and community.

Have you or your family members ever talked about whether to seek help for (insert pseudonym)’s substance use problems?

(if yes) Think of a particularly memorable conversation with your family about seeking help. Please describe what that conversation was like.

Have you or your family members ever talked about seeking help for you to deal with (insert pseudonym)’s substance use problems?

(If yes) Please describe a particularly memorable conversation about seeking help.

What kind of help did you/your family seek out?

Do you think that this was beneficial to whoever sought help? To the family overall?

Why or why not?
Can you think of a time when you provided support for another family member related to (insert pseudonym)’s substance use?

(if yes) Please tell me a little bit about what you said.

How did your family member respond?

Was there anything that was particularly difficult to talk about?

Why do you think it was difficult to talk about?

Can you think of a time when a family member or friend said something that was particularly helpful in coping with (insert pseudonym)’s substance use?

(if yes) Please describe what that conversation was like.

How did you react? What happened?

Can you think of a time when a family member or friend said something that was particularly unhelpful/less helpful in coping with (insert pseudonym)’s substance use?

(if yes) Please describe what that conversation was like.

How did you react? What happened?

In general, is there anything that has made it easier for you to provide support for your family?

In general, is there anything that has made it easier for you to receive support from others?

*If you’d like, we can take a break at this point. Would you like to take a short break?*

**General coping/impact on the family**

In this last section, we’ll talk more generally about (insert pseudonym’s) substance use.

In general, do you think your family has changed as a result of (insert pseudonym)’s substance use? (change could be for better or worse or both)
(if yes) In what ways do you think your family has changed?

(if no) Why not?

If you could give one piece of advice to other individuals coping with their family member’s substance use problems, what would it be?

Is there anything that we have not discussed yet that you would like to talk about? Anything else you would like to add?

Thank you for your time and for sharing your experiences with me.