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*Antioch University Seattle*

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“YOU’RE DOING FINE, RIGHT?”: ADOLESCENT SIBLINGS OF SUBSTANCE ABUSERS

A Dissertation

Presented to the Faculty of  
Antioch University Seattle  
Seattle, WA

In Partial Fulfillment  
of the Requirements of the Degree  
Doctor of Psychology

By  
Cynthia Clarfield  
April 27, 2017

# “YOU’RE DOING FINE, RIGHT?”: ADOLESCENT SIBLINGS OF SUBSTANCE ABUSERS

This dissertation, by Cynthia Clarfield, has  
been approved by the committee members signed below  
who recommend that it be accepted by the faculty of the  
Antioch University Seattle at Seattle, WA in partial fulfillment  
of requirements for the degree of

## DOCTOR OF PSYCHOLOGY

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## ABSTRACT

### “YOU’RE DOING FINE, RIGHT?”: ADOLESCENT SIBLINGS OF SUBSTANCE ABUSERS

Cynthia Clarfield

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There has been a rising interest in addiction medicine and addiction treatment in both the medical and behavioral health science fields. Research suggests having a family member with a substance abuse problem has negative impacts on both physical and mental health (Orford, Copello, Velleman, & Templeton, 2010a). Despite advances toward understanding the experiences of family members affected by a loved one’s addiction, the siblings of substance abusers have been largely excluded from scientific research and literature. As a result, little is known about how siblings experience the impacts of a brother or sister’s addiction; even less is known about the experiences of adolescent siblings sharing a home with a substance-abusing sibling.

The purpose of this study was to explore the experiences of and meanings made by adolescents living with the phenomenon of a sibling’s addiction. Five adolescents participated in a semi-structured interview exploring the question: What is it like to be the brother or sister of a person with a substance abuse problem? Interpretative Phenomenological Analysis was used to analyze data and six themes were identified: personal impact; familial impact; social impact; coping strategies; shared ways of knowing, being, and seeing; and ways of understanding.

The results indicated siblings experience profound emotional and relational impacts, which include stress, anxiety, sadness, and anger as a result of the trauma, betrayal, and grief associated with a sibling's substance abuse. Experiences of invalidation within the family and stigmatization within the community were associated with strained relationships and increased isolation. A comparison of the results to existing research on adult siblings of substance abusers revealed the negative impacts experienced by adolescent siblings of substance abusers continue into adulthood. Participants' ability to identify and describe these negative impacts directly contributes to the health care field's current dearth of data on the subject. Results challenge the misconception that siblings of substance abusers are "doing fine" and highlight an opportunity for researchers and treatment providers to expand their knowledge of this largely underrepresented population. Participants' perspectives on expanding interventions for affected family members to include the siblings of substance abusers are also discussed. This dissertation is available in open access at AURA, <http://aura.antioch.edu/> and Ohio Link ETD Center, <https://etd.ohiolink.edu/etd>.

*Keywords: Interpretative Phenomenological Analysis, IPA, adolescence, siblings, addiction, substance use, substance abuse, siblings of substance users, siblings of substance abusers, siblings of addicts*

## Dedication Page

I would like to dedicate this dissertation to my family, whose support for and encouragement of my exploring this topic has meant more to me than words can describe.

I would also like to dedicate this work to the many families affected by addiction, specifically the siblings; I hope this research conveys the acknowledgement and validation you deserve. I also hope the voices herein inspire you to share your stories. You are not alone.

## Acknowledgments

This work would not be possible without the pioneering efforts of researchers, Kimberly Craig, Marina Barnard, and the personal accounts of Kasi Howard, Julianna Heston, Charlene Key, Erin McCrory, Catherine Serna McDonald, K. Rachelle Smith, and Susan Hendrick. Your investment in shining a light on a dark and overlooked subject emboldened me to embark upon this project. Additionally, I would like to acknowledge and thank the participants in this study for bravely telling their stories simply to help other affected siblings. Your voices enriched this research and the life you brought to the pages will undoubtedly add to the accessibility this project intended.

I would also like to express my deep gratitude to my supervisors and colleagues at Therapeutic Health Services and Ryther in Seattle, Washington. I am so appreciative of your support for this project in the form of time and resources. The work you do for our community is inspirational and will always be a part of what I do.

To my friends, loved ones, and colleagues who stood by me as I worked on this dissertation, thank you. I truly appreciate your kindheartedness every time I bristled when you thoughtfully asked me, “How’s your dissertation going?” I would especially like to acknowledge Melanie Maltry, who supported this project from its beginning as a spark of curiosity to its completion and defense.

Finally, I would like to acknowledge my dissertation committee, Mary Wieneke, Jane Harmon-Jacobs, and Barbara Lui, as well as unofficial member, Philip Cushman, for their patience, help, and genuine interest in the research. While it goes without saying that this would not be possible without you, it would not have happened at all had your reciprocal investment in the subject encouraged me to push myself through its most challenging parts. Thank you.



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## Introduction

*Nobody has even been looking. We do not even know what the problems are. That is how deeply they are buried from public consciousness or even scientific consciousness.*

*- Urie Bronfenbrenner, 1973<sup>1</sup>*

### Background: Has Anybody Been Looking?

The devastation families live through when one member has a substance abuse problem, including the impact this has on the health and overall well-being of affected family members (AFM), has been generating greater clinical interest within the health sciences (see: Conyers, 2003; Orford, Copello, Velleman, & Templeton, 2010a; Benishek, Kirby, & Dugosh, 2011; Bamberg, Toumbourou, & Marks, 2008). According to Orford et al. (2010a), “Having a close relative with a substance misuse problem constitutes a form of stressful life circumstances, often longstanding, which puts affected family members at risk of experiencing strain in the form of physical and/or psychological ill-health” (p. 36). Benishek et al. (2011) found AFMs experience greater physical health ailments such as gastrointestinal disorders, asthma, and hypertension, which have created “significant health [care] costs to society” (p. 83). These physical and psychological problems were more likely to occur in AFMs who lived with a substance-abusing relative than those who did not.

Despite the health field’s progress toward better understanding the experiences of families, a closer inspection of the research reveals participants in studies using AFMs are largely made up of the parents and spouses of individuals with substance abuse problems. Little is known about how siblings experience the impacts of their brother’s or sister’s substance abuse (Orford et al., 2010a). Australian researchers Bamberg et al. (2008) found the “development of siblings can be adversely affected by the substance abuse of their brothers or sisters” (p. 282) and

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<sup>1</sup> Bronfenbrenner, as cited in Clark, 2011, p. 1

psychological disorders occur frequently in siblings of substance users. Through their separate qualitative studies, Canadian and British researchers Craig (2010) and Barnard (2005, 2007) have made large contributions to better the understanding of the sibling experience. Furthermore, substantial efforts have been made in Australia to address the unique needs of those siblings (see: Bamberg et al., 2008; Sibling Support, 2011).

In the United States, however, research on the emotional experiences of the siblings of substance abusers (also referred to herein as “affected siblings”) has been limited, a problem that has also kept mental health treatment interventions from being developed and implemented. Many treatment programs involving affected siblings in the United States remain focused on the substance-abusing sibling as the identified patient; ultimately, these interventions are not designed to meet the needs of the siblings affected by their brother’s or sister’s substance abuse, rather, they are designed to support the identified patient’s recovery process through the involvement of the sibling relationship (Craig, 2010). More frequently, research involving affected siblings has examined the influence of an older sibling’s addiction increasing the likelihood of substance use in younger siblings (see: Fagan & Najman, 2005).

The large dearth in both research, as well as treatment, for siblings of substance abusers has gone unfilled and the affected siblings unnoticed, while family-based treatments continue to focus on providing opportunities for support to parents and spouses. By not attempting to learn about the experiences of siblings of substance abusers, the health care field has managed to continue a misinformed assumption of convenience similar to that experienced by affected siblings within their own families: the siblings of substance abusers are “doing fine.”

The concerns of Dr. Bronfenbrenner in 1973 (as cited in Clark, 2011), addressing the unseen dysfunction within American families, remains relevant for the brothers and sisters of

substance abusers, particularly in the United States. For those affected siblings, it still appears nobody is looking and nobody knows what the problems are, further emphasizing “how deeply they are buried from public consciousness or even scientific consciousness” (p. 1).

### **Statement of Purpose**

The purpose of this project is to gain a better understanding of what it is like to be an adolescent sibling of a substance abuser, as described by affected siblings themselves. The goals of this project are threefold: first, to learn about how affected siblings make meaning of their lived experiences, including what they describe as the primary problems, stressors, and risk-factors associated with having a chemically dependent sibling.

The second goal is to empower participants by providing an opportunity to describe the phenomenon of addiction in the family in their own words; by going to the affected siblings themselves and seeking their personal truths, this research aims to validate and legitimize their experiences; by asking participants for their narratives, rather than their responses to a survey, this research aims to convey the message that their experiences are unique, important, and worthy of recognition. Through giving participants the opportunity to tell their stories, this research will investigate whether and how each participant believes growing up with a substance abusing sibling may have impacted them.

Lastly, this research will contribute to the field of adolescent mental health by providing useful information about the effects of substance abuse on an often-overlooked population: siblings. This information will include potential risk and protective factors, as well as suggestions for support or treatment options (from the participants’ perspectives). The researcher hopes that, through exploring the phenomenon of addiction in the family from the perspectives of affected siblings, the participants’ voices will generate an appreciation for what affected

siblings experience, and, possibly cultivate future research toward recognizing and supporting adolescent siblings who have been affected by addiction.

### **Rationale**

The initial problem to be addressed by this project began with the lack of current research on affected adolescent siblings in families struggling with substance abuse; although they are considered members of the immediate family, siblings, as a population, have been largely excluded from the research on families struggling with addiction. These gaps in research highlighted an additional problem: adolescent affected siblings are at risk of developing the multiple physical and psychological health challenges described by adult siblings of substance abusers (Craig, 2010; Benishek et al., 2011; Orford et al., 2010a). More information is needed about possible early interventions. Finally, the dearth of affected siblings' personal accounts in the literature reflects the lack of visibility and validation experienced by affected siblings within their own families and communities. Affected siblings' experiences are invalidated when the impact of having a sibling with an addiction to substances remains unacknowledged, and therefore, unaddressed, in the larger social realm.

**Project significance.** The limited research on the experiences of siblings of substance-abusing individuals has been predominantly qualitative. Interviews with adult affected siblings revealed the ways in which they perceived their sibling's addiction compromised their relationships, rearranged their family dynamics, and impacted their personal development (see: Craig, 2010; Howard et al., 2010; Orford et al., 2010a). The research thus far has provided both data and evidence that indicate a need for support within this population and for potential intervention directions and purposes.

This project will contribute to the growth in this area of research by providing information gathered from interviews with adolescent siblings of chemically dependent individuals. Data about the phenomenon of having a sibling with chemical dependence will be obtained through interviews, similar to the study by Craig (2010), with the additional quality of adolescent voices as opposed to those of adults recounting their experiences with chemically dependent siblings.

**Relevance to the field of psychology.** According to Craig (2010), “A greater understanding of the impact of addiction on peripheral family relationships is needed to better service families battling substance abuse” (p. 50). This project will contribute to the field of psychology by providing more information about the phenomenon of addiction in the family, as experienced by the peripheral family members, specifically, adolescent siblings living in the family home. Adverse experiences in childhood and adolescence contribute to psychological problems through adulthood. According to the Centers for Disease Control and Prevention (2010), having a substance-abusing family member directly contributes to adverse childhood experiences (ACEs), which “have been linked to a range of adverse health outcomes in adulthood” (p. 1609), both mental and physical.

Adverse family experiences resulting from a member’s addiction are relevant to child and adolescent psychology; these adverse experiences distinguish adolescent affected siblings as an at-risk population. This project seeks to raise greater awareness in both the mental health and chemical dependency treatment communities about the adverse experiences of addiction in the family, as described by affected siblings, in order to generate conversation among treatment professionals and to encourage future research toward potential intervention options for affected siblings.



## **Project Premises**

Previous research on the family members of substance abusing individuals has demonstrated higher occurrences of mental and physical health complications leading to their accessing treatment more frequently than members of families unaffected by substance abuse (see: Benishek et al., 2011; Orford, Velleman, Copello, Templeton, & Ibanga, 2010b; Gregg & Toumbourou, 2003; Toumbourou Blyth, Bamberg, & Forer, 2001). In addition, the limited research on individuals affected by a sibling's substance abuse has revealed challenges in areas of relationships with their families, friends, and larger social communities (see: Craig, 2010; Howard et al., 2010; Barnard, 2007).

It appears society has entered into a social enactment with affected siblings in a manner that reproduces their experience within their families as being unseen, unheard, and presumed unaffected ("doing fine"). Based on this information, the following premises underlie this project: (1) The phenomenon of having a sibling with a substance use disorder adversely affects individuals, even during adolescence; (2) adolescents are aware of this phenomenon and are able to articulate how the experience has been problematic in their own lives; and (3) finally, affected siblings belong to a population of individuals who share commonly held understandings or interpretations of the often chaotic and destructive phenomenon known as addiction.

## Definition of Terms

For the purposes of this dissertation, I have defined the following terms:

*Addict*: An individual with a habitual substance abuse problem, resulting in behaviors that may lead to general social, occupational, and relational dysfunction. This term is used frequently in the literature. In this study, affected siblings may refer to their sibling as an “addict.”

*Addiction*: See “Substance Abuse.”

*Adolescent*: The developmental period known as “adolescence” will be defined as the time beginning at age 12 and ending at age 21. This research uses “adolescent” participants between the ages of 12 and 21.

*Affected Family Members (AFM)*: Also referred to as Concerned Significant Others (CSO). A term used to describe immediate and extended families affected by a relative’s (or relatives’) substance abuse and typically corresponding behaviors.

*Affected Sibling*: Individuals who are impacted by a sibling’s substance use.

*Chemical Dependency*: See “Substance Abuse.”

*Co-occurring Disorder*: Describes individuals with both substance abuse problems and mental health disorders. Previous terms have included *dual disorder* or *dual diagnoses*.

*Sibship(s)*: The unique relationship between siblings.

*Substance*: For the purposes of this project, this term will refer to both alcohol and/or drugs (prescription or non-prescription).

*Substance Abuse*: Also referred to as “substance misuse” as well as “substance use” and “chemical dependency” in the literature. A term designated for the problematic and habitual use of substances (alcohol and/or drugs), often with harmful results. For the purposes of this study, the term is used interchangeably with “addiction” and “chemical dependency.”

*Well-Siblings:* Siblings who do not present with the same ailments as their brother and/or sister.

Ailments can include mental or physical health problems, chemical dependency, and developmental disabilities.

## **Literature Review**

Most of the literature presented in this review is from Western research or texts.

Although this researcher made attempts to gather data from diverse cultures, the origins of the literature are, nevertheless, predominantly from Australia, England, United States, and Canada. In their decades-long research on affected family members, Orford et al. (2010b) found much about the experience of addiction in the family is universal, although, “certain aspects of the common picture take on greater prominence in certain groups” (p. 58) depending on various factors such as geographic region, socioeconomic status, and culture.

It is not this researcher’s intention to attempt to describe the experience of addiction from the perspectives of family members on a global scale. The research origins are relevant in their depiction of a particular culture’s understanding of the effects of addiction at a particular time. Additionally, while a small number of studies on the long-term health effects of addiction on family members are from the United States, at the time of this writing, the available literature on affected siblings and the development of treatment models for affected families, was almost exclusively international in origin.

### **Review of the Relevant Literature**

Keane (as cited in Barnard, 2007) observed, “the most common and damaging misunderstanding about drug dependency is that it only concerns the person using the drugs” (p. 9); this “misunderstanding” has remained at the core of many contemporary treatment programs, which have consistently left the chemically dependent individual’s affected family members with limited professional support to manage the emotional fall-out resulting from having a loved one with chemical dependency problems (see: Barnard, 2005 & 2007; Toumbourou et al, 2001; Bamberg, Toumbourou, & Marks, 2008; Benishek, Kirby, & Dugosh, 2011; Craig, 2010; Orford

et al., 2005; Orford et al., 2010a; Orford et al., 2010b). Furthermore, in families of substance abuse, the affected siblings bear witness to the destructive nature of addiction and the chaos it causes in the home, creating the additional stressors of confusion, resentment, and strained relationships. This was depicted in the narratives of several adult siblings of substance abusers who described their early experiences of the emotional fall-out as uniquely damaging with outcomes lasting into adulthood (Craig, 2010; Howard et al., 2010).

Family members affected by a relative's addiction endure a multitude of emotional and physical health problems resulting from their efforts to manage the stresses and strains of supporting a family member with a chemical dependence problem (see: Toumbourou et. al, 2001; Copello, Velleman, & Templeton, 2005; Orford et al., 2010a; Orford et al., 2010b; Howard et al., 2010). Despite this evidence in the research, very few contemporary chemical dependence intervention models include methods to meet the mental health needs of the chemically dependent individual's family members, particularly those of the siblings (Orford et al., 2010a; Bamberg et al., 2008; Craig, 2010; Barnard, 2007). A review of the historical underpinnings of addiction and treatment in Western culture will examine why families have continued to be left out of the treatment process or have been involved superficially, for the benefit of the chemically dependent member's recovery.

### **Historical Context: Addiction Treatment and Family Pathology Models**

In the mid-20<sup>th</sup> century, treatment for addiction was heavily focused on the family. This was largely due to the preconception that the family was somehow responsible for the addictions of its members. Many of the earlier models and theories influenced the development of concepts such as codependence. Although less overt, the tendency to blame the family remains evident in a number of family systems theory treatment models (Orford et al., 2005).

Despite intentions to provide support to families in crisis, the focus of treatment has largely remained on the recovery and sustained sobriety of the substance-abusing member through attempts to change the behaviors of the family. As a result, affected families in treatment are not always able to speak about their lived experiences, discuss ways they have been impacted, and learn ways to manage the resulting stress (Orford et al., 2010b). The literature also reveals a historical genesis of the mental health field's tendency to blame or attribute the problem of addiction to an individual's family, which has contributed to affected families keeping addiction a secret to avoid stigma and has caused families to feel misunderstood when participating in a substance-abusing relative's treatment (Orford et al., 2010b).

**Alcoholic wives.** In the United States, involving the family in addiction interventions of the 20<sup>th</sup> century gained popularity following the dissolution of Prohibition and through the 1960s. Treatment for alcoholism focused on the partners of alcoholics, who were referred to as "Alcoholic Wives" (Orford et al., 2005). Wives of alcoholics were said to have character deficiencies that drove their husbands to alcoholism; they were blamed for both causing and enabling the addiction and psychoanalytic treatment was prescribed to change their suspected personality flaws. Treatment of wives' stress caused by their husband's addiction was rarely acknowledged as impacting their personalities or contributing to their anxiety. According to the literature from the period, "[a wife] is not an innocent bystander. She is an active participant in the creation of the problems which ensue" (Whalen, as cited by Orford et al., 2005, p. 5). Wives who refused the treatment were considered resistant.

**Codependency.** Similar to the character deficiency theory of "Alcoholic Wives," the concept of codependency echoes the blame inherent in earlier family pathology models. In codependency, family members, particularly parents and spouses, are said to respond to

addiction in a way that is pathological or abnormal and is believed to maintain the addiction (Orford et al., 2005). The family requires an intervention to cease their perpetuation of the member's addiction. Feminist arguments against codependency have asserted that placing blame on family members' responses neglects the stressful circumstances that contribute to their anxious behaviors. In particular, the labeling of women as codependent is "a further tool of the cultural oppression of women" (p. 10); it places the blame within the family, usually on the mother or wife of a substance-abusing individual, and is a regressive euphemism from the time of "Alcoholic Wives."

**Toxic families.** According to research on the history of addiction intervention by Clark (2011), the method of treatment by removal of substance abusing individuals from their families gained popularity in the 1970s. During this era, "fears about the fate of the family shaped debates about the American national decline, and fears about the nation's future were mediated through the family" (Zaretsky, as cited in Clark, p. 4). In response to these fears, an increased cultural focus on family values entered the social discourse, and was ultimately popularized by television programs depicting "real" American families with modern problems. These programs also drew attention to the concept of the "dysfunctional family" and, subsequently, psychological interventions for families, such as confrontational therapies and self-help books, grew in popularity. Chemical dependency problems were still attributed to (and representative of) a family's internal pathology; since dysfunction was caused by problems located within the family system, individuals with chemical dependency problems were treated via extraction from their pathological families, and placement in residential treatment facilities. Clark's research also revealed the resurgence of family pathology sentiment during the 1990s and 2000s when a rise in

televised adolescent substance abuse problems directed blame toward parents and culminated in the adolescent being removed from the family and sent to a rehabilitation facility.

**Family systems perspectives.** Historically, many of the chemical dependency treatment models that involved families were blaming, stigmatizing, and pathologizing (Orford et al., 2005). Some of these models remain in use today, where the family is seen as counterproductive in an individual's recovery from addiction, unless they undergo treatment as well. Family systems concepts, such "enmeshment" and the "symptom bearer," highlight the continued belief that dysfunctional families need the individual to have an addiction and that, without intervention, their toxic family system will cause the individual to relapse (2005). Thus, it appears the historical presumption has remained largely unchanged: families are still to blame.

Family systems theory continues to influence contemporary family-based intervention models, which focus on changing the family in order to be more supportive of a substance abusing member's recovery. These family treatment approaches, however, are not focused on the family members' recoveries from the effects of living with the addiction. Furthermore, they neglect to address the stresses and strains affected families experience when living with a substance abuser, including the negative coping patterns used as adaptive mechanisms (Orford et al., 2010b). According to Orford et al. (2005), when these residual stressors are not managed, resulting strains may continue to negatively affect both mental and physical health.

### **Affected Families in Addiction Treatment**

Research on the impact of addiction on family members continues to remain secondary to research on the addicted individuals themselves, and this oversight is reflected in contemporary treatment models. Some recent models have moved toward inclusion of the substance-abusing individual's family in the rehabilitation process, however, these family-based programs have



largely overlooked the inclusion of siblings as participants in the treatment services (for examples, see Community Reinforcement and Family Training [CRAFT], A Relational Intervention Sequence for Engagement [ARISE], or Al-Anon models cited in Copello et al., 2005).

According to Orford et al. (2010a), “If stress is not satisfactorily coped with, then strain is likely to be evident in the form of some departure from a state of health and well-being” (p. 37). In response to this, some family treatment models have begun to incorporate management of stress and coping skills (for example, see: Stress-Strain-Coping-Support model, Orford et al., 2010a). These programs removed the focus from the addicted individual and work with concepts such as personal empowerment and increasing self-esteem in order to generate positive coping skills in affected family members. Affected siblings, however, have remained a population with few options among the specific support models.

Looking to existing programs for well-siblings of individuals with diseases, such as anorexia and cancer, may prove to be a viable resource for implementing treatment programs (Craig, 2010; Honey & Halse, 2006; Nolbris, Abrahamsson, Hellström, Olofsson, & Enskär, 2010). Frustration, resentment, and anxiety are commonly reported by siblings of other health-compromised individuals. Many of the programs designed to support these affected siblings have proven successful in helping them manage the stresses and strains of how their brother or sister’s illness affects the family (Craig, 2010).

A study by Benishek et al. (2011) gave 110 affected family members the *Significant Other Survey* and found emotional and relational problems were the most commonly reported health concerns. Furthermore, affected family members experienced severe stress and strain in areas of emotional and relational well-being, which has been linked with negative health

outcomes (see: Toumbourou et al., 2001; Orford et al., 2010a). Benishek et al. found affected family members were more likely to seek medical care, report suffering from more chronic medical conditions, and have higher annual health care costs than individuals without a chemically dependent family member. The study concluded that existing health policies should be revisited, as mental health needs are not being adequately met for affected family members.

**Treatment resources for siblings.** At the time of this writing, few resources existed for affected siblings independent of family treatment programs or interventions. The two sibling resources identified were both from Australia: A 2003 pilot program and a contemporary website for siblings of substance abusers.

***Sibling Peer Support Group pilot study:*** A 2003 pilot study by Gregg and Toumbourou attempted to create a support group for affected siblings that focused on providing psychoeducation about drug use, stress reduction techniques, and conflict resolution skills. Recruitment of adolescents was described as more challenging than expected, but the study managed to include seven participants ages 12 to 18. Although the original intent of the program was to educate participants on addiction and help them learn coping skills for the home, many participants cited the group itself was a highly effective source of support. Sharing personal narratives was optional, however, it was secondary to the program's priority of psychoeducation and skill acquisition. Nevertheless, participants found being amongst peers who understood their situations to be highly valuable in decreasing their feelings of isolation and frustration, because, as one participant noted, "Parents don't want to talk about it" (p. 316).

The study concluded the group successfully improved participants' family relationships and self-esteem, but noted better tactics were needed for group recruitment. Another area described by facilitators as worthy of expanding and improving was encouragement of the

sharing of personal stories, which was not a primary focus of the support group. As one participant explained, “Maybe there should be more information about the effects of drugs on families. . . we could hear what happened to other people, then it could get to more personal things” (p. 316). Facilitators acknowledged having shied away from this topic so as not to pressure participants; it is possible that this inadvertently reinforced the historic problem of neglecting the unique experiences of affected siblings as worthy of exploring. Absent from this pilot study’s support group, and suggested by its participants was the inclusion of stories from other affected siblings who had found ways to overcome the hardships within their families.

***Sibling support: Australia’s first website for the brothers and sisters of drug and alcohol users.*** The Sibling Support program website considers itself the first internet resource for affected siblings. Using the internet as a platform for access, the website provides siblings with a “wide range of interactive online support, including fact sheets, stories, emails, videos and Facebook” (Sibling Support section, para 2). Similar to the pilot program by Gregg and Toumbourou (2003), the site provides psychoeducation on addiction, but goes further by providing text and video format of the personal stories of real affected siblings.

**Family treatment models involving siblings.** A review of the studies on affected family members reveals the majority of participants are parents or spouses of substance abusing individuals (see: Copello et al., 2005; Benishek et al., 2011). Sibling involvement has remained minimal and largely unexplored; however, some family-based treatment models in Australia and England have attempted to incorporate sibling participation.

***Australia: BEST Plus.*** The Behavior Exchange Systems Training (BEST) Plus Program, a pilot study by Bamberg et al. (2008) used psychoeducation around substance use and behavioral therapy to promote change strategies within the family. The BEST model was

originally developed for the parents of adolescent substance users. The pilot study attempted to expand the program to include affected siblings, but found only 50% of eligible siblings chose to participate. Some affected siblings stated they “had endured too much of their brother or sister’s behavior and were not prepared to spend more time and energy helping their sibling” (p. 287).

Further details of the study found the affected sibling participants experienced a large amount of resentment and anger, particularly around feelings of invalidation and inequitable distribution of parental attention. Initially, the facilitators had invited the affected siblings to express these feelings, however, because the program’s intention was to repair the family unit as a whole, the researchers were trained to redirect aggressive statements in order to protect the parents from “excessive blame and anger” (Bamberg et al., 2008, p. 286). Nevertheless, sibling participants were provided an allocated session to express their feelings, which, according to the study, surprised many of the parents, who had not been aware of how much the siblings had been affected.

The Bamberg et al. (2008) researchers had not anticipated the severity of the emotional distress experienced by the affected siblings, yet the study illuminated the heightened emotional reactivity affected siblings harbored toward their parents, sibling, and family situation. In fact, the researchers’ investigation into the low attendance rate revealed non-participating affected siblings “had had enough of being asked to give their resources, their time and involvement in their parents’ ‘rescuing’ behaviors without being given support and attention in return” (p. 287). Although the facilitators assured the refusing siblings that they would be given attention in the program, their later actions (to redirect, contain, or protect parents from participating siblings’ frustration) did not demonstrate the program’s capacity to handle the true depth of the affected siblings’ experience.

The BEST Plus pilot study embodied a larger social enactment wherein the affected sibling's experience as an overlooked and passive agent within their family was reproduced within the larger social realm. In this case, the experience of being overlooked in one's family was reproduced by the researchers, who, prior to the pilot study, had historically overlooked the affected siblings' experiences. When the facilitators invited them into the program, they requested the affected siblings not express too much anger. Again, the overall message to the affected sibling participants highlighted their second-tier status within the family and maintained their experience of not only being overlooked, but barely seen at all. The lack of preparedness for the true feelings of the affected siblings points to the need for more research to better understand their experience and their needs. In addition, the continued overlooking of affected siblings is a phenomenon that merits a deeper consideration of how and why it has remained unseen by treatment professionals.

***England: Stress Strain Coping Support.*** Another researched family treatment model called the Stress-Strain-Coping-Support (SSCS) model (Orford et al., 2010a) addresses the negative effect of addiction on family members, including siblings, while seeking to develop coping skills and offering opportunities for empowerment. The SSCS model found that affected siblings engage in poor or dysfunctional coping developed in response to their environment. The treatment counters these maladaptive behaviors by promoting problem solving, agency, and empowerment. According to the model, learning healthy ways to cope requires resources; affected siblings need access to resources that will provide opportunities to learn positive coping skills. One resource that appeared to help families with addicted individuals was finding positive supportive relationships, often outside the immediate family.

**Exploring the Absence of Research on Siblings: “What About Me?”**

Despite the increased physical and mental health risks among families affected by chemical dependence, affected siblings' experiences in particular have continued to go largely unacknowledged, both within chemical dependence treatment models as well as in the mental health field. Studies examining the siblings of chemically dependent individuals have consistently found those affected by a sibling's addiction were at greater risk of developing problems in areas of substance use, homelessness, and depression; reported higher rates of psychiatric disorders than the general population; and lacked sufficient resources for treatment support in both their family systems and within their communities (Orford et al., 2010a; Barnard, 2005, 2007; Craig, 2010; Bamberg et al., 2008). In addition, the qualitative research on the perspectives of affected siblings pointed to an absence of a supportive family or peer group with whom siblings could discuss their emotions and feelings of powerlessness (Barnard, 2005, 2007; Craig, 2010; Howard et al., 2010). Without adequate, current research toward the development of appropriate interventions, affected siblings continue to remain at-risk.

In her research on families affected by drug and alcohol abuse, Barnard (2005, 2007) suggested affected siblings have often been overlooked as an at-risk population because they appear to be "less direct[ly]" (p. 13) impacted by their chemically dependent sibling than are other affected family members in caretaking positions (e.g., parents or spouses). Other researchers, however, have claimed the struggles of affected siblings are simply not noticed because those siblings are more likely to cope by internalizing their problems, which has been linked to interpersonal and intrapsychic dysfunction (Orford et al., 2010a; Bamberg et al, 2008; Barnard, 2007; Craig, 2010; Howard et al., 2010).

The assumption that siblings of chemically dependent individuals are less directly affected by the phenomenon of addiction in the family was confronted and debunked in the

research on adult affected siblings by Craig (2010), who contended, “the effect of having a sibling with an addiction appears to be substantial” (p. 41). While similar research on the sibling experience has been conducted, studies are limited in numbers, and the subjects are predominantly adults (See: Howard et al., 2010; Joslin, 2000; Anonymous, 2002). In contrast, the research by Craig (2010) and Barnard (2005, 2007) is extensive and, through the use of affected siblings’ voices, intentionally calls attention to the experience and the need for the development of early interventions.

### **The Affected Sibling Experience in the Literature**

The existing research on the experiences of affected siblings has been predominantly qualitative. Interviews have revealed affected siblings perceive their sibling’s addiction as having compromised their relationships, rearranged their family dynamics, and impacted their personal development (see: Craig, 2010; Howard et al., 2010; Orford et al., 2010a; Orford et al., 2010b; Barnard, 2007; Gregg & Toumbourou, 2003). According to Craig (2010), “A greater understanding of the impact of addiction on peripheral family relationships is needed to better service families battling substance abuse” (p. 50). Craig’s research has provided both data and evidence that indicate a need for support within this population and for potential intervention directions and purposes.

**Being in the family.** Existing research on affected siblings’ experiences revealed feelings of sadness as well as lack of control within their family environments (Howard et al., 2010; Craig, 2010; Orford et al., 2010b; Barnard, 2007). For example, Craig’s (2010) interviews of affected siblings (ages 19–41) revealed a theme of “stuckness” in their lives: “[It] just feels like it is going on and on; like it will never end” (p. 107). Being left out of parental conversations about their siblings “contributed to feeling alone and invalidated” (p. 111). Some participants described

attempts to gain control through becoming hypervigilant, which included eavesdropping on parents' conversations or constantly scanning their siblings for evidence of substance use.

When discussing the perceptions of their families, research on affected siblings interviewed by both Craig (2010) and Barnard (2007) reported themes of dysfunction, invalidation, secrecy, and stress. One sibling reflected on the lack of a safe space at home and the challenges encountered within peer relationships: "I'd much rather hang out in someone else's quiet, peaceful home than bring someone into my world" (Craig, p. 87). Spending time with peers, however, was not associated with discussing their experience; one participant recalled feeling the topic of addiction was "such a completely different, shocking thing to [my peers]" (p. 104). Overall, the research did not reflect supportive peer groups or families with whom affected siblings could discuss their emotions and feelings of powerlessness. Further research into what affected siblings believe helps them cope or will help them better manage stresses and strains is part of the current study.

Finally, affected siblings in the research by both Craig (2010) and Barnard (2007) shared feeling less important due to the divided attention of their parents whose focus was predominantly on the substance-abusing child. They frequently described frustration or resentment toward parents for their preoccupation with their sibling and how this negatively impacted their relationships within the family.

**Being in the community.** Within their schools and communities, affected siblings described feelings of shame and perceived judgment. The school environment reinforced anxieties of being associated with their sibling's addiction by both teachers and peers (Craig, 2010). The stigma of drug addiction appeared to keep the siblings of addicts from speaking to other members of their communities about their experiences with their addicted siblings. As



passive agents in the family, siblings in particular followed a “code of silence” (p. 86) so as to avoid greater negative attention from the community. This kept them isolated and reinforced the lack of support from the community.

### **Affected and Neglected: The Role of Policy, Research, and Service Provisions**

According to Barnard (2007), policy, research, and service provisions within addiction treatment programs limit the allocation of resources to the caretakers of chemically dependent individuals, thereby placing a greater focus on including parents and spouses in treatment than other affected family members such as siblings or grandparents. Few studies have intentionally investigated the experiences of non-caretaker affected family members, specifically those of siblings (see: Barnard, 2005, 2007; Craig, 2010; Howard et al., 2010; Gregg & Toumbourou, 2003; Joslin, 2000). To better understand why there is a dearth of studies, one merely has to consider the assumptions and attitudes of the practitioners in various treatment related fields, where there appear to be an overarching and pervasive lack of investment in the ways affected siblings are impacted by a sibling’s substance abuse.

This was demonstrated in Barnard’s (2007) interviews of practitioners, including general practitioners and social workers. Her research found that, in treating substance abuse in families, “the least likely member to attract the attention of service providers, or indeed the family support groups, was the brother or sister of the problem drug user” (p. 55). A statement made by an interviewed general practitioner further elucidated a commonly held and unfortunate assumption behind the lack of services for siblings:

They are not really my most major immediate concern . . . because siblings are not always that close are they, and there’s conflict there perhaps . . . [siblings] just have to learn to adapt and live with it, not let it dominate your life, survival or something. (p. 55)

Practitioners who demonstrated an awareness of the challenges of affected siblings still only regarded their involvement in treatment as a supporter for their sibling, the identified patient, rather than to receive support for their own distress (see: Bamberg et al., 2008), or focused sibling treatment on providing skills to manage and maintain the stress of living with addiction (see: Gregg & Toumbourou, 2003). In Barnard's interviews, a social worker disclosed her belief that family members did not want treatment for managing the stress and the unresolved feelings around their experiences; rather, she believed families wanted the substance-abusing member to be the focus of treatment.

This was contrasted by Orford et al. (2010b), who stated, "The kind of social support that family members want is very often denied to them" (p. 55). Researchers found when families did not seek support, this was often because of the stigma around addiction. Interviews with affected family members revealed some members found meetings with health professionals to be unhelpful, citing:

The inability or unwillingness of professionals to talk through strategies for dealing with problems had sometimes left family members feelings that they had received inadequate information or support. . . . Sometimes family members had felt a professional was implying that the problem was partly the family member's fault. (p. 58)

The research of Barnard (2007) and Orford et al. (2010b) point to health professionals' inaccurate assumptions about the impact of addiction as well as the misconception that families are not interested in treatment for the emotional fall-out of addiction. Furthermore, research by Orford et al. revealed larger problems of practitioners being unhelpful or presumptuous around a sensitive topic. Again, a lack of interest and research in better understanding and serving a population, has led to missed opportunities for affected family members to get the support they need.

In particular, practitioners have continued to overlook or neglect to notice that siblings are affected when their brothers or sisters become addicted to drugs or alcohol. Although the nature of an affected sibling's relationship to their chemically dependent sibling is different from that of a caretaking affected family member, siblings are not exempt from the stress, strain, and emotional turmoil that characterizes relationships with chemically dependent family members (Barnard, 2007). In addition, affected siblings, a largely unsupported group, must navigate their relationships with their substance abusing siblings, their relationships with their parents, their relationships with peers, and their relationships in the larger community (neighborhoods, schools, peers, etc.), while dealing with the stresses and strains of a sibling's addiction (Craig, 2010).

### **Summary of the Reviewed Literature**

The limited research has called attention to the problems experienced by affected siblings and has also pointed to the current gap in resources for supporting their health needs. In addition, there is not enough information from affected siblings about what they believe would help support them. More research is needed in the area of the sibling experience, with a greater focus on gaining information from adolescent siblings, as opposed to adult siblings. Furthermore, there is a need to gain information from affected siblings about the resources they access to help cope with the experience. Finally, research to develop early intervention is needed in order to prevent the detrimental long-term effects of addiction in the family on affected siblings; learning more about the adolescent affected sibling experience is a first step toward that future research and development.

## **Methods**

The experience of adolescent siblings of individuals struggling with chemical dependency is an important topic that has not been well addressed in the literature. According to Creswell (2009), a qualitative approach is most appropriate for problems that lack or are limited in previous research and, therefore, “can best be understood by exploring a [central] concept or phenomenon” (p. 98) through means such as observations and interviews of those experiencing the phenomenon. Providing an opportunity for participants to share their experiences in their own words is a strength of qualitative methodology; therefore, in this study, interviews were used to learn more about the lived experiences of affected siblings and to give a voice to each participant. Whether participants described their experience as negative, neutral, or positive, the intention was to provide them with what they do not adequately receive in the contemporary literature: representation and an arena to be seen, heard, and validated. Therefore, a qualitative study using interviews was determined appropriate to address this dearth of research and representation in the literature, while gaining data that may begin to address what is not known.

### **Research Design and Methods**

Among the canon of qualitative methodologies, a hermeneutic phenomenological strategy of inquiry is best suited to respond to the question: What is like to have a sibling with a substance abuse problem in your family? Based on the philosophies of Edmund Husserl and Martin Heidegger, phenomenological research is “a strategy of inquiry in which the researcher identifies the essence of human experiences about a phenomenon as described by participants” (Creswell, 2009, p. 13). Phenomenological inquiry is also influenced by hermeneutics, a philosophical approach to analysis that is concerned with social, historical, and linguistic structures (Caputo, 1988). As hermeneutics is considered “the theory of interpretation” (Smith,

Flowers, & Larkin, 2009, p. 21), phenomenology is sometimes referred to as hermeneutic or interpretative phenomenology, interchangeably.

In phenomenology, the researcher seeks to understand the essence of an experience through observing or engaging a small group of participants in a discussion about the meanings they each garner from a common phenomenon. For this study, affected siblings were invited to describe their experience of a phenomenon, as they understood it, from having lived it themselves. According to Creswell (2009), qualitative research is emergent, which means “the initial plan for research cannot be tightly prescribed, and all phases of the process may change or shift after the researcher enters the field and begins to collect data” (p. 176); this is especially true in hermeneutic phenomenological designs. The research processes, including the selection of questions for the interview, how data was collected, the steps taken in analyzing the data, and the final narrative were influenced by hermeneutic phenomenology.

In hermeneutics, more specifically, ontological hermeneutics, the inquiry is also one of contextual appreciation: Can one understand the essence of another’s being the way they understand it themselves? Can any researcher know what Caputo (1988) called the “prior mystery of other persons, . . . [or understand] the unencompassable depth” (p. 214) of the participants’ experiences? This is relevant to phenomenological research, which is interested in the experiences of phenomena as described by the accounts of others. According to hermeneutic phenomenology, however, in studying the experiences of others, how we come to interpret is always limited by the biases and assumptions of our own historical and cultural contexts; ultimately, all interpretations, and meanings therein, are more representative of the interpreter’s time and place than what is being interpreted (Fowers, 1999).

These limits to intersubjective interpretation, however, do not nullify the value of hermeneutic phenomenological research. The desire to comfort oneself by reducing all things into observable, measurable, and, therefore, knowable status is a fallacy of the current scientific cultural context. Therefore, in engaging in this phenomenological study, the researcher accepted the discomfort of not knowing. As Caputo (1988) emphasized:

Hermeneutics leads us. . . not to a conclusion which gives comfort but to a thunderstorm, not to a closure but to a dis-closure, an openness toward what cannot be encompassed, at least momentarily, for it always belongs to our condition to remain on the way. (p. 214)

## **Participants**

Participants were recruited via Institutional Review Board (IRB)-approved advertisement flyers (Appendix C). These were posted electronically on one popular social media website and physically in client waiting areas of mental health clinics, community recreation centers, youth drop-in centers, and local cafes in Seattle, Washington. Recruitment was supported by referrals from non-investigator health care providers who had seen the study's advertisements.

**Criteria for participant selection.** According to IPA researchers Smith et al. (2009), the participants making up a sample of an IPA study are selected because “they ‘represent’ a perspective, rather than a population” (p. 49). With the small sample sizes and specific research questions, IPA uses “purposive homogeneous sampling” (p. 49) in order to provide foundational research upon which future larger studies can be built. In this research, variables such as participants’ ethnicity, race, religious background, and socio-economic status (SES) were not controlled for. Nevertheless, every effort was made to recruit participants from a variety of diverse backgrounds.

Participants were selected based on criteria including age range and duration of exposure to their sibling’s addiction. Participants committed to an initial interview and were asked to

participate in an optional follow-up meeting to review the transcriptions of their interviews for accuracy.

**Age.** Because the period of adolescence encompasses a wide range of developmental stages and experiences, the age range for this study was restricted to 12–21 years. This range was chosen due to the social, emotional, and cognitive development expected to be present, including perspective taking, interest in moral reasoning, and social awareness (Choudhury, Blakemore, & Charman, 2006). The range was also chosen because it encompasses Erikson's (1963) psychosocial developmental stage, *Identity versus Role Confusion*, which focuses on social relationships, with the central task of developing a personal sense of identity. The ability of individuals to manage the basic conflicts inherent to this stage comes from the influences of the past as well as the influences of the present.

**Living situation.** In previous studies on addiction within the family, participants described the experience of sharing their homes with a substance abusing sibling as generating resentment toward preoccupied caregivers, desires to protect the home and family, and feelings of being unable to control or escape the chaotic environment of addiction (see specifically: Craig, 2010; Howard et al., 2010; Barnard, 2007; Gregg & Toumbourou, 2003). Participants for this study were therefore selected on the criteria of living in, or having lived in, the same home as their substance-abusing sibling, while the abuse was taking place. In order to distinguish this study from previous studies on affected siblings, the intention was to gain insight into affected siblings' experiences of living in the same household as their substance-abusing siblings at the time of the interview, rather than reflecting on their memories of having lived at home with their sibling. Due to the nature of addiction, and the instability it brings to people's lives, however, many participants' siblings regularly moved in and out of the family home.

***Duration of exposure.*** Participants' siblings were engaged in substance abuse for at least six consecutive months, during which time, the participant lived in the same home as their sibling. This ensured that the participant was able to speak about at least six months of understanding themselves and their lived experiences within the context of a sibling's addiction. The six-month duration also increased the possibility of participants describing holidays, school breaks, birthdays, and family trips or vacations; current research suggests these experiences may be negatively impacted when a family member has a chemical dependency disorder (Orford et al., 2010ab; Howard et al., 2010; Craig, 2010).

***Number of meetings.*** Participants were asked to commit to two meetings with the researcher, though the second was optional. The first was the interview and data collection. The second was to review the transcript of their interview for accuracy and provide any corrections or feedback. Some participants selected to have the transcript mailed to them to review in lieu of a meeting.

***Sample size.*** Due to the lack of existing literature, and the exploratory nature of the subject, the initial proposed number of participants sought was between eight and ten; however, finding adolescent participants who met the inclusion criteria proved to be extremely difficult; finally, a total sample number of five was considered sufficient by both the researcher and Committee Chair. IPA studies typically involve smaller sample sizes, and suggest using between three and six participants for student research. Smaller sample sizes allow for more in-depth interpretations of each participant's description of the phenomenon, which is the preferred approach to exploratory topics when using IPA.

This is because the primary concern in IPA is with a detailed account of individual experience. The issue is quality, not quantity, and given the complexity of most human phenomena, IPA studies usually benefit from a concentrated focus on a small number of cases. (Smith et al., 2009, p. 51)



This study's sample size of five was deemed sufficient to gain a basic understanding about the ways in which the participants interpret and make meaning of a shared phenomenon. This study's intention was not to represent the experiences of all siblings of substance abusers in a universal way.

## **Materials**

Data was collected through a semi-structured interview created and facilitated by the researcher. Some interview material was adapted from research done by Craig (2010), which identified various themes experienced by adult siblings of substance abusers. The questions of an IPA study must be both specific to the shared phenomenon, while being broad enough to let the participant speak openly as the expert on their own experience. Interview questions were designed to facilitate reflection and discussion around participants' feelings and beliefs. Based on the research literature and this study's research question, one broad topic of inquiry initiated the interview, with additional sub-topics to probe. The purpose of the interview was to encourage a deeper exploration of the research question: *How do adolescent siblings experience their sibling's substance abuse?* Probes related to the questions also served to further clarify experiences of intrapersonal challenges (emotional experiences and identity development) and interpersonal challenges (relationships with family and peers) with consideration of both private and public environments. It was hoped that the material gathered through the interviews would provide clarification around whether the participants perceived themselves as impacted by their siblings' addictions and how they described those impacts.

The interview followed a structure of four basic areas of inquiry (personal effects, familial effects, social effects, and coping methods), and was guided by the prompt: *Tell me what it is like for you to be the sibling of a substance user.* Questions were consciously geared toward

the participants' experiences of the phenomenon. While there were specific probing questions in the interview schedule, their purpose was to facilitate more exploratory conversation and still allow for the participant's spontaneous introjections of ideas, memories, and descriptions. The interview schedule (Appendix B) was approved by the Institutional Review Board of Antioch University, Seattle.

Developing conversational rapport with participants was facilitated through the use of direct questions for the first few minutes of the interview (e.g., "How old were you when you realized your sibling had a substance abuse problem?" and "Did your parents know before you?"). Once conversational rapport was established (usually determined by the participants' responses moving from short "yes" and "no" answers, to more expansive responses, containing personal anecdotes), the broad, essential research query, "Tell me what it is like for you to be the sibling of a substance abuser" was asked. For this study's adolescent demographic, broader interview questions, typical of IPA, often had to be supported with more specific probes from the interviewer, as multiple participants responded to the essential query with confusion and requests, such as, "Can you be more specific?" and "Wait, what do you mean?" Probes were useful throughout the interviews; for example, the essential query was frequently supported by the follow-up probes: "Do you feel your life has been affected by your sibling's substance abuse?" and then, "Tell me about how you have experienced those effects."

According to Creswell (2009), slight revisions in the data collections process are an anticipated part of the emergent nature of qualitative research. Furthermore, these shifts indicate that the intersubjective process is underway and supports the method of mutual discovery. An exploratory dialogue ensures that questions may be reshaped, responses may be further described, and greater meaning may be understood. In this study, questions and probes were

frequently used and revised in order to clarify when a participant did not understand what was being asked, as an opportunity to learn more about participants' descriptions, or to determine if the question was not relevant to the experience. Some of these questions and probes (in parentheses) included:

Tell me what it's been like in your family. (Do you think it's had any effect on the way you act or how you feel when you're with your family?)

Tell me about your relationship with your brother or sister these days. (What was it like before/how has it changed?)

What's it been like for you in your community?

Finally, questions related to participants' personal resiliency provided insight that may be beneficial for future research or developing interventions; questions addressed whether participants had ever accessed treatment resources (such as therapy or support groups), adaptive and maladaptive coping mechanisms, and recommendations for peers experiencing similar challenges. At the conclusion of the interview, participants were given opportunities to provide their opinions on the experience of sharing and contributing to this research project, to add anything of importance they felt was left out about their experience of the phenomenon, and to ask questions.

## **Procedures**

The interviews were all conducted by this author following extensive research on qualitative methods of inquiry for phenomenological studies. Data was collected during the interview process via audio recording and handwritten interviewer's notes. The interview data was stored in individual files on a password-protected audio recording instrument. Following the interviews, the audio recorded data was immediately uploaded into files on a password-protected personal computer where it was then encrypted; following the upload, all data was deleted from

the original audio recording instrument. The audio data was then transcribed and checked twice for accuracy.

Handwritten notes were taken during the interviews to facilitate the direction of questions and probes. At the conclusion of the interview, additional handwritten notes were taken containing observational data, reflections on how to improve the interview process, and any impressions of themes evident in the participant's narrative.

Hard copy documents, including handwritten notes and participants' demographic checklists, were kept in individual files, identifiable only by the participants' chosen aliases. These files were stored behind double locks in a filing cabinet. All signed informed consent sheets, which included the caregivers' and participants' names, dated signatures, and preferred contact methods for the follow-up interviews, were also kept behind double locks in a separate filing cabinet. Only the researcher and the associated faculty at Antioch University, Seattle have access to the original data.

**Recruitment of participants.** Individuals interested in participating in the study contacted the researcher through the project's email address, textual message, or telephone number. Potential participants were then screened for appropriate participant criteria (age range, living situation, duration of exposure, as well as some brief demographic data in an effort to cultivate a diverse sample). Qualifying participants were scheduled for an interview.

**Ethical considerations.** This study involved the use of human subjects, therefore, the researcher strictly adhered to the ethical standards set forth by the American Psychological Association and the Institutional Review Board of Antioch University, Seattle. Great care was taken to protect the privacy and safety of the participants. Participants and their guardians underwent a formal process of informed consent and were given the opportunity to ask

questions, stop, or terminate at any point. The researcher provided all participants and guardians with a brief review of the study's aim and significance, and addressed any questions about the researcher's professional background. To facilitate their anonymity, participants self-selected an alias, which was used throughout the data gathering and analysis. With the exception of their original informed consent forms, participants' real names were not used in any research related materials.

Prior to beginning interviews, the researcher explained the connections between the interview content and the larger study, and gave subjects the opportunity to voice any concerns or hesitations about participating. Anonymity was assured by explaining that identifying information would be changed or removed in the transcriptions of recorded interviews; any use of family members' names were replaced by generalized terms such as, "mother," "father," and "sibling." Friends' names were replaced with aliases. Towns, cities, or other forms of identifying information were also changed or deleted.

Additionally, participants' safety was prioritized from initial contact through the conclusion of the interviews. Given the sensitive nature of the research topic, potential harm to the subjects may have occurred through experiences of sadness, anxiety, or other stress-related discomfort as a result of discussing sensitive details from their lives. Potential risk from harm was minimized by providing each participant with the following resources: three free brief therapy sessions at a local community mental health clinic and a copy of the 2015 Teenlink.org brochure of community-based support resources for teens.

**Interview process.** Interviews were held at mutually agreed upon locations in the community that offered privacy to protect confidentiality as much as possible. These locations included meeting rooms at libraries or offices in community service clinics in Western

Washington. Interviews lasted between 45 and 90 minutes.

## **Data Analysis**

As this is an exploratory study, using an interpretative hermeneutic phenomenological method of inquiry was most appropriate in the attempt to capture the essence of affected siblings' experiences. Although the use of qualitative methods may be associated with concerns about generalizability, it is important to remember the emergent aspect of this research. Data analysis involved the close reading of the participants' interpretations of their personal experiences, from which inferences were drawn within and between accounts, and finally, interpretations about these interpretations were made by the researcher. Through this process, themes emerged, were explored, and then refined. This process is discussed in more detail in the *Individual Interviews* section of this chapter.

**Interpretive Phenomenological Analysis.** Interpretative Phenomenological Analysis (IPA) is a qualitative research method that has been increasingly used within the health research field. IPA uses hermeneutic interpretation to “explore in detail how participants are making sense of their personal and social world, . . . [with an emphasis on] the meanings particular experiences, events, [and] states hold for participants” (Smith, 2015, p. 53). Because this research was focused on the intra-personal and interpersonal experience of affected siblings, with an emphasis on exploring the ways in which they interpret the phenomenon, IPA was deemed an appropriate research method. IPA uses language and dialogue as an avenue for interpreting, “how people think about what is happening to them” (p. 54). There is no standardized, prescriptive way to design an IPA study; according to Smith, each topic may require adaptations of the method as the research progresses, which is consistent with the exploratory element of hermeneutic phenomenology.

Consistent with IPA studies, the interview process for this research functioned as a conversation around the research question, guided by the relevant topics. According to Smith et al. (2009), this “sideways” (p. 58) approach to the research question places an emphasis on finding answers “subsequently via analysis” (p. 58) rather than during the interview itself. The data analysis process of IPA involves an in-depth interaction with each verbatim transcript of the audio-recorded interviews in a “detailed systematic qualitative analysis” (Chapman & Smith, 2002, p. 125) through which the answer to the research question can be explored. Language in IPA is used to examine the way in which a community interprets and makes meaning of its interactions with objects, events, and persons within their environment (Biggerstaff & Thompson, 2008).

In the following steps, Chapman and Smith (2002) review their data analysis procedures for using IPA in qualitative research. This was the process taken in using IPA to discover themes in relationship to this study’s participants’ descriptions; transcripts were read and worked through independently before larger connections between transcripts were sought (numerical indentations were added for clarity):

- (1) The first transcript is read and examined a number of times and, with each reading, the researcher annotates the text with initial comments.
- (2) The next stage involves transforming these comments into themes that capture succinctly the essential features of the initial readings.
- (3) Subsequently, connections are forged between themes until a coherent and organized thematic account of the case is produced.
- (4) Connections across cases can be made until a set of superordinate themes for the group of respondents is produced.
- (5) Each superordinate theme is connected to the underlying themes which in turn, are connected to the original annotations and extracts from the participant.
- (6) Finally, the table of superordinate themes is translated into a narrative account, where the themes are outlined, exemplified and illustrated with verbatim extracts from the participants. (p. 125)

In their text on the implementation of IPA for research, Smith et al. (2009) explained themes may be identified using several different approaches. When individual themes are analyzed for frequency of appearances in an individual's transcript it is called *Numeration*, and it is valuable in the initial stages of analysis because it supports the initial identification of recurrent concepts as themes, which are also, by virtue of their frequency of appearance, considered to have greater relevance to the participant. In *Abstraction*, the researcher identifies similarities in the emergent themes and then groups them together under unifying labels called super-ordinate themes, which hold greater organizational potential.

**Reliability.** The data from the interviews was reviewed for reliability in two ways. The first was the creation of a verbatim transcript from the audio-recorded interviews. These transcriptions were first done by external transcription services, followed by a review for accuracy by the researcher. The researcher then invited participants to review and discuss their transcript to ensure that they were consistent with the participants' experiences. Four participants provided addresses to which their respective transcripts were sent. Of those four, two participants provided additional feedback to the researcher.

Because this is a hermeneutic phenomenological study, the nature of the research is one of a continuous unfolding. Each time an experience is revisited, the effect of time makes it so that a person's reflection on an experience may shift. In hermeneutic phenomenology, it is difficult to ever truly engage in a dialogue without both parties influencing one another and changing the understanding of each one's experience; therefore, this author was open to the additional commentary provided by participants in the process of revisiting the interview. Information that added clarity or depth to the data is represented in the Discussion section.



**A word about “bracketing.”** Qualitative researchers have attempted to control for the influence of biases on interpretive data analysis by using preemptive methods such as bracketing (Moustakas, 1994). Bracketing is a process wherein a researcher “sets aside his or her own experiences in order to understand those of the participants” (Creswell, 2009, p. 13). Through this exercise, researchers attempt to become aware of their own assumptions about the topic and how these may influence the research process. Gaining awareness through bracketing is said to neutralize the validity-threatening personal biases of the researcher (Moustakas, 1994).

Hermeneuticists argue that bracketing is never a complete process, as biases are generally the result of the socially and culturally embedded nature of human being. Individuals may never be fully aware of how their personal background or history plays into their everyday lives and interactions with others. The hermeneutic approach to research purports that humans always understand themselves and others from their own cultural contexts, therefore, researchers must be aware that they, and thus, their interpretations, are products, not only of their own biases and assumptions, but of their own time and culture (Creswell, 2009). This awareness is important in keeping the researcher from aspiring to uncover any one “Truth” about their participants, as all findings are likely to be influenced in some way by the inescapable bias of the researcher. The data obtained in research is, therefore, always a researcher’s interpretation of the interpretations of participants, and are limited by the biases of those interpreting.

In this study, the researcher attempted to approach the research, the participants, the data, and the results with the aforementioned hermeneutic caveat: their interpretations and presuppositions are inextricably tied to their own being in this particular social, political, cultural, and historical time and space. Similarly, the interpretations made by this study’s participants, as well as those made by its readers, reflect the influences of their cultures and eras.

The writer's interest in this topic of research came from their personal experience with a sibling who has struggled with substance abuse. While most qualitative researchers assert bracketing is a method of mediating the impact of researcher bias on validity, a hermeneutic perspective suggests that the elimination of bias is never possible because all human experiences lead to a myriad of biases, both known and unknown. While being an affected sibling no doubt influenced this research, from the development of the concept to the interpretation of the data, this researcher worked to maintain a position of curiosity about the experiences of others, both similar and different from their own. Brocki and Wearden (2006) reviewed 53 IPA studies and found that, "including more acknowledgement of analysts' preconceptions and beliefs and reflexivity might increase transparency and even enhance the account's rhetorical power" (p. 101). Therefore, instead of "bracketing," away their personal experience, the researcher articulated their assumptions in a singular disclosure or in brief disclosures during the research process in an effort to enhance reliability (via transparency).

## **Results**

This section provides an overview of the participants, organizes their data by themes, and sets the groundwork for the discussion of the findings for the next section. A total of seven individuals or their parents responded to the study's recruitment flyer which was posted across local community recreation centers, nearby schools, outpatient and inpatient treatment facilities, and on selective social media outlets. The seven individuals were screened and, of those seven subjects, two exceeded the age range, while the remaining five met the criteria of being between the ages of 12 through 21 and were able to get parental/legal guardian permission to participate; all five of those individuals were deemed eligible to participate in the study.

### **Participant Demographics**

All participants lived in the Pacific Northwest state of Washington. The ages of the subjects were 13, 14, 14, 16, and 21 years old, respectively; the mean age was 15.4, the median age was 14, and the range was 8 years. The participants were in 8<sup>th</sup> grade, 9<sup>th</sup> grade, 11<sup>th</sup> grade, and college undergraduate. Three of the participants were female and two were male. Four out of five participants identified as Caucasian, with one participant identifying as mixed/multi-ethnic. Four were the youngest of their siblings and one identified as the middle sibling. Two participants identified as Christian, one identified as Jewish, and two did not identify with a religion. All participants identified as American, with one participant identifying as a first-generation American. Two participants came from intact, two-parent families, two came from divorced parents, and one came from a single-parent household. Four participants identified as heterosexual and one identified as a lesbian. The demographics of this sample are captured in Table 1 below:

Table 1

*Participant Demographics (N = 5)*

Alias	Age	Gender	School Grade	Duration of Exposure to Addicted Sibling
“Lucy”	21	Female	College Level	7 years
“Roxy”	16	Female	11 <sup>th</sup> grade	5 years
“Sam”	14	Female	9 <sup>th</sup> grade	4 years
“John”	14	Male	9 <sup>th</sup> grade	4 years
“Adam”	13	Male	8 <sup>th</sup> grade	6 months

**Participants in Context**

The participants’ names, as well as the names of any other individuals, towns, or schools, described in their interviews, have been omitted or replaced by aliases to protect their confidentiality.

**Lucy.** Lucy is a 21-year-old female, who identifies as Caucasian. She did not identify with any organized religion. Lucy is the youngest of four children and currently lives in the Pacific Northwest, where she attends university. Lucy has two brothers, ages 26 and 27, with substance abuse (alcohol and drugs) problems; they are referred to as her “brother” and “older brother” in the data (she also has a 29-year-old brother, who has distanced himself from the family, and is referred to as her “eldest brother” in the data). Lucy is closer with her brother, whom she considers her “best friend,” and the majority of her narrative focused on him. She found out about her older brother’s substance use problem when she was 17 and her brother’s substance use problem when she was 14. Both of Lucy’s brothers have been to prison. Both brothers have received various forms of drug and alcohol rehabilitation with histories of relapse. Lucy said her parents also have histories of substance abuse problems, but have not abused substances in many years. Lucy currently lives with her father who has custody of her older

brother's 6-year-old daughter. She sees her brother every day and sees her older brother occasionally.

**Roxy.** Roxy is a 16-year-old female who identifies as Caucasian, a Christian, and a lesbian. She is the middle child of three and currently lives in the Pacific Northwest, where she is in the 11<sup>th</sup> grade at her high school. Roxy has a 10-year-old brother and a 19-year-old brother; her older brother has a substance abuse problem (primarily drugs). Roxy said she was about 10 years old and in the 5<sup>th</sup> grade when she found out about her brother's substance abuse. Her brother has been through intensive outpatient treatment (IOP) for substance abuse, but continues to use drugs. She is very close with her brother and currently lives with him, her younger brother, and her father. She sees her brother every day.

**Sam.** Sam is a 14-year-old female who identifies as Caucasian and Christian. She is the youngest of two children and currently lives in the Pacific Northwest, where she is in the 9<sup>th</sup> grade at her high school. Her brother is 23 years old. Sam found out about her brother's substance abuse (alcohol and drugs) when she was 10 years old. At the time of the interview, Sam's brother had returned home from college and started attending meetings for alcohol abuse; prior to meetings, he would not follow through on seeking treatment in any form. She said their relationship has improved, but they are not very close. She currently lives with her brother, mother, and father. Sam said she suspects her father also has an alcohol abuse problem.

**John.** John is a 14-year-old male who identifies as Caucasian. He did not identify with any organized religion. John is the youngest of four children and currently lives in the Pacific Northwest, where he is in the 9<sup>th</sup> grade at his high school. John found out about his 24-year-old sister's substance abuse problem when he was 10 years old. John said his parents have sent his sister to several treatment facilities for drug use over the years, but that she has never been able

to maintain sobriety. She moved out of the family home when he was 13 years old, but returns home frequently. John said he is not close with his sister, but has good relationships with his two oldest siblings who live in other cities. John currently lives with his mother and father.

**Adam.** Adam is a 13-year-old male who identifies as Caucasian and Jewish. His father was born in Nepal, his mother was born in the United States, and his older sister was adopted from an unspecified East Asian country. Adam is the youngest of two children and currently lives in the Pacific Northwest, where he is in the 8<sup>th</sup> grade in junior high school. Adam found out about his 15-year-old sister's substance abuse problem roughly six months before the interview. Adam is very close with his sister. He lives at home with his mother and sister (his father is deceased). At the time of the first interview, Adam's sister was receiving outpatient treatment for substance abuse (drugs and alcohol). Adam participated in two interviews for this study; the second interview was a follow-up to review the transcript from his first interview; however, in the time between the two meetings, Adam's sister had relapsed and been sent to an out of state treatment facility. This experience was unique among the participants, as Adam was the youngest participant with the shortest duration of exposure to his sister's substance abuse. His perspective had shifted from the first to second interview and he volunteered to share his thoughts about the experience at his follow-up interview.

### **Data Collection Procedure**

Prior to the one-on-one interview, informed consent was received from the participants and their legal guardians, followed by a brief review of specific details in the informed consent document with the researcher, such as possible risks, benefits, and limits to confidentiality. Participants and guardians were then given an opportunity to ask questions. Finally, participants provided a self-selected alias to maintain anonymity in the research.

Following the informed consent process, the interviewer and participant went to a separate, private room to begin the interview. The researcher provided a brief review of the study's aim and significance, and explained the connections between the interview and the larger study. The participant was then offered a chance to ask any questions or express concerns about the research or the researcher's professional background. The most commonly asked question was related to anonymity and a desire to protect their siblings' identities; therefore, the researcher reviewed the information in the informed consent regarding protection of identity in the research and reminded participants that personal information would be changed. No participants chose to withdraw from the study.

The interview began with a gathering of demographic information, which included descriptors such as the participant's alias, age, grade, ethnicity, race, religious background, and birth order. The participants' demographic factors were sometimes probed during the interview if they made or inferred a meaningful connection between their background and their experience of a sibling's addiction. For example, in describing his recent Bar Mitzvah party, Adam talked about the significance of being Jewish and sharing that milestone with his older sister, while also explaining to the researcher that he had reminded his sister their mother would "call the cops" if she or her friends used substances at his party.

The semi-structured interview consisted of questions with room for probes or other unformulated thoughts to emerge through the dialogue. The interview schedule was organized in a specific sequence, guided by the overall research question, but geared toward to participants' experiences of the phenomenon with regard to its influence on intra- and interpersonal functioning. This format facilitated more exploratory conversation that enabled insight into how

the participants interpret the phenomenon, navigate the challenges, and create meaning from the experience of a sibling's chemical dependency.

In order to promote consistency as well as have specific questions addressed by all participants, the interview schedule was followed as closely as possible; however, each interview provided information to the researcher about the relevance, pertinence, or clarity of the questions; as a result, small modifications were made in order to ensure the clearest overall picture was captured. Given the age range of the participants, questions were also rephrased or reorganized depending on a participant's level of comprehension, maturity, and understanding of the phenomenon.

The interview questions sought to explore the participants' understanding of the phenomenon (living with a sibling's substance abuse) with attention to the following points of interest: (1) The emotions experienced by siblings and the perception of the phenomenon's intra-personal impact; (2) the phenomenon's impact on siblings' interpersonal relationships, specifically with family; (3) the phenomenon's impact on siblings' socialization and experience in the community; (4) coping and management of emotions and stress caused by the phenomenon; and (5) suggestions or recommendations for other adolescents experiencing the phenomenon in their own families.

**Analysis of individual interviews.** Data were analyzed using an in-depth process outlined by IPA researchers, Smith et al. (2009). First, each of the five participants' transcripts was read while listening to the original audio-recording, with the researcher noting any exploratory questions and themes that came up in the process. This was followed by what is known in IPA as *initial noting*, or the free textual analysis that is commonly employed in the coding process of qualitative research. The transcripts were then re-read line-by-line, with the



researcher simultaneously writing their initial responses to the participants' narratives on an adjacent sheet of paper; such responses included the researcher's thoughts about the content of the narratives, the use of language, including laughter, and questions or comments about larger conceptual ideas. An example of this process is depicted in Table 2 in an excerpt from "Lucy's" transcript:

Table 2

*Initial Noting Example*

Participant Statements:	Initial Notations:
I definitely can't trust him.	<ul style="list-style-type: none"> <li>• Trust issues. (loss of trust)</li> </ul>
Just the other day he was at my house, and his best friend was working on my car. I told him "we don't drink the liquor because it's my dad's, you know, don't drink the liquor."	<ul style="list-style-type: none"> <li>• Compelled to supervise. Protect parent's property. Attempt to prevent sibling from drinking. Bargaining?</li> </ul>
But I didn't feel like I needed to monitor because he's an adult,	<ul style="list-style-type: none"> <li>• Recognizes it is not her role?</li> </ul>
but I guess I did,	<ul style="list-style-type: none"> <li>• Seeing self as responsible for brother.</li> </ul>
because I went upstairs to take a nap and I came back downstairs and almost a whole bottle of liquor was gone.	<ul style="list-style-type: none"> <li>• Brother cannot be trusted. Feels betrayed?</li> </ul>
There's been, like, a month and a half ago, or two months ago, he stole, like, twenty dollars from me.	<ul style="list-style-type: none"> <li>• Betrays by stealing from her.</li> </ul>
I mean, he's stolen, recently, 200 dollars from his now-ex-girlfriend as of yesterday.	<ul style="list-style-type: none"> <li>• Larger trust problems in community.</li> </ul>
So, it's definitely made, me, I mean, I don't trust him. I don't trust him at all.	<ul style="list-style-type: none"> <li>• Lack of trust in sibling relationship.</li> </ul>

The initial notes were then scanned and emerging themes were pulled from the comments and questions in a process of translation from idea or question to more concise phrases or ideas that better "capture the essential quality of what was found in the text" (Smith, 2015, p. 41). The challenge, according to Smith, is for the translation to introduce another layer of complexity,

drawing from the researcher's interpretation of the participant's meaning, but clearly originating from the participant's actual statement. Smith wrote, "One is drawing on one's interpretive resources to make sense of what the person is saying, but at the same time one is constantly checking one's own sense-making against what the person actually said" (2015, p. 45). Table 3 provides an example of the researcher's interpretations from what was said and the identification of potential themes for consideration.

Table 3

*Interpretations and Emerging Themes Identification*

Participant Statements:	Emerging Themes:
I definitely can't trust him.	<ul style="list-style-type: none"> <li>• Mistrust present in Sibling Relationship</li> </ul>
Just the other day he was at my house, and his best friend was working on my car. I told him "we don't drink the liquor because it's my dad's, you know, don't drink the liquor."	<ul style="list-style-type: none"> <li>• Self in Family: Parentified Role and Protector of Parent/Family from Sibling</li> </ul>
But I didn't feel like I needed to monitor because he's an adult,	<ul style="list-style-type: none"> <li>• Role conflict. Sibling is Parentified</li> </ul>
but I guess I did,	<ul style="list-style-type: none"> <li>• Feels responsible. Brother's keeper?</li> </ul>
because I went upstairs to take a nap and I came back downstairs and almost a whole bottle of liquor was gone.	<ul style="list-style-type: none"> <li>• Feeling let down.</li> <li>• Impact on Family: Disrespectful. Disregard of Rules</li> </ul>
There's been, like, a month and a half ago, or two months ago, he stole, like, twenty dollars from me.	<ul style="list-style-type: none"> <li>• Betrayal in sibling relationship</li> </ul>
I mean, he's stolen, recently, 200 dollars from his now-ex-girlfriend as of yesterday.	<ul style="list-style-type: none"> <li>• Social Impact: Problem present in community. Negative reputation?</li> </ul>
So, it's definitely made, me, I mean, I don't trust him. I don't trust him at all.	<ul style="list-style-type: none"> <li>• Relationship impacted by Betrayal and Mistrust</li> </ul>

The identified themes were then reviewed and organized into a spreadsheet according to IPA identification methods. For this study, the most fruitful approaches to thematic identification

were *Numeration* and *Abstraction*. The frequency with which a participant described a concept was interpreted by the researcher as an indicator of the concept's importance to the subject; thus, the more frequently a participant discussed a concept, the greater weight it was given as a potential theme. For example, Lucy described *mistrust*, *betrayal*, and instances of *being let down* on multiple occasions throughout her personal narrative, suggesting their thematic relevance to her experience of her brother's substance abuse.

This study also utilized super-ordinate themes for their greater organizational potential. This was achieved via abstraction, wherein similarly described emergent themes within and across participant narratives were grouped together under unifying labels. For Lucy's transcript, themes that were similar, such as the relational strains noted in being let down by a sibling, mistrust, or feeling betrayed, were organized under the label, *Familial Relationships Affected*. In her research with adult siblings of substance abusers, Craig (2010) also used specific strains as a larger organizing theme, though this research did not use IPA.

Table 4, below, shows one example of the *Abstraction* process used in identifying the sub-theme *Familial Relationships Affected*, which comprised types of relational impacts, divided between parents and sibling; this sub-theme was ultimately grouped under the super-ordinate theme, *Impact: Familial*:

Table 4

*Abstraction Example*

Participant Statement	Emergent Theme	Sub-Theme	Super-Ordinate Theme
I definitely can't trust him.	• Strain: Mistrust in relationship	Familial Relationships Affected	Impact: Familial
I went upstairs to take a nap and I came back downstairs and almost a whole bottle of liquor was gone.	• Strain: Betrays trust		

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There's been, like, a month and a half ago, or two months ago, he stole, like, twenty dollars from me.	• Strain: Betrayal
So, it's definitely made, me, I mean, I don't trust him. I don't trust him at all.	• Strain: Mistrust following betrayal

---

As the Table 4 represents, the overall analysis of Lucy's narrative revealed her brother's substance abuse adversely affected their sibling relationship through strained trust. Additional strains indicating an impacted sibling relationship were identified, organized, abstracted, and subsumed under the sub-theme of *Familial Relationships Affected* as a result of the sibling's addiction. These were organized under the super-ordinate theme: *Impact: Familial*.

In *Subsumption*, one emergent theme stands out as a super-ordinate theme because it helps the researcher identify other related themes to form a cluster. Additional types of strains impacting Lucy's relationship with her brother were identified and organized under the sub-theme, *Familial Relationships Affected*. This sub-theme included specific interview content identified as directly contributing to an impacted sibling relationship through strains, such as distance, insecurity, and a dynamic shift (with the younger sibling in the role of "Brother's Keeper").

Methods of theme identification across cases described by Smith et al. (2009) and used in this research, included *Polarization* and *Contextualization*. Polarization was used in finding cross-connections between participant transcripts: for example, when one participant described an experience that was in stark contrast to those described by other participants.

Contextualization was used to identify themes in the temporal moments or key life events in a participant's narrative, such as the moment in which a participant came to understand the severity of their sibling's substance abuse; contextualization proved to be beneficial in

identifying unexpected themes, such as shared experiences of specific events across the five participant narratives in this research.

**Analysis of themes across cases.** IPA researchers are encouraged to set aside the ideas drawn from the review of the first case in order to limit their influence on drawing ideas from the following cases. Doing this honors “IPA’s idiographic commitment” (Smith et al., 2009, p. 100) to let the unique ideas of each case surface free from the influence of the preceding cases; of course, this complicates the hermeneutic notion that beings are inescapably influenced by what has already been experienced. Nevertheless, IPA researchers are urged to make efforts to resist these influences and try to see each case with fresh eyes. For this study, the researcher made their best attempt to do this, however, even with these efforts, the inescapable influence of the researcher’s prior research in the literature review, including Craig (2010), in addition to their own personal experiences, undoubtedly resulted in an impure thematic analysis. IPA acknowledges that the influence of experience is impossible to avoid and does not render research invalid if efforts to limit the influence are made so that new themes can emerge in each transcript (Smith et al., 2009).

Each participant’s transcript was reviewed and analyzed using the same method. As the researcher moved from one transcript to another, the organizing themes from each preceding interview undoubtedly influenced the next; however, polarization was especially useful and often illuminated unrecognized themes across transcripts. Nevertheless, the researcher’s prior knowledge of the themes and super-ordinate themes used in Craig’s (2010) research, this study’s semi-structured interview schedule, and the themes noticed in preceding transcripts, likely informed the researcher’s thematic identification in each subsequent transcript.

Table 5 encompasses the sub-ordinate and sub-themes ultimately used for organizing the participants' interpretations of their experiences as adolescent siblings of substance abusers, from which further analysis and interpretation could be discussed.

Table 5

*Breakdown of Themes*

Super-Ordinate Themes	Sub-Themes	Theme Content (n/N)
Impact: Personal	Emotional	<ul style="list-style-type: none"> <li>• Stress (worry, fear, anxiety) [4/5]</li> <li>• Guilt [3/5]</li> <li>• Anger [5/5]</li> <li>• Depression [5/5]</li> </ul>
	Identity Development	<ul style="list-style-type: none"> <li>• Values and Morals [5/5]</li> </ul>
Impact: Familial	Family Unit Affected	<ul style="list-style-type: none"> <li>• Function/Dysfunction [4/5]</li> <li>• Damaging [5/5]</li> <li>• Burdensome [5/5]</li> </ul>
	Experience of Self/Role in Family as Affected	<ul style="list-style-type: none"> <li>• Protector of Family/Parents [4/5]</li> <li>• Playing Detective [3/5]</li> <li>• Powerlessness [4/5]</li> <li>• Reaction to Parental Response: <ul style="list-style-type: none"> <li>- Critical [4/5]</li> <li>- Supportive [3/5]</li> </ul> </li> </ul>
	Familial Relationships Affected	<p><u>With Parents</u></p> <ul style="list-style-type: none"> <li>• Strained [4/5]</li> <li>• Strengthened [2/5]</li> </ul> <p><u>With Sibling</u></p> <ul style="list-style-type: none"> <li>• Strained [5/5]</li> <li>• Strengthened [2/5]</li> </ul>
Impact: Social	Affected within Community	<ul style="list-style-type: none"> <li>• Living in an Addict's Shadow [3/5]</li> <li>• Dealing with an Addict's Reputation [3/5]</li> </ul>

	Affected Interpersonal Relationships	<ul style="list-style-type: none"> <li>• Impacted Interactions and Connectedness with Others [5/5]</li> </ul>
Coping	Seeking Stability	<ul style="list-style-type: none"> <li>• Accessing Resources in the Community [4/5]</li> <li>• Establishing an Alternative Family [3/5]</li> </ul>
	Articulated Strategies and Their Effectiveness	<p>Most Effective</p> <ul style="list-style-type: none"> <li>• Talking to Others [4/5]</li> <li>• Spending Time with Friends [3/5]</li> <li>• Engaging in Hobbies [2/5]</li> </ul> <p>Least Effective</p> <ul style="list-style-type: none"> <li>• Self-harm [2/5]</li> <li>• Withdrawal [2/5]</li> <li>• Dwelling on the Problem [1/5]</li> <li>• Ignoring the Problem [1/5]</li> <li>• Trying to Change the Sibling's Behavior [1/5]</li> </ul>

Upon completion of the primary thematic organization detailed above, further analysis using contextualization revealed additional common experiences across transcripts that were notable for their uniqueness and similarities. These experiences, illustrated in Table 6, below, are also presented in this research.

Table 6

*Additional Common Experiences*

Super-Ordinate Theme	Sub-Themes	Theme Content
What is it Like?: Shared Ways of Knowing, Being, and Seeing	Knowing or Learning About Extent of Addiction via a Catastrophic Event	<ul style="list-style-type: none"> <li>• Blindsided/Surprised</li> <li>• Being Scared for Sibling</li> </ul>
	Being On-Guard	<ul style="list-style-type: none"> <li>• Suspicion/Expectation</li> <li>• Never Knowing</li> </ul>
	Seeing Sibling Differently	<ul style="list-style-type: none"> <li>• Understanding Sibling as Transformed by Addiction</li> </ul>

Over the course of the interview, participants articulated ways in which the various impacts captured by the super-ordinate and sub-themes contributed to their processes of meaning-making around the phenomenon of addiction in the family. Siblings described the phenomenon as akin to a puzzle with various explanations. They appeared to explain the phenomenon by situating it contextually; in their explanations, they used both empathy and blame, either seeking reasonable causes for their siblings' addiction problems or placing the blame directly on their siblings. These themes are organized in Table 7, below:

Table 7

*Themes: Meaning-Making Around the Phenomenon*

Super-Ordinate Theme	Sub-Theme	Theme Content
Ways of Understanding	Explaining Why It Happened	<ul style="list-style-type: none"> <li>• Empathy</li> <li>• Blame</li> </ul>

Participants' quotes are used frequently both to demonstrate their interpretations as well as to honor the presence of their voices. In addition, use of participants' statements adds to the



project's reliability; according to a critical review of 53 IPA studies in health psychology, "The inclusion of verbatim extracts in the analysis certainly helps the reader to trace the analytic process, . . ." (Brocki & Wearden, 2006, p. 101).

## Main Findings

Multiple close readings and careful analyses of the five interviews rendered a total of six super-ordinate themes and their sub-themes. These super-ordinate themes included: *Impacts (Personal, Familial, and Social)*; *Coping with Addiction in the Family*; *Shared Ways of Knowing, Being, and Seeing*; and *Ways of Understanding*. These themes are organized in Table 8:

Table 8

### *Summary of Themes*

Super-Ordinate Themes	Sub-Themes (n/N)
Impact: Personal	<ul style="list-style-type: none"> <li>• Emotional (5/5)</li> <li>• Identity Development (5/5)</li> </ul>
Impact: Familial	<ul style="list-style-type: none"> <li>• Family Unit Affected (5/5)</li> <li>• Experience of Self/Role in Family as Affected (4/5)</li> <li>• Familial Relationships Affected (5/5)</li> </ul>
Impact: Social	<ul style="list-style-type: none"> <li>• Affected within Community (3/5)</li> <li>• Affected Interpersonal Relationships (5/5)</li> </ul>
Coping with Addiction in the Family	<ul style="list-style-type: none"> <li>• Seeking Stability (4/5)</li> <li>• Trying Different Strategies (4/5)</li> </ul>
What is it Like?: Shared Ways of Knowing, Being, and Seeing	<ul style="list-style-type: none"> <li>• Knowing or Learning About Addiction Via a Catastrophic Event (5/5)</li> <li>• Being On-Guard (5/5)</li> <li>• Seeing Sibling Differently (5/5)</li> </ul>
Ways of Understanding	<ul style="list-style-type: none"> <li>• Explaining Why It Happened (4/5)</li> </ul>

## The Impact of Addiction and its Effects on Siblings of Substance Abusers

The three-pronged *Impact* super-ordinate theme captures participants' descriptions of ways they recognized their sibling's addiction directly affected them in their everyday life. The theme is organized in three categories, each encompassing the primary affected areas: *Personal*, *Familial*, and *Social*. From these super-ordinate themes, a total of seven sub-themes were identified as examples of specific forms of impact.

**Impact: Personal.** Participants clearly described the various emotional reactions they had to their sibling's addiction. Feelings of anger and sadness were the most frequently described; however, the affected siblings also talked about the specific impact of stress, worry, and fear.

Well, I definitely feel like I stress out a lot. I don't know if I am going to wake up one morning and, like, get a call that my brother is dead. So, it's a lot of stress. It's a lot of worry. (Lucy, 21)

He only hangs out with a few of his friends, but they all smoke weed. I don't know if he does. . . I get worried whenever he goes to hang out with [friends] because one of them used to be a really big pothead, so whenever [brother] went over to his house I got kind of worried that he'd use. (Sam, 14)

The day after she used, I was just going to hang out with my friends and usually me and my friend are always playing basketball together and always super energetic around each other, but I was just not feeling it that day. I mean, I can usually do that; I remember after my mom and my dad got divorced, I was still able to be with my friends, but this just seemed like, "Wow." I mean, I didn't have all A's anymore, and I kind of slipped, I got, like, a couple C's, and I even got a D in Spanish, and I was so unfocused, because I was so worried. (Adam, 13)

I have issues of my own and so it's made it like I've had to deal with my own stuff with his on top of it and it's, like, I have dealt with self-harm and I have cut myself over him before. Because things that he's done. Like he's punched holes in walls. And it would scare me and it would make things that weren't as big, worse. (Lucy, 16)

Siblings also described reacting to their substance-abusing siblings with resentment and anger.

I go to more angry when it's with [sister], specifically. Especially since right after treatment, I started trusting her again and I started letting her back in my life and stuff like that, and she just turns around and relapses. (John, 14)

He would come home and all of his friends' eyes were bloodshot and you could smell the weed and they thought I didn't know, even when I was surrounded by all of them, and I hated that. Like I would have my bedroom window open and I could smell the weed and I was like, "Yeah, I really just wish you weren't here anymore." (Sam, 14)

I was actually kind of being mean to my sister. I remember at the beginning I would call her, a "user," and an "addict," because I was just so shocked and angry. I feel really bad about it because I don't think I was really helping at the beginning. I still sometimes do it when I'm really mad at her or if I find out that she did it, because I mean, I guess when you're scared and sad, you get like, "How could you just add this on us?" I was really mad at her at the beginning and I feel kind of bad about that. (Adam, 13)

Some participants expressed feelings of guilt, seeing themselves as either the impetus for their sibling's drug or alcohol problems, or somehow sustaining these problems by not intervening.

If I would have known that he was, like, robbing people's houses, and stealing stuff, and all that crazy stuff, then I would've maybe tried to be there a little bit. I know that it's not my fault, but I feel like just ignoring it really kind of didn't do much justice for either of us. (Lucy, 21)

I think she had confidence, but it was crushed because every single day people would call her "stupid." I was just a little sixth-grader brother and I was like, "Oh, you're stupid," sometimes, but I didn't realize what I was saying, or that she heard that every single day, and I think, I don't think it's my fault at all, but I'm saying, I don't think I helped because I was just being a little brother because I was in 5<sup>th</sup> or 6<sup>th</sup> grade, but it turns out what I was saying was really affecting her because I guess she felt like, "Oh, I come home to this brother." I thought I was just being a normal brother, but it turns out that while that was all happening, she lost confidence and the way to get out of it was unfortunately drugs and alcohol. (Adam, 13)

I used to blame everything on myself. I still do sometimes. Just everything. And when he got in his car accident I found a way to blame it on myself that he was drinking and wasn't home, so I guess it did knock me down a lot. . . . My brother and I were making a lot of noise and my dad was on the phone before it happened, and my dad started yelling at me for making noise and my brother defended me and then my dad kicked him out, and then he went to a party and got drunk and then started driving, so I figured that he wouldn't have left the house if I had shut up, so I blamed it on myself. (Sam, 14)

The emotional experience of sadness undercut many of the narratives given by the participants. Discussions of sadness also included articulations of grief and loss for the sibling relationship, as well as loss of an ideal family dynamic.

It was a serious problem. And it was more sad than scary because we had just gotten back from camp and she like, got home for like, four days and then we left [to take sister to rehab] and it was like, “I’m not going to see my sister for six weeks!” (Adam, 13)

It’s just super overwhelming. I know that nobody has a perfect family, but you see in movies and stuff all these perfect families and you’re just like, “Oh, that’s not my family” (laughs). Having two substance abusers [in the family] is really kind of depressing and upsetting. (Sam, 14)

Before I found out about the drugs, [sister] would be there for me, I guess you could say. But then when the drugs became serious, it was just cut off. (John 14)

Like, half my life having an older brother who I could look up to and then all of a sudden not having one, it’s kind of like messed with me emotionally. Like having someone I could go to and then just, not. (Roxy, 16)

Some participants seemed more affected by nostalgia and specifically described their siblings’ addictions as contributing to the loss of someone they had considered to be their best friend.

He was like my best friend. We would just hang out like all the time. My whole neighborhood, we would always go out in the cul-de-sac and ride our bikes around. Whereas, like, I still do that with my neighbors and now my older brother—he’s like 18, almost 19—but sometimes, he would like, sometimes, when he’s in his sober moments, he’ll come outside and he’ll hang out with us and it’s fun. Since his brain’s just kind of fried now, he’ll like sit in his room and smoke pot and he kind of lost, like, his fun, social part of his life.” (Roxy, 16)

“I mean, he was my best friend. He still is my best friend, but I don’t know. We did pretty much everything together.” (Lucy, 21)

Adam, who was the youngest participant and had the shortest duration of exposure to his addicted sibling, spoke more hopefully about the potential for a close relationship with his sister in the future, pending an end to her problems with substance abuse.

“I never thought it would be like this. I always thought it would be something different, but I mean we’re still really close, and I just can’t wait. Because when she gets over this we’re going to be even closer knowing that. She’ll realize. Because right now she can’t really understand what I’m going through because she is in denial, she is addicted, but I

think once she gets over it, and she realizes how hard it must have been, then I think we'll be really, really close, especially when we're adults, because we'll just be like, we went through this but in two different ways.” (Adam, 13)

***Identity development.*** From a Western perspective, adolescence has come to be understood as a unique and important part of the lifespan, defined by a culmination of experiences that will have a profound effect on the goal of identity development (Erikson, 1963). In describing the ways in which they felt their siblings’ addictions affected their lives, participants included insightful commentary about how the experience also influenced their identity development and perspective on substance use.

When I was first starting out in high school, I was just like completely straight-edge. I was against all sorts of drugs and alcohol. And that was pretty much directly related to [brother]. (Roxy, 16)

When I'm around friends and people who do drugs, I'm smarter about what could happen and how to prevent it, because I've been around [sister] my entire life. I know how to avoid it. (John, 14)

The experience allowed them to garner values and morals that directly contributed to identity development. These morals focused primarily on awareness of the harmfulness of drugs and alcohol, with all five participants stating they are more “aware” of the potential dangers of substance use.

I think it's made me a little bit more aware of drugs, you know, knowing that I have two brothers who are just complete drug addicts. I mean, I drink occasionally, but I don't really mess with any sort of drugs. It makes me a little bit more aware of myself and what I'm going to be doing. (Lucy, 21)

I'm more watching out for myself because I don't want to end up like that. But at the same time, it really hurts me that he's like that, and I'm still scared that I'm going to do something like that because I know that it messed up his life quite a bit. (Sam, 14)

It kind of keeps me in check because if I want to smoke weed, like, look at my brother, I don't want to end up like that, so I've got to watch myself. So, it's helped. (Roxy, 16)

There's plenty of people in my neighborhood who smoke weed and do all of that stuff. So, it's made me, I guess, smarter about what things could happen, what the outcomes

could be, instead of just going in blindly and just being, like, “What would this do?” Because that's the number one way people will get hooked, they'll be like, “How will this affect me?” (John, 14)

I think that, now that I'm learning that [addiction] can actually happen, I think I'm more educated . . . I can see now how to be more careful. (Adam, 13)

Other areas of moral and value development included compassion for others, and cultivating positive relationships and friendships.

I think that knowing how to deal with people who have had substance abuse has honestly helped me be a lot more understanding in general to other people, helped me be a lot more open-minded. (Lucy, 21)

I'm really into helping other people. I want to work in a mental hospital because I've had so much experience with that stuff and I think even if that's not what I do when I'm older, I'm happy that I've had the experience of having to, well, maybe not parent my brother, but watch him kind of struggle. (Roxy, 16)

I think I also value friendship more, now. Before, I was definitely friends with people, but we wouldn't talk about each other's feelings and would just spend time with each other. But now I realize I have people that I can talk to and things matter more, so I think it's just sort of opened my eyes to what the world's going to be like when you're an adult. Friendship is not just hanging out or playing something with them, it's, “Hey, we're friends and we talk about things.” (Adam, 13)

**Impact: Familial.** The following section catalogues the various impacts addiction had on participants' families.

**Family unit.** All five participants described the ways in which their family unit was affected by their substance-abusing siblings. Four of the five participants noted a rise in familial dysfunction in response to the substance abuse, specifically an increase in fighting, distance, and discomfort.

There's always—people fight, but what the fighting's about is what causes the pain, because my dad's almost to the point where he's thinking about disconnecting himself from [sister]. My mom can't do that because it's her daughter and stuff like that. (John, 14)

Most definitely when it causes fights in the family, I just hide in my room and just sit there. Or, I have to be in the middle of it, and either way I just wish I was never there in the first place. (Sam, 14)

Before any addiction was there, just my whole family, we were super close and we'd all, like, eat dinner together at night and then, since my brother—it was kind of, like, a stressful time when he got caught, and they were, like, always focused on keeping my brother safe and then, once he got me into drugs, instead of just quality time with my parents, it was like, “Are you high?”, or being in trouble for being high, or things like that. (Roxy, 16)

We were all going to sit down and share all of our feelings, but I guess my sister really didn't want to do that. I like sharing feelings, but I mean it was just hard to get there, so we just decided that unless something happened we weren't really going to talk about it. (Adam, 13)

Some participants viewed their substance-abusing siblings as damaging to the family system.

Participants described observing the negative impact on their parents' mental health.

My dad's always constantly stressed out by my brother and he's like, “I'm going to fix this,” but then he never does and so it's just this ongoing amount of stress. (Roxy, 16)

I mean, my parents are depressed about it a lot, because they're always getting mail about my sister either being in jail or stuff like that, and them being depressed affects basically the entire household because we're always with them. (John, 14)

With my mom, I mean, she seems happy and fine, but sometimes, she'd kind of cry because it must be kind of weird for a parent. (Adam, 13)

In addition to parents' mental health, participants described the effect addiction has had on the well-being of other, more vulnerable family members, either by absence, as described by Lucy, or behaviors associated with addiction, as described by Roxy and John.

I don't know what to tell my six-year-old niece when she gets older and both of her parents are drug addicts. I worry about that a lot, honestly. . . . Because that's, I mean, that's probably the biggest drawback of this whole situation, is that there's a little girl who is being affected by this every day and doesn't even realize it yet, so what's going to happen when she does? (Lucy, 21)

I can tell that it makes [younger sibling] upset and so he knows my brother acts different sometimes, but he doesn't know why. . . . That poor kid is going to be, like, scarred because he's seen my older brother, like, pin my dad up against a wall. (Roxy, 16)

[Sister has] influenced her daughter, because she's been really mean to me; [sister] would bully me and things, and her daughter has sort of taken on that trait. (John, 13)



Some participants from two-parent families directly linked their parents' distress around the sibling's addiction to divorce. Others described worrying about parents' stress leading to the possibility of divorce.

I don't want to blame his drug abuse for the divorce, but I definitely think it put a lot of stress on my parents' marriage, and so I told my brother when I was mad at him, "If you didn't smoke weed our parents would still be together," and I don't think that's true, but at the same time, I think it is a little bit true because having a son who did that, and then me, and if all of that didn't happen my parents wouldn't have been so stressed and they'd have had more time to focus on themselves and it would be a lot different. (Roxy, 16)

They argue about it a lot. It's gotten to the point where there's a lot of yelling and everything. So, there's moments where it's like, well, this could end the marriage, but it possibly couldn't. (John, 14)

I hope my parents don't get a divorce. (Sam, 14)

The concept of the addicted sibling as damaging to the family unit also extended to the participants' frustration with siblings' disregard for the rules of the family home or disrespecting their parents.

My brother will bring friends over and they'll like smoke pot on our back porch and my dad like tries to stop it and stuff, but my brother is so stubborn and it makes it difficult." (Roxy, 16)

When [our parents] were gone, she would have her friends come over, and they would hot box her room or something like that. They would just do stupid things like that. (John, 14)

My sister kind of disobeys my mom sometimes. I mean, it's not like I think I don't, but like, she would sneak out of the house before, and she's not allowed to have boys in her room, and just did that a ton. . . I mean, she'll have friends over, I think one time she had a friend over and he was just high at our house, and I was like, "Whoa." (Adam, 13)

The majority of participants described various ways in which their siblings became burdensome to the family, whether by remaining dependent and unable to care for themselves, or by refusing to change. Siblings were viewed as a drain on their family's resources. These

burdensome qualities then negatively impacted family functioning by increasing conflict and tension between the participants and members of the family.

He can't keep a job for his life. He can always get a job. It's like an amazing skill of his. He can get a job regardless, like, he doesn't even have to bring any papers to the interview. . . but, I mean, generally he'll end up quitting a job within, like, a few months. He'll always find something wrong with it, but realistically it's because he doesn't want to wake himself up in the morning after he just got shitfaced. Pardon my language. (Lucy, 21)

He has job interviews coming up. So that's good. I'm kind of worried he's going to mess that up with substance use though and that worries me a lot. 'Cause he was talking about trying to "flush it all out of his system" before he had his first job interview and that terrified me. I was like, okay, well if you're like that the rest of your life, you're not going to go very far. (Sam, 14)

She wouldn't do anything. She would just stay in the house. She would lock herself in the room. Just—she would keep her daughter in there with her. She would never go do anything. It was just—she wouldn't help around the house or anything like that. (John, 14)

[Brother] got to the point where he was 18, still living at home, well he still lives at home, and so [parents] couldn't do much either about it and, like, if they kicked him out, he would still, like, abuse drugs and so they were kind of stuck. (Roxy, 16)

I expect when you turn into an adult, you should be able to keep your stuff together, figure out your own life, instead of depending on—like a child on your parents and stuff like that. . . . We've had to pay for things, we've had to stop working and go to things for her, or spend money to visit her, or stuff like that. So, it would be a lot smoother if she just would get her stuff together and, I guess get a life. (John, 14)

***Experience of the self in the family context.*** The ways in which families respond to a member's incapacitation resulted in a restructuring of the family hierarchy. Participants described responding to the effects of addiction on the family by taking on new roles or ways of being in the family home. Some siblings took on roles such as protector of other family members, while others focused on protecting their sibling.

I would try to make [my parents] happier, but I don't know how much I can make them happier. . . I will try to get something going with my mom, my dad, like go to [city] or something, I would spend a day there. (John, 14)

With my brother, I try to keep myself as close as possible, because I want to monitor his behavior and I feel like there's something I can do, even though I know that there's realistically not. I try to keep myself as close as I possibly can to him to make sure that I know what's going on. (Lucy, 21)

In line with Lucy's monitoring, other participants found themselves behaving like detectives uncovering a sibling's active substance abuse. Just as addiction generates goal-oriented behaviors toward substance consumption, siblings of addicts described engaging in goal-oriented behaviors toward keeping themselves aware of whether their sibling was using.

There was a stash of weed in his underwear drawer (laughs), so classic, and I checked that to see if there was more and more going away from it, and there always was, and there was a bong in his safe, and I just wanted to see if he was still doing it. (Sam, 14)

People who are addicted, even not just drugs, just anything you're not really allowed to do, you just get smarter about how to do it. I mean, she could do it right when she goes to school in the morning. I remember sometimes we would get a phone call that would be like, "Your child was absent during sixth period," so she could skip class, 'cause then she knew that by the time she got home it would have worn off. (Adam, 13)

Participants described the ways in which they became critical of their parents' approach to their siblings' addictions. Many viewed themselves as powerless, yet holding a clearer perspective on the situation than their parents, whom they described as ineffective or enabling in managing their sibling.

You're the one who's carrying everything and you're kind of like, "why aren't [parents] doing it this way?" You're just taking everything in and you can't do anything. You're just sort of walking around holding it. (Lucy, 21)

[My dad] wants to help my brother, but he's the type of person who has these great ideas and he wants to help things, but he never follows through. So, he always wants to help my brother and do things to help him, but he never ends up following through, and he means well. (Roxy, 16)

The thing is that [sister] did so much, she would yell, she would do everything to make it bad on people. Make it bad on us. And our parents just turn around and help her and support her. It's—I wouldn't do it. She would have to dig herself out of that hole she made instead of us digging her out for her. . . . I'm not a person of authority in my house, so I don't get to make that decision. (John, 14)

I would, well, it sounds kind of creepy, but, I wouldn't check his room, but I'd scan it. Because he keeps tequila in his room and I don't like that either. 'Cause [parents] could be like, "That's dumb," but then they could get really worried about it, and when I was young, there was a blunt in his sink, I remember that, and I would just check over that to make sure that's not happening. (Sam, 14)

Consequently, disagreements on how to manage a sibling's substance abuse problem became a source of conflict and frustration between the affected siblings, their substance-abusing siblings, and their parents.

[Parents] are just apologizing and apologizing. They're like, "It's okay, [sister]," and are forgiving her and forgiving her, and I'm not going to forgive her anymore because she's affected me emotionally and made me not like her as a human being because of what she's done. (John, 14)

[My mother] doesn't take it as her responsibility, and that really bugs me, because I feel like as his mom, she should at least try to help him a little bit as opposed to saying, "Well, you're just fucking up, I'm not going to do anything." It makes me really angry with her, it really does. (Lucy, 21)

In contrast, Adam described his mother as a resource for support, viewing her as aware of the extent of his sister's substance use. Unlike the others interviewed, Adam expressed faith in his mother's approach to managing his sibling's alcohol abuse, and perceived her as in control of the situation. This, in turn, appeared to maintain a close relationship with not only his mother, but his sister as well. His description also suggested this relationship helped him manage the anxieties and frustrations with family that were expressed by the previous participants.

It's not like I have the mom that doesn't care or isn't there a ton. I'm really lucky to have a mom that is on top of everything and, especially being a single mother that works, you know, she's so good and I can't believe she hasn't gone crazy because we were really weird little kids and we did crazy things (laughs). I know she's always going to help us and she always is going to make it okay. I know that, since it's my mom, my sister will definitely get over this. (Adam, 13)

***Familial relationships affected.*** Additional impacts of addiction on the family included the relationships between the participants and their parents and the participants and their siblings.

Relationships were described by some participants as having been strengthened or strained in response to a sibling's substance abuse problem.

*Relationships with parents.* Relationships with parents were described as strained in ways that were related to a sibling's substance abuse. For example, some participants did not want to discuss their sibling's substance abuse with their parents or provide information to their parents.

That's one of my mom's problems is that she always thinks that I'm looking for advice, but I'm just like, "Mom, I just can't handle this right now, can you just listen?" (Lucy, 21)

[Parents] ask me if I know anything because my brother and I are really close so they ask me if I know if he's smoked or drank a lot lately. . . . I really feel like I'm not supposed to tell them anything, it's like a snitch kind of. I hate that word, but like a snitch. (Sam, 14)

Others perceived an inequitable distribution of parental attention as a result of their siblings' problems and needs, placing further strain on their relationship with their parents.

I would say to [parents], "Stop focusing so much on what [sister] is doing and start focusing on what her daughter's doing and what I'm doing and what your other kids are doing, and start enjoying things instead of being so worried about what [sister] is doing, because that's her problem. (John, 14)

I think since all the attention was revolving around my older brother, because he was like going crazy, well, I've always had depression, but I think it came out more going into high school, because I went from a private school to a public school and so there was lots of big changes, so I think I was looking for attention in bad ways. I think everyone goes through phases where they want attention and I kind of took mine to an extreme. I just did stupid things for attention. (Roxy, 16)

I think they were most definitely more focused on [brother] most of the time. . . I didn't really understand what was going on for the most part so I kind of hated it because I thought they loved him more than me or something, when really they were just trying to fix whatever was going on for him. (Sam, 14)

A few participants discussed their relationships with their parents as having been strengthened in the face of a sibling's addiction.

I think the only thing with my dad that has changed is that he's actually stepped up and taken care of [brother's] daughter. So, that's been a huge personality shift for him, actually, now that I think about that. . . I think I'm eventually going to end up being closer

with my dad. I think that my dad is going to honestly grow a lot as far as taking care of my niece. (Lucy, 21)

[My mom] always asks me about how I feel, and sometimes I'll just go talk to her. I mean, our family's close, even through this, you know. Like, how I talk to my mom. My sister talks to my mom. My mom talks to us sometimes. So it's not like there's no one to talk to and she saw my grades and she was like, "Hey, you're slipping," and she figured out [stress associated with sister] was why, but, now we made plans. We're working on it more. When I go back in 8th grade I'll definitely be ready to be a student again. (Adam, 13)

*Relationships with siblings.* Participants talked about several ways in which their sibling's substance abuse problem impacted their relationships; some described their relationships as having been strained by insecurity, disappointment, and betrayal of trust.

I was really disappointed at first and then as I saw him kind of try to grow out of it, he failed multiple times, but he's like, done it now, so I'm proud of him, but I'm also really disappointed that he went down that path. And upset about it. (Sam, 14)

My [oldest brother] I definitely distanced myself from him, just 'cause I'm so mad at him for the fact that he has this beautiful 6-year-old daughter that he's never around. I've kind of distanced myself from him. (Lucy, 21)

It's like, he won't apologize. And I'm like, I don't just want an apology from him, but he's, like—the things that he's done, he's been, like, super out of place and rude. And then he kind of texted me today, and he's, like, acting like we're best friends again. And he, like, doesn't see how his extreme behaviors are affecting me and it's making it really difficult to be around him. (Roxy, 16)

I don't see a role for me in her future. I don't want her in my future. I want nothing to do with her anymore. She's a negative effect. . . . She's aware of it, and yet she has done nothing to fix it. (John, 14)

It's just scary to even think about, because she would always tell me, "Never drink," and stuff. Actually finding out that someone that seems so far away from it was so highly into it, was just surprising and upsetting. (Adam, 13)

I can't trust things he says, and he does like sketchy things. Or like—I think cause his brain's just kind of fried—he'll just do things like bail on plans or like invite people over when we're supposed to hang out. I can't really blame him, but it's irritating and hard to be around him and like I want to hang out with him, but our relationship. (Roxy, 16)

Issues of trust and betrayal were consistently described in narratives of the majority of participants. These early experiences of betrayal were described by the participants as being particularly damaging.

I went upstairs to take a nap and I came back downstairs and almost a whole bottle of liquor was gone. There's been—like, a month and a half ago, or two months ago, he stole, like, twenty dollars from me. I mean, he's stolen, recently, 200 dollars from his now-ex-girlfriend as of yesterday. So, it's definitely made, me, I mean, I don't trust him. I don't trust him at all. (Lucy, 21)

We would visit [sister in rehab centers], do things like that. We would go down, visit, take her to lunch, do all that stuff. We would do arts and crafts and everything. . . . The first two weeks weren't good. Then I started to feel up to it. But now, I'm regretting going, because now she's just turned around and back stabbed me [by relapsing]. (John, 14)

It's hard and like I'll trust him with things and then he'll do crazy things. And like not having a relationship with him makes it difficult to have relationships with other people because you put all your trust into someone and they betray you. I have major trust issues. And I don't think he's helped. (Roxy, 16)

One day she didn't come home, and then when she came home, she just fell asleep right on the couch, and she was just out for like an hour, and yeah, she was drinking. It's like, "I can't believe that this is happening." (Adam, 13)

Other participants said their relationship was strengthened in the face of addiction, either by their sibling's eventual sobriety or the hope of a stronger relationship when their sibling becomes sober.

We're a lot closer now. He talks to me about stuff like this. He hangs out with his family more. (Sam, 14)

[Sister's substance abuse] is still, of course, a thought, but when we're not talking about it, we're still doing things we do for each other. We both really like the same music, so we would sometimes just listen to music together and relax and have fun and play with our cat and just, you know, spend time with each other because she's like my best friend. (Adam, 13)

**Impact: Social.** Participants were asked whether they felt they experienced any effects of a sibling's substance abuse problems within the larger social context. Participants identified impacts they felt in the broader community as well as interpersonally.

*Affected in the community.* Participants discussed differences in what the everyday experience is like for them as well as how they feel it impacts their behavior, with regard to socializing and building relationships with others, and engaging in everyday activities.

*Living in the Addict's Shadow.* The effects of a sibling's substance abuse were not only felt within the home and family context. Many of the participants also shared a social arena, mutual friends, neighborhoods, and schools with their siblings, which often left them in the position of dealing with the consequences of their sibling's public reputation. This came in the form of negative associations as well as overhearing rumors or stories about their sibling's actions. For example, some participants described finding out about a sibling's whereabouts, dangerous behaviors, or jail sentencing through the shared community.

It's kind of weird just hearing other people talk about my brother in such a terrible way, because people aren't particularly modest about it when he screwed them over because he screwed a lot of people over. So, I would hear some people who were like, "Yeah, screw that guy, he's a dirt bag," and then I'd hear some people who were like, "You know I love your brother, but he's got some serious issues," you know? So, it just depends. There would be different people saying different things about him. But a lot of people knew him. . . . They all just knew who he was, and then one of my friends, one of my good friends, actually, my brother was actually living with him for a while, and I didn't realize that until way after the fact that we were friends, and he was like, "yeah, your brother used to live with me." (Lucy, 21)

Everyone kind of knows my brother is like a pothead. Everyone knows him and that he's just a druggie. (Roxy, 16)

I'm sort of awkward just going into places. People that you don't really know knowing about it. Like, my mom's friends that I don't even know would be like, "So how's your sister doing?" And I'd be like, "I don't know, she—I don't really want to talk about it, so thanks for bringing it up." (John, 14)



In addition, some participants described the ways in which their siblings' actions or reputations had negatively affected their own standing by creating assumptions about their character.

I want [parents] to be able to trust me. I've always taken after my brother in everything he does and I feel like they think I'm just going to do the same thing. (Sam, 14)

There's expectations from people thinking that since she did drugs, I probably might do drugs. (John, 14)

Participants said their own activities or behaviors were affected in the community. Some described avoiding people, places, or responsibilities in the community in response to their sibling's addiction.

There's a lot of druggies at my school and around them I'm just like, "Oh no!" I just don't like them. . . . At night, I don't like it at all because I feel like that's more likely a time people will get in a car accident, I don't know why—probably because that's when [brother] got in his car accident. I'm anxious about being in a car twenty-four seven. (Sam, 14)

I just didn't hang out with as many friends as I usually do, and sometimes I wouldn't really care about schoolwork. Now that I realize what I really did, you know, in 8th grade, I'll be back and alive and I'll care more about school, because it really matters. I was doing really well but then, all of a sudden, this crazy thing happened and I just was like, "Why do I have to worry about school? It's not even high school, it doesn't matter," but it does. I remember I didn't do my homework for months because I was just like, I can't deal with this." But that was not the right choice. (Adam, 13)

I guess you could say I try to avoid [places in community where substances are used], but if I have mutual friends there, it doesn't really as much bother me, because it's the other people that I don't have to worry about. As long as it's not my close friends I'm fine with it. (John, 14)

***Affected interpersonal relationships in the community.*** Other social impacts described by participants included peer relationships. Some saw ways in which their sibling's substance abuse had affected them and their reactivity around drugs. Some noted their friendships were strained by preoccupations with their sibling or substance use in general.

I get really, like, weird around it if [friends] talk about using drugs or if they've done stuff like that and if they do like smoke or drink, then I get super mad at them. . . . I calm

down about it pretty quick, but it is not good at all that that happens all the time. . . I feel super uptight about it. (Sam, 14)

Well I always think about my brother and I'm always worried. And I end up talking about my brother all the time. I don't blame people. Not everyone wants to hear it. That's understandable, but it's always on my mind, so it kind of, like, consumes my life. Like, the majority of things I do, it ends up going back to my brother and I'll worry about him or how things relate to him. (Roxy, 16)

Anxiety about loss resurfaced in discussions of peer relationships. In Sam's case, she worried whether her reactivity around drugs and alcohol would cause her to lose friendships.

I feel like my friends are gonna stop liking me because I'm so strict about [substance use] because that's a trait that I just can't handle and I feel like they're just going to choose substances over me now, and that's kind of, ugh, hard. (Sam, 14)

Because of the stigma associated with substance abuse, many family members follow the code of silence, described by Craig (2010), wherein they do not share their experiences with people outside of the family. Some participants described feeling isolated from friends because of a lack of understanding or the difficulty others had relating to their experience. Some participants also worried about the harmful repercussions that might follow their revealing a sibling's addiction to members of the shared community. Ultimately the participants' experience of connectedness with others was negatively impacted by having a substance-abusing sibling.

My boyfriend, he knew, too, like, again, everybody knows everybody. So, I think the only thing that we struggle with is that he's never really experienced anything like that, I don't think, at least not so directly in his face. So, that's probably it. Other than that, it's hard for him to relate, I guess. . . . I just kind of stopped talking about it [within the community]. I just kind of let it go. . . . I try not to talk about it with people who don't know [brother] very well, or even people—because we have friends that are very similar, like I said before, and some of those friends don't particularly like him, so I don't like to talk about that kind of stuff. I try to just sweep it under the rug, at least for the time being, until I can talk to somebody about it who actually knows. (Lucy, 21)

I don't talk about it very much. I guess I just, it's kind of an emotional thing for me I guess, so I don't usually tell just friends about it, but if I get really close to someone I might talk to them about it, because sometimes I'll end up crying and I don't like crying in front of people I don't really know. I guess the uptight thing too because when I talk about it the uptight protective part comes out. . . . Some of [my friends] are just kind of

‘whatever, I don’t really care,’ but then I have one very good friend who really understands and she’s not doing that. . . . It’s kind of hard to find someone who really understands where you’re coming from, and she does. So, it’s really nice. (Sam, 14)

I feel like I don’t have many friends that I can relate to. I guess that’s good because I wouldn’t want anyone else to feel how I feel sometimes (laughs). (Roxy, 16)

I want to keep it like a family matter, because I don’t want to make others do the same thing I don’t want to do. If I don’t want to [talk about sibling], I don’t want to do it to other people. (John, 14)

I don’t want to accidentally tell someone who goes to her school or tell a friend that’s going to tell other people and make fun of her about it, or just anything like that. You really have to be careful and cautious about stuff like that. (Adam, 13)

### **Coping with a Sibling’s Addiction**

The *Coping* super-ordinate theme captures participants’ descriptions of ways they respond to and manage the impact of a sibling’s addiction, particularly in a home environment with caretakers that are heavily preoccupied with a child’s addiction. The theme is organized into two categories, *Seeking Stability* and *Trying Different Strategies*; these entail forms of coping in which stability is sought in the community, as well as the participants’ opinions on the most and least effective coping strategies used.

**Seeking stability.** The majority of this study’s participants, as well as those in the research of Craig (2010) and Barnard (2005, 2007), described chaotic home environments, with an absence of role models to help them manage their emotional responses to their sibling’s substance abuse. Furthermore, because of the resulting strains placed on the relationship between the affected siblings and their parents, stability was often unavailable in the home environment. Therefore, support was frequently sought out through external resources, either in relationships with non-family members or community resources.

**Accessing resources in the community.** The majority of the participants sought stability outside the family system and provided details about their engagement in resources such as

counseling or support groups. Some saw individual counselors, though none of the participants said they began treatment specifically to help them cope with the impact of their sibling's substance abuse. Half of those that saw individual counselors found it helpful to talk about their sibling, while the other half suggested the topic was less frequently discussed in therapy.

I have had therapy and psychologists that I talk to. Doctors. . . . I never really went too into detail with it, so I don't, and, I mean, when I did that I was younger and I didn't realize the extent of the issue. So, I mean, I really wasn't able to process and kind of be mature about it, I guess, until I got a little bit older, until after he got out of prison. (Lucy, 21)

Sometimes I talk to my therapist about it. (Sam, 14)

I don't see my counselors too often and I wish I could see them more often because they were helpful, but it's expensive. (Roxy, 16)

I think the therapist is just really nice. My mom's been there, too, so it's just like, when I came at first, I didn't want to talk to him about my feelings, but it's more relaxing when you talk to someone that you don't know at all about something. It's weird, because you think you want to tell people that you know, but for some weird reason, it's so much more just telling a random person, especially because they don't know [sibling] and they're not going to judge the people. . . . My therapist hasn't said, "Do you think your sister is just, like, this drug person?" It's just been kind of nice to talk to someone that I feel like cares. (Adam, 13)

Other resources accessed less frequently by the participants included peer support groups and teen hotlines.

I was in an Al Anon group, and that really helped. I did that for, like, a year and a half. A lot of them were my friends, too, and I became friends with a lot of people through there. It was really awesome to have people my age who could relate. . . . So being in that support group I think really, really helped me. (Lucy, 21)

***Establishing an alternative family.*** An additional, commonly utilized method of managing the stressors and confusion surrounding a substance-abusing sibling came in the form of the young participants identifying other adults, extended family members, and peers as people they rely on for support, essentially cultivating surrogate families.

I have, quote-unquote, a mom here, my best friend's mom, and her mom's girlfriend. And I'm closer to both of them than I am to either of my parents. (Lucy, 21)

I've lived next to [neighbors] my whole life, so she's kind of like a second mom. She's my friend's mom, so, since my mother's not always there, she's kind of like the motherly figure I have in my life right now. And she sees how my brother is because she lives next door. She's pretty helpful. . . . And even if I just need someone to vent to, because I don't always want to do that to my friends. So, she's always been there and her husband, he also helps, like he'll talk to my brother. (Roxy, 16)

I don't think [my sister's addiction] affects [my older siblings] as much because they're not close. They don't live close to us. One of my sisters lives in [U.S. state], and my other sister lives in, I forgot the city, but it's near [city]. . . . They visit when they get the chance. I am closer to them than I am with the other sister at the moment. (John, 14)

**Strategies and their effectiveness.** The participants in this study identified several other methods of coping tried, outside of those typically recommended resources and services for young people experiencing distress. They also shared which of those they found to be the most and least helpful.

***Most effective.*** Participants identified talking with others and spending time with friends as most helpful. Some also said their hobbies such as sports, creative writing, or listening to music provided a healthy outlet to relieve stress.

***Talking to others.*** Participants noted their ability to talk, not only with friends and neighbors, but also with coaches, youth pastors, and teachers was helpful in managing emotions related to their siblings.

I think just talking about it with people has probably been the best way to deal with it. (Lucy, 21)

Having someone to talk to, like my neighbors. I don't know if it's the most helpful, but it's been very helpful. It's helped me because they always tell me it's not my job to take care of my family and I do need to remember that more. (Roxy, 16)

More specifically, participants reported that talking to others who have had personal experience with the effects of substance abuse provided greater support, as it offered reassurance and advice that was more generative in their development of coping strategies.

My best friend, her mom, I mean her and her mom, together, because her mom has been clean for three years now, and her mom's girlfriend has been clean for, like, ten years, so, having them be able to give me advice and kind of back up and, like, tell me, you know, like, "It's not your fault. There's nothing that you can do." I think that's really helped a lot. And then having my best friend [name], who has experienced people in her life, because, her mom and then her other mom. . . both of them were really bad alcoholics and at least her blood mom, her bio mom, was really bad into, like, drugs. So, having someone that I can actually talk to about these things, and she could also reassure me that, you know, like, it's not my fault, and just be there to give me advice, that whole family, like, really helped a lot as far as knowing what to do and what not to do and how to feel about it. (Lucy, 21)

I had one teacher that I talked to about it. She had a son that was a substance user, so she tried to help guide me through it and make me realize that it was going to be okay eventually. . . . One of my youth pastors I used to talk to about it because he used to be a substance abuser, so he talked about it because he knew my brother, too. Coming from someone who had been through it and had known my brother when he was going through it specifically, that kind of helped and he kind of explained what was going on with my brother more. (Sam, 14)

I had a gymnastics coach I talked to because she used to work in a mental hospital so she was very helpful. (Roxy, 16)

My other friend, her sister is actually doing the same thing, so sometimes if something happens she'll just be like, "Hey, this happened," and we can relate to each other, and actually one more friend, he's also just a really, really good friend and he just kind of says, "Hey, can we talk?" and I'll talk. I mean, there's definitely friends that you talk about your feelings and spend a lot of time with them, but you're not like, "Hey, this, this, this," you know, about [sister]. But it's cool that there are three people I can go to about that. (Adam, 13)

*Spending time with friends.* Although many participants identified talking with friends as helpful, some participants specifically pointed to spending time with friends, but not discussing their sibling, was an effective coping strategy.

Most helpful would probably be me just hanging out with my friend [name] or my other friend [name] because he's older, 18 or 20, and he's going to have a successful life because he will have a successful business and everything like that from what I can tell. (John, 14)

Just hobbies and friends. . . . I've been spending time with friends and enjoying finding new things to do. (Adam, 13)

Time spent with friends outside the home also offered respite from the home environment and allowed affected siblings to escape their family troubles.

I was trying to make myself be somewhere else, because she was having a negative effect on me. That's how I got close with a lot of my friends, because I would be trying to avoid her, and I would go over to their houses, or something like that. (John, 14)

If my brother or dad comes home drunk or something, then I just don't want to be there anymore, and sometimes I do just walk out of the house now because I'm old enough now. . . . Usually I walk to a friend's house, so I can just kind of have a distraction. (Sam, 14)

***Least effective.*** The participants provided a range of responses when asked what they had found to be the least helpful way to cope with the stressors caused by having a sibling with a substance abuse problem.

Now that I look back on it, self-harm was definitely the least helpful. (Sam, 14)

Turning to drugs or self-harming. If I would cut, my brother would get mad at me and then he'd get upset and do drugs. So that clearly does not help. And me doing drugs, if I was going to just sit in bed and smoke, I wouldn't get anything done. (Roxy, 16)

The least helpful is helping her. (John, 14)

Just ignoring [their addiction]. If I just push it aside, I'm always going to wonder if I don't try. (Lucy, 21)

I would say the least helpful was those one or two weeks that I just didn't care about school, didn't hang out with friends, I was just sort of like, "This is all stupid," you know. So, I guess, thinking about it when it's not the subject. When it is the subject, yeah, it's fine, but I don't want to be just standing there thinking, "What could my sister be doing now?" Because, that could be anything in the world. And you don't want to be wondering if it's happening." (Adam, 13)

### **What is it Like?: Shared Ways of Knowing, Being, and Seeing**

During the process of thematic identification and interpretation, a number of unexpected experiences and events surfaced that were described across the participants' narratives. These

were collected under the super-ordinate theme, *What is it Like?: Shared Ways of Knowing, Being, and Seeing*. During the interviews, the participants provided narratives in response to the semi-structured questions, which were guided by the available information in the literature review; therefore, it is both surprising and exciting that such similar narrative elements emerged in the research. The shared descriptions were interpreted as significant and uniquely important, since they offered additional insight into the very experience being studied: the phenomenon of growing up with a substance-abusing sibling in the family from the perspective of a sibling affected by a brother or sister's addiction.

**Shared ways of knowing.** The super-ordinate theme includes the shared experience of knowing or, rather, how the affected sibling came to know or learn about the extent of their sibling's addiction. Four of the five participants described this in detail, seemingly to demonstrate the rupture between a naïve time before the addiction and the world they came to know after. All five participants revealed they learned the severity of their sibling's addiction through a catastrophic event.

Christmas Eve I, it was always like me, [brother], and my mom's favorite holiday to spend together. I was really looking forward to seeing him, and we couldn't get a hold of him, so my mom's boyfriend at the time went over to his house to try to find him. He wasn't there. Then my mom got a call from the hospital saying they had had him in the hospital. (Lucy, 21)

I heard [parents] talking about it. He got in a car accident because he was drinking and then they were talking about him smoking weed at the same time. (Sam, 14)

Well he got in trouble at school and he was taken to the police station. (Roxy, 16)

I was at my friend's house for a little, the day before spring break for like an hour or two after school, and I got home and it was my aunt's birthday, so she was over, and we were just waiting for my sister to get home because she stays after school, I guess she talks to teachers and stuff, and my mom called and said [sister] was sick, so she had to go to the hospital. (Adam, 13)



Participants described feeling blindsided or shocked after the catastrophic event and then fearing for their sibling's life, safety, or future.

He was found on the side of the road. He almost died! And he had a .33 alcohol level. He was just passed out. Somebody had, like, beat him up, so his eye was swollen shut, his face was bleeding everywhere. We get to the hospital and he's just completely belligerent, doesn't know what's going on. That's kind of the first time I noticed that he had an alcohol problem. (Lucy, 21)

At the time, it was right before I went to go to a dance class and I went and I cried. I was so scared. I thought it was like a huge deal. And like at the time, it wasn't as big of a deal, [but] it has increased. It was bad and, like, I cried myself to sleep for like a couple nights. (Roxy, 16)

My aunt knew what was going on, and it turns out [sister] had severe alcohol poisoning, and she's not the biggest person, she's like my size but two years older, so, I mean, just a little alcohol can really hurt her. She could have died. She was like passed out in a friend's bathroom. It's just scary to even think about, because she would always tell me, "Never drink," and stuff. . . . Just knowing that she could have died was just so like, I mean I cried a lot because I found out it was happening at a point where everything was just good in my life, like I had all A's, and you know, just like, nothing really bad was going on, and then just this thing happened, and it all was just so shocking. It seemed like the last thing that would happen in the world. (Adam, 13)

The experience of surprise continued to occur beyond the initial catastrophic event; ongoing instances of being surprised by the extent of their siblings' actions and behaviors were present in all five of the participants' narratives.

Right after treatment, I started trusting her, again, and I started letting her back in my life and stuff like that, and she just turns around and relapses. (John, 14)

I had my meds in my room and he stole, like, fourteen [prescription medication pills] and he's done that, like, multiple times. Like, he'll just go in my room and steal things from me. (Roxy, 16)

I was thinking that she was doing a lot better and it wasn't as big of a deal as it was before. And I guess I didn't really understand how much my mom was pushing towards getting her into a rehab center and all that stuff. (Adam, 13)

**Shared ways of being.** The element of surprise appears to have contributed to the participants' shared experience of being on-guard regarding their siblings. The participants included similar descriptions of being suspicious or having expectations that their sibling will be

dishonest, relapse, or that their sibling's actions will somehow cause things in their world to go awry, impacting them and their families. The status of never knowing what the sibling might do next created a sense of unrest, which resulted in the affected siblings' need to be on-guard for confirmation of their suspicions.

You never know, because people who are addicted—even not just drugs, just anything you're not really allowed to do—you just get smarter about how to do it. . . . I think it's been about three weeks, but, I mean, (laughs) you never know. (Adam, 13)

If my mom was cleaning my brother's room, she would like say something about seeing something and I would just go back in to check over it and I don't even know why! I was so little, but I just went in and I was like, "I want to make sure that this is not here anymore," but it was always there, and I just went back in every time. (Sam, 14)

Participants described states of stress and anxiety caused by not knowing what would become of their sibling engaged in drug and alcohol use.

I don't know if I am going to wake up one morning and, like, get a call that my brother is dead. (Lucy, 21)

He has job interviews coming up. So that's good. I'm kind of worried he's going to mess that up with substance use though and that worries me a lot. (Sam, 14)

The fragility of a sibling's sobriety can also be a source of stress or anxiety for affected siblings. When describing his sister's engagement in treatment, Adam simultaneously demonstrated the challenge of returning to a state of normalcy, while not knowing whether his sister was still drinking.

I'm not a different person besides knowing. I'm just kind of me again in every way possible, except of course, you know, the thought or the fear that she could be using like, right now, or actually not right now, actually, maybe, but besides that thought, I'm just kind of still me.

Some participants expressed pessimism around their siblings' potential for sobriety, almost as if they were preparing to be disappointed, either by the siblings' imminent relapse or a refusal to try to get clean.

He recently has been clean from heroin for, like, thirty days. But once he stops doing heroin, he directly goes back to alcohol, and he starts drinking a lot. (Lucy, 21)

He's been sober for like a month at a time off and on and when he doesn't do drugs, like after withdrawals and stuff, it's pretty normal and everything kind of calms down. And then once he starts back up, everything gets crazy again. (Roxy, 16)

I know it's going to always pop up in the future, so it's not something I can just stop and forget about it. (John, 13)

But now I'm a little scared, because it's kind of scary that usually when [sister] would not come home I would just be like, "Oh, she was with a friend," or, "She was talking with a teacher after school," but now, the first thing that goes through my mind, and it's really sad, is: "She could be using." (Adam, 13)

**Shared ways of seeing.** Finally, participants distinctly described seeing their sibling as having been transformed by addiction.

I understand drug addicts in the sense that when you get to a certain point, it's almost not even your choice to be doing it anymore, and you're not that same person, and that's just what I think. (Lucy, 21)

He just spends all his money on drugs and spends his free time, instead of like playing the guitar, which, I love it when he plays the guitar, but basically, since freshman year, he hasn't played the guitar because his free time, it's made up of drug use, working, and sleeping. (Roxy, 16)

It's hard to like describe. I'll be thinking, "Is this the sister I knew when I was growing up?" (Adam, 13)

Descriptions included a sense that the sibling they knew had disappeared, leaving behind someone unrecognizable or a person who is only a remnant of who they were before the substance abuse.

A lot of the time he just ends up disappearing for years, and I'll hear about him, talk to him maybe once in a while. (Lucy, 21)

We were best friends. We did everything together. We were like always on bike rides and we used to BMX. It was great. It was like in a movie. And then, like, drugs. And then he went crazy. (Roxy, 16)

You grew up playing with your sibling and going places with them and then they just start doing [substances] and they're different. And they change a lot and it's just not the same anymore. (Sam, 14)

It's come to where I don't even recognize her as my family any more. I recognize her as a person who is in trouble, I guess. (John, 13)

My mom doesn't get home until like 6:00, so I could be home alone with someone that, even though it's my sister, someone that is under the influence or high or something like that. I don't want to be around that. I want to be around my normal sister, because usually we would come home, and we would just spend time with each other because we were really close. (Adam, 13)

### **Ways of Understanding**

Over the course of the interview, participants articulated ways in which the various impacts captured by the super-ordinate and sub-themes contributed to their processes of meaning-making around the phenomenon of addiction in the family. Participants described the phenomenon as akin to a puzzle with various explanations.

**Why it happened.** Participants appeared to explain the phenomenon by situating it contextually; in their explanations, they used empathy and blame, seeking reasonable causes for their siblings' addiction problems, or placing the blame on their siblings.

#### ***Empathy.***

[Brother's] dad had him doing drugs, like weed. Really smoking weed by the time he was, like, twelve. He was handing him alcohol when he was, like, ten. So, I mean, he's always kind of had a problem. I just never realized it and never knew. (Lucy, 21)

[Brother] wanted to be cool so he tried it at school and then, as my parents kind of grew apart, I think it made it worse. And then he turned to drugs for things. (Roxy, 16)

I think that's what happened. [Sister] found friends that were actually nice to her, but then they used and she didn't want to lose them, so she just kind of started. (Adam, 13)

#### ***Blame.***

[Older brother] is 27 years old and seriously never had a single job in his life, like, not a single job other than being a drug dealer, so I don't really see much for him. (Lucy, 21)

Well, she's choosing drugs over family. It's as simple as that. She's trying to, she's telling me that she doesn't care, she just wants to do her drugs and leave her alone, so if she wants to do that, I will let her do that. If she's an adult, she should be able to face the consequences and face them like an adult instead of having her parents or I do it for her. (John, 14)

When you're upset for a while you start doing nothing, but I guess that was kind of [sister's] escape. And that's another thing; she does have hobbies, but she doesn't sign-up for clubs. Like, I'm in a newspaper thing for school, I play three sports. (Adam, 13)

## Discussion

Five adolescents of varying ages, genders, and ethnicities were interviewed about the experience of having a sibling with a substance abuse problem. All five participants were able to clearly identify and articulate the ways in which the experience had directly impacted them in their personal, familial, and social lives. Although the participants had shared details of their situations with friends, trusted adults, or counselors, most reported they had not thought about or discussed what it meant to be an affected sibling prior to the interview. All provided a great amount of detail during the interviews, including the meanings they made from their unique experiences. Data analysis of the interviews found super-ordinate themes, which included *Impact* (personal, familial, and social), *Coping*, *Ways of Knowing*, *Being*, *Seeing*, and *Ways of Understanding*. Each participant was able to describe the ways in which they felt their sibling's addiction created emotional challenges, strained their familial relationships, and interfered with their engagement in the community. The participants also acknowledged that coping with the experience often involved seeking support outside of the family dynamic; reasons for seeking support outside the home included participants viewing their parents as enabling their substance-abusing sibling or unable to create change in the situation, or because participants did not want to create additional stress in their parents' lives by suggesting they were negatively impacted by the situation in the home environment. As the participants described their experiences, the impacts, the coping, the realizations, and the process of meaning making, it became clear that all five individuals identified they had been deeply affected by their siblings' addictions and were quite capable of articulating exactly how the phenomenon of a sibling's addiction created a profoundly disrupted coming-of-age experience, which included strains within familial relationships, grief

and loss, trauma, and a sense of isolation that highlighted the importance of connecting with others who share an understanding of the experience.

The Discussion section will encompass the dual interpretation process inherent to IPA, in which the content comprises the researcher's interpretation of the interpretations presented by the participants. In addition, the Discussion section draws connections between analysis and existing literature. When applicable, the findings of Craig (2010), Barnard (2005, 2007), Howard et al. (2010), Orford et al. (2010a), Bamberg et al. (2008), and Gregg and Toumbourou (2003), already presented in this study's literature review section, were used to support the findings and interpretations presented in this section.

With the exception of the data in the aforementioned studies, a dearth of research on siblings of substance abusers suggests an overall lack of concern about them as a population that is at-risk for developing the long-term consequences more often associated with being a parent or spouse of a substance abuser. Specifically, the lack of research on children and adolescent siblings of substance abusers perpetuates the dynamic of being overlooked within the family, while simultaneously overlooking the value of identifying these siblings as a population for whom development of early interventions would be a worthwhile endeavor in order to prevent the negative outcomes observed in adult siblings of substance abusers. This problem was identified in Barnard's (2007) interviews of general practitioners and social workers, which found that, in treating substance abuse in families, "The least likely member to attract the attention of service providers, or indeed the family support groups, was the brother or sister of the problem drug user" (p. 55). Keane (as cited in Barnard, 2007) observed, "The most common and damaging misunderstanding about drug dependency is that it only concerns the person using the drugs" (p. 9); the most important data cultivated in this study, evidenced in the statements

and anecdotes provided by the participants, were the multiple negative impacts a sibling's addiction has on the lives of affected siblings. Furthermore, participants in this study confirmed the findings of Barnard (2007) by citing a dearth of appropriate support options for affected siblings in the form of dedicated organizations or programs.

Notable to the researcher was that many of the negative impacts described by this study's participants were echoed in the statements made by participants in the studies of Craig (2010), Barnard (2005, 2007), Howard et al. (2010), Orford et al. (2010a), and Bamberg et al. (2008), suggesting that the adverse effects of a sibling's addiction experienced during adolescence may persist into adulthood, contributing to various complications and even dysfunction. Like affected family members (AFM), a label used most often to describe parents and spouses of substance abusers, affected siblings are a population with shared experiences that are unique to the sibling role. The participants in this study identified various adverse impacts their siblings' addictions have had on them and were able to connect these impacts with emotional, familial, and interpersonal dysfunction. In aggregate, this Discussion section will present the ways in which this study's data found growing up with a substance-abusing sibling creates profound and lasting impacts on the adolescent siblings in the home. As sixteen-year-old participant, Roxy, expressed: "The effects that drugs had on [my brother's] behavior were really emotionally damaging for me."

### **Emotional Impacts**

Emotional impacts included increased stress, worry, sadness, and anger. Participants' descriptions also revealed the unique experiences of trauma, grief, and loss that were shared across the narratives and can be found in the existing interviews of affected siblings in other studies.



**Stress and Anxiety.** Living in the home with a substance abuser means existing in a climate that shifts with the substance abusing individual's moods (Conyers, 2003). This certainly impacts the lives of those in the home and may cause individuals to live in a state of anticipatory anxiety, always waiting for the next shift. Living this way increased hypervigilance and led some participants to try to monitor or manage their siblings in efforts to maintain homeostasis in the home or to prevent themselves from being caught off-guard by a sibling's substance use. Participants in this study described worrying about their sibling's safety when they were not in the home and, when the substance abusing siblings were in the home, participants engaged in behaviors such as monitoring their siblings actions, tracking their siblings' locations by their schedules, scanning the sibling's appearance for evidence of substance use, searching through their siblings' belongings to determine whether they had brought drugs into the home, and suggesting ways in which their parents should respond to their siblings. All of these behaviors were motivated by the stress and anxiety participants incurred as a result of living in the home with their substance-abusing siblings.

Participants described feeling worried, afraid, overwhelmed, and helpless. Fear and worry for a sibling's safety often contributed to an increased amount of anxious distress for the participants in this study. Conyers (2003), described a process wherein affected family members may become "addicted to the addict . . . [engaging in] denial, obsession with the addict, and compulsion to control the addict, often resulting in emotional and physical illness" (p. 68). Participants in this study described implementing methods of monitoring their siblings' behaviors, in an effort to prevent substance use. Both Lucy and Roxy expressed taking on monitoring roles, while younger participants, Sam and Adam engaged in detective work, such as searching a sibling's room or identifying clues that indicated a sibling had been using. Despite

efforts to intervene, the cycle of addiction brings ongoing stress for affected siblings because, as Howard et al. (2010) explained, “Whether one tries to change the addict, obsesses with worry about the addict, or turns the other way . . . . a sibling is never ‘free’ from the addiction” (p. 468).

***Stuckness.*** The ongoing and cyclical nature of addiction, from sobriety to relapse, appeared to contribute to participants’ stress and anxiety through what Craig (2010) called a theme of *stuckness* in affected siblings’ lives; stuckness was described as a feeling that the addiction is, as one Craig (2010) participant explained, “going on and on; like it will never end” (p. 107). These same fears were presented by the sibling participants in the Howard et al. (2010) study, one of whom expressed: “I felt fearful [sibling] would never change, which meant I would always be affected by his addiction” (p. 469). Statements from the present study’s participants revealed a similar reality wherein sobriety was a brittle or temporary state and relapse was often inevitable:

It’s just sort of weird because you can have all these days of her being fine and then one day, all of a sudden, it’s like, “wow, she used.” (Adam, 13)

I’ve disconnected her from my life because I don’t want to deal with it anymore because I know it’s going to always pop up in the future. So, it’s not something I can just stop and forget about. It’s always going to be there. (John, 14)

I start thinking a lot on, you know, “he’s never going to get sober, there’s no point in trying to help because he’s always going to be a drug addict.” (Lucy, 21)

When he doesn’t do drugs, like after withdrawals and stuff, it’s pretty normal and everything kind of calms down. And then once he starts back up, everything gets crazy again. (Roxy, 16)

To share one’s world with a person addicted to substances is to live in a state of constant unpredictability; living in this stressed state significantly contributed to affected family members’ emotional and physical illnesses, as described by Conyers (2003) and reported by this study’s participants. Rumination on fears about a sibling’s safety can be seen throughout the

interviews in Howard et al. (2010), Craig (2010), and, as described by one sibling participant in Barnard (2007), who explained,

I always think about it. There was never a night when I went to my bed when I didn't think about them, one away full on it [drugs], what could happen, if he would overdose and be found somewhere. (p. 37)

In the present study, Lucy (21) explained a strikingly similar anxiety, "I don't know if I am going to wake up one morning and, like, get a call that my brother is dead. So, it's a lot of stress. It's a lot of worry." This worry can quickly shift to fear, as she went on to explain, "I start getting really emotional and then, like, I'm like, 'Oh my god, I'm going to have to bury my brother soon.'" According to Barnard (2005), "Most commonly the siblings in this study spoke of an anxiety that their brother or sister would overdose from drugs" (p. 22). This reality was presented by all of the participants in this study.

***Fearing the worst.*** Fear about a sibling's possible death from an overdose or other drug-related accident was a constant presence for participants, especially for those siblings who discovered the extent of the addiction via a catastrophic event; for example, when reflecting on his sister's visit to the emergency room for alcohol poisoning, Adam (13) said, "Just a little alcohol can really hurt her. She could have died." John (14) said, "I know that if she doesn't stop, she could possibly die from it. I've known she's O.D.'d [overdosed] before." Lucy (21), described the world of danger surrounding her brother in the wake of his years spent addicted to drugs:

Even now, if somebody wanted to, if somebody knew where he was, they could go shoot him, he could die from a heroin overdose, he could get in a car crash because he thinks it's okay to drive at the same time. You know, I'm constantly having to worry about it and it's overwhelming.

In Barnard's (2005) interviews of affected siblings living in the United Kingdom, participants expressed similar fears for their substance-abusing siblings' well-being. For

example, Barnard explained, “When [substance-abusing siblings] disappeared for periods of time there would be anxiety that something had happened to them” (pp. 21-22). One of Barnard’s participants said, “Of course, you’re feart [*sic*] if they go out and doesn’t come back the night, it’s like, ‘where is he, where is he?’ Like now” (p. 22). The inclusion of that final phrase, “Like now,” exemplifies the ongoing disquiet and anxiety experienced in the minds of affected siblings worried about the ever-present threat of catastrophe, whether it is relapse, an accident, suicide, or disappearing for prolonged periods of time. This sentiment can be seen in the present study’s participant, Adam (13), who, in trying to describe his ability to maintain a strong sense of self in the midst of his sister’s alcohol addiction, echoed the same disquiet and persistent anxiety in the previous quote:

I’m not a different person besides knowing. I’m just kind of me again in every way possible, except of course, you know, the thought or the fear that she could be using like, right now, or, actually, not right now, actually, maybe.

The ongoing nature of addiction can turn feelings of stuckness into feelings of helplessness or hopelessness that their sibling will recover. According to Barnard (2005), “The powerlessness of their position as siblings to alter things was also a theme in these interviews. Many siblings felt like helpless spectators in the unfolding drama of their brother’s or sister’s lives” (p. 22). Participants in the present study attempted to gain control over this stuckness by becoming hypervigilant, eavesdropping, and scanning their siblings for evidence of substance use. The findings suggested that participants being unable to stop their siblings’ drug use increased suspiciousness and hypervigilance. Efforts to monitor appeared to become second nature to most of the participants, who struggled to cease the monitoring or detective behaviors even when they knew they were unhelpful habits. Such behaviors seemed to mitigate the ultimate fears of losing their sibling to addiction entirely. These behaviors also appeared to

prevent the possibility of ever being shocked again by a catastrophic event involving their siblings' substance use. This was especially consistent in the narratives of participants who had been exposed to addiction for longer periods, where monitoring a substance abusing sibling also protected affected siblings from being surprised and disappointed by an anticipated relapse.

**Sadness.** The devastation experienced by family members of substance abusers is well expressed by Conyers (2003) in her text, *Addict in the Family*:

Addiction cuts deep into the fabric of family relationships. Trust is broken. Expectations are shattered. The accumulation of worry, disappointment, and heartache takes its toll. It is not uncommon for family members to wonder if they will ever be capable of experiencing happiness again. (p. 139)

Participants in the present study acknowledged feelings of sadness were frequently associated with disappointment in their sibling, hopelessness, familial disruption, and, again, stuckness. According to Barnard (2005), "Siblings clearly are negatively affected by the experience of having a brother or sister with a drug problem, both because it impacts the family and its functioning and because of the loss of a valued relationship" (p. 44). Unlike adults, who have the ability to remove themselves from negative situations, adolescents sharing a home with a substance-abusing sibling are less able to escape the day-to-day drama of addiction in the family home. As one adult participant in the Howard et al. (2010) case study said, "Lucky for me I don't have to see it often. Twice a year for a few weeks I witness what I try to ignore for the rest of the year. It hurts too much to watch" (p. 469). Participants in the present study expressed a desire to depart from the home environment, whether by choosing to spend more time with friends, go for walks outside the home, or, in 16-year-old Roxy's case, seeking emancipation in order to escape the chaotic home environment caused by her brother's addiction and her parents' inability to manage his extreme behaviors.

According to Craig (2010), “Negative emotions were especially troublesome for participants who tended to internalize what they were experiencing or if the emotions were invalidated by family members” (p. 154). All participants in the present study, with the exception of Adam, said they did not share their feelings with their parents or expressed feeling invalidated by their parents when they shared their feelings. This was consistent with one of Gregg and Toumbourou’s (2003) participant’s explanation that support for their feelings cannot be sought in the home “because parents don’t want to talk about it” (p. 316). The prolonged exposure to having an addict in the family also appeared to contribute to negative feelings, specifically, sadness. For example, when reflecting on the emotional impacts of her brother’s addiction, which began with his catastrophic car accident, Sam (14) suggested that if her brother had not had a substance abuse problem:

I think I’d be a lot less depressed most of the time because other stuff has happened, but I think the car accident and all that drama that went on for a long time was more of an impact on me. If that wasn’t there, then I wouldn’t be so hard on myself about everything.

For affected siblings, stuckness also contributed to feelings of sadness because of the constant exposure to a loved one’s deterioration. According to Howard et al. (2010), “If a friend is an addict, it is possible to eventually cut that person out of your life. When the addict is your sibling, this is not possible” (p. 476). John (14) said living with his sister’s addiction contributed to his feeling sad and losing interest in things he had previously enjoyed. He explained, “It sucks, I guess. You just have to chug through it, though. You have to work through it. I mean, there’s not much I can do to get rid of that.”

**Loss.** All five participants described a profound experience of loss characterized by a dissolving of idealized ways of being in the family and with their sibling. In their respective research, Barnard (2007), Howard et al. (2010), and Craig (2010) also described siblings’

accounts of loss. According to Brabandt and Martof (as cited in Craig, 2010), “When unresolved or exaggerated, this sense of loss can manifest as anxiety, behavioral issues, substance abuse, eating disorders, depression, and relational difficulties” (pp. 137–138). In the present study, most participants described living in a perpetual state of anxiety about what will become of their sibling, both in day-to-day life, as well as long-term outcomes. Only one participant described engaging in problematic patterns of substance abuse, but she, and all other participants, highlighted a hyperawareness of the dangers of addiction and the need to use substances cautiously, if ever. No participants disclosed problematic eating behaviors, however, other forms of self-injurious behavior were described by two of the five participants, which they attributed to stress related to their siblings’ behaviors and addictions. All participants described experiencing feelings of sadness, as well as symptoms associated with depression, such as feeling sad and hopeless, losing interest in things once found enjoyable, and neglect of responsibilities. Relational difficulties were described as occurring between the participants and their families, their siblings, and their friends.

*Loss of the idealized family.* Participants described the loss of an idealized family dynamic in the wake of their sibling’s addiction. Some participants attributed their parents’ divorce to the stresses caused by their sibling’s ongoing addiction-related problems. Others worried the stress might result in divorce as parents disagreed on how to best manage the problem. The sibling participants in Craig (2010) and Barnard (2007) also expressed concerns about parental discord and stress in the marriage as a direct result of a sibling’s addiction. Participants in this study echoed the voices of the aforementioned studies’ participants regarding increased fighting within the family, increased distance, and increased discomfort when together; the culmination of these dynamics often resulted in feelings of sadness as participants lamented

the loss of a happily functioning family. As Sam (14) explained, “I know no one has a perfect family, but you see in movies and stuff all these perfect families and you’re just like, ‘Oh, that’s not my family.’ Having two substance abusers [in the family] is really kind of depressing and upsetting.”

*Loss of the idealized sibling relationship.* The affected siblings in this study expressed the same loss of an idealized sibling relationship described by participants in both Craig (2010) and Howard et al. (2010). This study’s participants expressed a sense of loss of an older sibling to look up to. Roxy (16) explained, “Having an older brother who I could look up to and then all of the sudden not having one, it’s kind of messed with me emotionally.” John (14) said, “Before I found out about the drugs, she would be there for me, I guess. But when the drugs became serious, it was just cut off.” The loss of a sibling to addiction meant a reconfiguration of expectations around the sibling relationship. Siblings in the Barnard (2005) study “had clear expectations of a ‘normal’ sibling relationship” (p. 18), which involved mutual interest, caring, respect, and ongoing support, forming the foundation for a life-long friendship. This same longing for a “normal” sibling relationship can be seen in Adam’s (13) statement about being at home with his sister:

I could be home alone with someone that, even though it’s my sister, someone that is under the influence or high or something like that. I don’t want to be around that. I want to be around my normal sister, because usually we would come home and we would just spend time with each other because we were really close.

*From best friend to stranger.* Another aspect of loss was the process of the substance-abusing sibling not only changing through the course of addiction, but becoming unrecognizable to the affected sibling, as Adam (13) also explained: “I’ll be thinking, ‘Is this the sister I knew when I was growing up?’” Many participants used the term “best friend” when qualifying their previous relationship with their sibling, citing memories of their sibling and times spent together.



We were best friends. We did everything together. We were, like, always on bike rides and we used to BMX. It was great. It was like in a movie. And then, like, drugs. And then he went crazy. (Roxy, 16)

Similar memories of fallen best-friendships and lost times were shared by the participants in Howard et al. (2010) and Craig (2010). Participants in these studies readily described marked shifts in their siblings that ranged from strange new behaviors, such as lying and stealing, to a changed personality, and, finally, a strikingly unfamiliar physical appearance. In the present study, not recognizing who their siblings had become highlighted feelings of loss and led participants to respond in two different ways, the first of which included an attempt to rescue or repair the damaged sibling; as Lucy (21) explained,

I want to monitor [brother's] behavior and I feel like there is something I can do, even though I know there's realistically not. I try to keep myself as close as I possibly can to him to make sure that I know what's going on.

The other response to the drastic changes in their sibling was to distance themselves; as John (14) explained, "It's come to where I don't even recognize her as my family anymore. I recognize her as a person who is in trouble, I guess."

**Anger.** In addition to feelings of stress and sadness, participants described feeling anger, frustration, and resentment toward their siblings and, in some cases, their parents. Affected siblings' feelings of anger and resentment were documented in the Bamberg et al. (2008) BEST Plus pilot study, a support program for parents of substance abusers that attempted to incorporate the siblings of substance abusers. The study found only half of those siblings invited chose to participate, and those who did not stated they "had endured too much of their brother or sister's behavior and were not prepared to spend more time and energy helping their sibling" (p. 287). Siblings who did participate demonstrated "excessive blame and anger" (p. 286) toward their parents. This outcome was not expected by the study's facilitators, who said they were

unprepared for the siblings' heightened emotional reactivity. The present study also found participants expressed various levels of anger, frustration, and resentment during the interviews. Observing family members being mistreated, perceived selfishness by the substance-abusing sibling, and repeated exposures to their siblings being drunk or high in the family home were associated with participants' feelings of anger.

***Disrupted family relationships.*** Participants expressed feeling resentment toward parents who appeared unable to stop or control the ongoing negative impact the substance-abusing sibling brought on the family. According to Craig (2010), "Feeling stuck or powerless, family division on how to handle the addiction related problems, and invalidated concerns caused non-addicted siblings to experience recurrent feelings of anger and frustration" (p. 159). As one adult in the Howard et al. (2010) study explained, "I often find myself frustrated with my brother for nearly breaking our family, frustrated with my mother for providing him money he inevitably used to feed his addiction" (p. 475). The narratives of the participants in the present study evidenced the same catalysts for feelings of anger and frustration. In addition, some participants complained of feeling they were unfairly held responsible for supporting their sibling and family when parents proved ineffective. Other participants took on the role of the "voice of reason" with their parents, urging them to take greater control by increasing expectations of sobriety or by ceasing all support and casting the substance-abusing sibling out of the home. As was noted by Craig (2010) and Barnard (2005, 2007), when parents neglected to listen to and validate the concerns of affected siblings, anger and resentment would build.

Disruption within the family also led to a decline in the family unit spending time together. For Craig's (2010) participants, "The family as a whole spend less quality time together as a direct result of their sibling's addiction" (p. 136). This increased distance in the family was

also described by participants in this research study, such as Roxy (16), who said, “Before any addiction was there, just, my whole family we were super close and we’d all like eat dinner together at night.” Sam (14) said, “When it causes fights in the family, I just hide in my room and just sit there. Or, I have to be in the middle of it, and either way I just wish I was never there in the first place.”

***Redirected parental attention.*** An additional area of frustration contributing to disrupted family relationships was participants’ perceptions of inequitable distribution of parental attention. According to Barnard (2005), siblings of substance abusers found themselves faced with navigating an unusual and challenging space:

Their brothers or sisters develop problems that absorb family time and energy, and place so many demands on the parents, particularly mothers. To an extent, they become reluctant onlookers upon the developing family situation, as much of what happens is between the parent and the drug-using child. (p. 25)

The parental redirection of attention onto the participants’ siblings generated participants’ feelings of invalidation within and estrangement from the family. Participants in Craig’s (2010) study purported that the damaging affects their siblings’ addiction had on them often went unacknowledged by their parents and that this led to feeling invalidated; these experiences directly contributed to the “resentment that participants held towards their parents and addicted sibling” (p. 145). A sibling participant in Barnard’s (2007) study described resentment toward his mother’s enabling and invalidating behaviors:

[My brothers] always know they can come to my ma’s and my ma will open the door and say, ‘come on in’ and that to me is really annoying. . . . [Ma] says, ‘What am I meant to do? It’s my sons.’ And I say ‘but what about me? I’m your son and you push me to the side for them’. ‘No I don’t’, ‘aye, ye do’, ‘no I don’t’. (p. 43)

While participants in studies by Barnard (2005, 2007) and Craig (2010) found affected siblings were frustrated with their parents’ focus being less on them and more on the substance-

abusing sibling, most of the participants in the present study appeared to find a more generalized division of parental attention to be frustrating. For example, John (14) acknowledged his parents' attention was primarily directed toward his sister, but said he would like to tell his parents to "stop focusing so much on what [sister] is doing and start focusing on what [sister's] daughter is doing and what I'm doing and what your other kids are doing." Consistent with Barnard's (2005) findings with younger siblings, most participants in the present study expressed having to come to an understanding that the high needs of their siblings and concern for their safety justified their parents' divided attention. Some even suggested their sibling needed their parents' attention more than they did, as Sam (14) explained, "I thought they loved him more than me or something, when really they were just trying to fix whatever was going on for him." Such a response was also seen in Barnard's (2005) research and tended to be more common in younger siblings.

A consequence of this chronic existence on the outskirts of the family's priority can be observed in affected siblings becoming accustomed to setting their needs and feelings aside. For example, out of the five participants, only Adam, the youngest participant and the one with the shortest duration of exposure to a sibling's substance abuse, talked to his parent about his feelings regarding his sister's addiction. In fact, the remaining participants not only withheld sharing their feelings about their sibling with their parents, they reported withholding information about their feelings and lives in general, preferring either not to talk about their emotions or choosing to go to individuals outside the family for emotional support. This shutting down or inhibition of expressing their emotional experiences around their sibling may also explain why many participants initially focused more of their descriptions on the negative impact addiction has had on other members of the family than on themselves; for example, John, Roxy,

and Lucy complained about the impacts on younger individuals in the family. John, Adam, and Roxy noted the pain and distress experienced by their parents as a result of their sibling's addiction.

### **Journey Through Chaos: The Unique Experience of Affected Siblings**

In the current study, all five affected sibling participants were able to identify and articulate the specific ways in which a sibling's addiction negatively impacted their lives. In examining the data, the researcher found additional impacts that captured the affected sibling experience and warranted further discussion. Participants described a journey through the chaotic world of addiction in the family that was shared across participants; this journey contained elements of trauma, grief, and interpersonal challenges. The narratives of the participants in this study, as well as many of those in Craig (2010), Howard et al. (2010), and Barnard (2005, 2007) included learning of the extent of a sibling's problem via a catastrophic event. Affected siblings described being shocked out of a prior belief that all was well, that their older siblings were infallible, and that their families were like any other family. This catastrophic event often resulted in responses and experiences consistent with trauma. This, coupled with the chronic presence of addiction, initiated a prolonged grieving experience evidenced in the participants' descriptions. Finally, participants reflected on how the chaos around a sibling's addiction affected them on an interpersonal level, specifically their ability to develop relationships with others.

**Trauma.** The American Psychological Association (2017) defined its contemporary impression of psychological trauma as:

[The] emotional response to a terrible event. . . . Immediately after the event, shock and denial are typical. Longer term reactions include unpredictable emotions, flashbacks, strained relationships and even physical symptoms like headaches or nausea. (Trauma section, para. 1)

The American Psychiatric Association's ([APA], 2013) *Diagnostic Statistical Manual of Mental Disorders – Fifth Edition* criteria for Posttraumatic Stress Disorder (PTSD) includes the learning of the death or near death of a family member. For many of the siblings interviewed in this study, as well as those participants recounting their experiencing in the literature cited herein, the learning of their sibling's substance abuse came via a catastrophic event wherein many feared for their siblings' lives and safety. The persistent fear of losing a chemically dependent family member to an overdose is overwhelmingly clear in affected family members' narratives (Conyers, 2003). Furthermore, affected family members may be continuously re-exposed to traumatic events when they live in the same home as a chronic substance abuser. In addition to fears of death by overdose, other criteria for posttraumatic stress can be identified in the interviews of affected siblings, including physiological reactions and psychological distress when exposed to stimuli associated with the trauma; avoidance of triggering reminders including people, places, or stimuli; recurrent intrusive thoughts associated with the trauma; tendency to feel guilty or responsible; to take on inappropriate blame; hypervigilance; problems with concentration; diminished interest in activities; and a persistent negative emotional state (APA, 2013).

Each of the aforementioned posttraumatic stress-associated symptoms were described by this study's participants: particularly, fears, distress, avoidance, intrusive thoughts, guilt, and hypervigilance. All but one participant shared feelings of failure and guilt, taking on blame for why addiction happened to their older siblings or believing they somehow contributed to the problems that led to their sibling's addiction. The affected siblings also described living in a state of heightened vigilance, trying to stop the substance abuse or acting as informants to their parents in an effort to catch and correct their siblings' addiction-motivated behaviors.

Participants' vigilance was motivated by feeling powerless, helpless, and unheard. Many continued to enact behaviors such as arguing with their parents about the best way to handle a sibling's addiction or monitoring and managing the environment in an effort to protect their siblings. Participants' vigilance around their siblings' activities may also serve to prevent a recurrence of the shock, betrayal, worry, and loss they experienced when they initially learned of their siblings' substance abuse through the unexpected, catastrophic event.

**Grief.** A contemporary conceptualization of grief popularized by Kubler-Ross (1969) includes the movement between stages of anger, denial, bargaining, depression, and acceptance. This frame of reference has since been broadened and applied to more forms of loss than simply death, including divorce and addiction (Sapp, 1985). Many participants in this study and others reported experiencing a special form of grief that included the aforementioned phases in differing arrangements. Many of the grief stages were repeated as participants watched their substance-abusing siblings cycle through episodes of sobriety and relapse.

Following the initial shock of learning about the extent of a sibling's substance abuse, affected siblings were thrown into the sudden process of reconciling their idealized version of their sibling with a version who is troubled and unfamiliar. To affected siblings, their substance-abusing sibling "was meant to be confiding, protective, interested and offering guidance and support" (Craig, 2010, p. 18), but the process of learning of their addiction, and the shift it caused in the sibling relationship, represented a metaphorical fall from a previously esteemed position in the eyes of younger siblings; in this fall, younger siblings lost their older siblings as role models or mentors.

***Duration of exposure.*** Based on the data from this study, the duration of exposure to a substance abusing sibling factored into an affected sibling's movement through the stages of

grief. Participants with shorter durations of living in the home with a substance-abusing sibling, and who provided fewer instances of their siblings' relapses, demonstrated more denial and bargaining behaviors around the status of their sibling's addiction and its impact on their relationship. This can be seen in Adam's (13) description of his relationship with his sister since learning of her alcohol abuse:

I never thought it would be like this. I always thought it would be something different, but I mean, we're still really close. And I just can't wait, because when she gets over this we're going to be even closer knowing that. She'll realize.

Similarly, Sam (14) had learned of her brother's substance abuse at age 10, but when her brother lived outside of the home to attend college, her exposure to his drug and alcohol use decreased. Her brother has since moved back home and Sam described their relationship as "a lot closer now," adding, "He talks to me about stuff like this. He hangs out with his family more. He only hangs out with a few of his friends, but they all smoke weed. I don't know if he does." At the outset of the interview, Sam guessed her brother had been sober from marijuana for four months, but when asked about the experience of not knowing whether her brother used with his friends, Sam continued:

I get worried whenever he goes to hang out with [friends] because one of them used to be a really big pothead, so whenever [brother] went over to his house I got kind of worried that he'd use.

Again, the shorter duration of living with a substance-abusing sibling, and the limited exposure to relapse, allows for a certain level of naïveté; in other words, the lack of perpetually surfacing evidence in the form of paraphernalia, behaviors such as lying or stealing, or direct observation of substance use, makes it possible to still conceive of one's sibling as sober. Nevertheless, as seen in Sam's description, suspicion and anxiety about relapse remains.



Following his sister's first relapse and subsequent placement in an addiction treatment center, Adam (13) acknowledged that he had been unaware that the extent of his sister's drinking problem required a more serious level of intervention than outpatient; however, he remained positive, stating, "I just feel like we went from this 'I don't know' place to this: It is like 95% resolved and all that has to happen is she can use willpower and not use anymore." Adam's outlook can be contrasted with John's (14) statement about his sister's multiple trips to treatment and her subsequent relapses: "We've tried making her go to treatment. She would go through all of it and as soon as she got out she would start using again." Roxy (16) also described the familiar cycle of her brother's relapses:

I know he's gone—he's been sober for like a month at a time off and on and when he doesn't do drugs, like after withdrawals and stuff, it's pretty normal and everything kind of calms down. And then once he starts back up, everything gets crazy again.

She added her perspective on the helplessness she and her family experience as spectators to this cycle: "We've tried to help him, but he's very stubborn. And, like, since he's eighteen, we can't do much for him anymore. We can't, like, force him to get help."

Participants who described longer exposure to a sibling's addiction and multiple relapses also reported more experiences of anger or resentment, depression, and, ultimately, acceptance of the situation. For most participants, acceptance ranged from a harsh reality check to a resignation of hope that their sibling would ever emerge from the grips of addiction. For example, Roxy (16) evidenced the danger of hopefulness when envisioning her brother's future:

If he changes how he is, he could have, like, a great life. He could have a family and he has so much potential, but he also has to change what he is doing and I don't know if he's capable of that.

Again, like increased vigilance, dampening hope for recovery may be a byproduct of longer exposure to addiction and to protect oneself from being surprised or disappointed by relapse.

Because of her brother's inability to maintain sobriety, Roxy explained that, were she to have a family and future children of her own, her brother's addiction would prevent her from sharing this part of her life with him. John (14) also expressed pessimism around his sister changing:

I don't see her getting out of this hole. She's going to have to struggle through life. Unless she gets extremely lucky, she's, I think she's going to be in a hole. I mean, she might make something of her life, and just try to live normally, but it's going to be hard for her to do that, so I don't really see it happening.

Lucy (21) presented a cautiously optimistic hope for her brother, stating,

If he could honestly stop, if he could actually get clean, he's such a, like, amazing person. He's so incredibly smart that I know he could do a lot with himself. I know that he could actually have a good career and he could have a family. But he needs to make that commitment to himself to actually be sober.

The resolution that a sibling's ability to achieve sobriety was outside of the family's control colored most participants' descriptions of optimism and hope with an air of pessimism and defeat. Few participants believed their siblings would truly emerge from the grips of addiction unless the mechanism for change came from within. This same resignation of hope for change is present in narratives of sibling participants interviewed in other studies mentioned here (see: Craig, 2010; Howard et al., 2010; Barnard, 2005, 2007). Additionally, the resignation of hope for change was also evidenced in the refusal of 50% of those affected siblings invited to participate in the BEST Plus program (Bamberg et al., 2008); the affected siblings cited reasons for non-engagement being exhaustion with their addicted siblings' ongoing problems and their parents ongoing rescue efforts.

**Interpersonal challenges: Identity and relationships.** For affected siblings, acknowledging their sibling's addiction is an enduring or chronic problem, cyclical in nature, led to their seeing life with addiction as fixed or stagnant. As Lucy (21) explained, "I think it's something that I'm going to have to worry about for a very, very long time." When talking about

his sister's addiction, John (14) said, "It's not something I can just stop and forget about. It's always going to be there." In response to this understanding, affected siblings described limiting their engagement with their siblings, if possible, and, in some cases, detaching from their sibling when the stress became too great. Participants used language such as "distanced," "disconnected," and "cut-off" when describing their relationships with their siblings.

Nevertheless, the nature of being in a family and living in the same home as a substance-abusing sibling limits how much affected siblings can truly detach and may perpetuate their preoccupation with the problem. In this study, the problem of being "addicted to the addict," described by Conyers (2003), was seen not only in those participants who continued to engage in rescuing or protective behaviors, despite knowing that these actions would not lead to sobriety, but was also present in those participants who played detective or challenged their parents' lax responses to their substance abusing sibling in an ongoing effort to stop the cycle.

***Putting everyone else first.*** Participants' worries and fears extended to the well-being of other family members affected by their substance-abusing siblings. For example, this study's participants worried about parents' physical or emotional health, parental discord escalating to divorce, younger siblings in the home, and in John and Lucy's cases, the children of their older substance-abusing siblings. Similar responses were observed in the interviews with participants in the studies of Craig (2010), Howard et al. (2010), and Barnard, (2005, 2007). In fact, findings from Barnard's interviews with affected siblings found that, despite acknowledging the ways in which a sibling's addiction had affected them personally, participants' narratives focused more on the impacts a substance abusing sibling's behaviors had on the family, specifically the parents. Participants in the present study also placed greater emphasis on anecdotes of their

siblings' abusive, manipulative, and destructive behaviors toward the family unit, parents, and younger children than on stories of how their sibling's addiction impacted their own lives.

Conyers (2003) wrote of affected family members becoming obsessed with a substance-abusing member:

[They] lose their sense of identity. It's as if their own lives cease to have any value, and their state of being is determined by what is going on in the addict's life rather than by what is going on in their own. (p. 75)

This obsession was also described by adult participants in both Howard et al. (2010) and Craig (2010). The participants in the current study described spending a large amount of time thinking about or dealing with their substance-abusing sibling, whether or not this was of their own volition. As Roxy (16) explained, "It's always on my mind so it kind of like consumes my life. Like the majority of things I do, it ends up going back to my brother and I'll worry about him or how things relate to him."

***A blurring of self and other.*** Many sibling participants from other studies shared that this obsession with their siblings interrupted their ability to focus on themselves and their own lives, which negatively impacted their work, relationships, and intrapersonal well-being. As one participant in Howard et al. (2010) explained,

It has been a challenge to rediscover myself in the midst of his addiction and my parents' reactions to it and to become more aware of my own emotional shortcomings. . . . Being a sibling of an addict has not only changed the relationship he and I have but also my relationship with my parents and how I view myself. (p. 475)

This blurring of the self that occurs in affected siblings with their substance abusing sibling or the problems they cause in the family may be detrimental during the adolescent stage of development typically focused on identity development and individuation (Erikson, 1963). Some participants in this study reported difficulty taking a step back from their siblings' problems and letting go enough to live a life that is not defined by an obsession with their substance abusing

sibling. The data from this research and the research of Craig (2010), Howard et al. (2010), and Barnard (2005, 2007) have indicated that affected siblings struggling to separate themselves from the problems in their families and feel overly responsible for others. This leads them to struggle greatly with developing healthy boundaries and limitations in relationships within and outside of the family system.

***Interpersonal relationships.*** Many adult siblings interviewed elsewhere described seeing the direct impact a sibling's substance abuse had on their lives, particularly on their ability to develop and maintain relationships (see: Craig, 2010; Howard et al., 2010; Barnard, 2005, 2007). According to Craig (2010), "It can take many years for non-addicted family members to recognize the impact that coping with a relative's addiction has taken on their own well-being" (p. 139). This is consistent with statements made by Lucy (21), the oldest of this study's participants, and the only one within the age-range of Craig's adult participants, who noted that, when she was younger, she struggled to understand the true depth of the impact her brothers' addiction problems had on her the way she is able to understand it now ("I didn't realize the extent of the issue" and "I really wasn't able to process and kind of be mature about it"). Nevertheless, the four participants in the present study younger than Craig's adult interviewees, readily identified and articulated many similar impacts on their interpersonal experiences described by the adults in Craig (2010), Howard et al. (2010) and Barnard (2005, 2007), particularly trust issues, expecting the worst, and internalizing the emotional experience.

***Loss of Trust.*** In Barnard's (2005) interviews of counselors and social workers providing support to families with a substance abusing child, one provider explained,

[Affected] Siblings lose their relationships, their trust, they're always very wary of [their siblings]. They lose their relationships where once they were close and now they're not. It's like a death, it really is. It's the end of relationships; they become different to them in a way that makes them very isolated. Devastating really. (p. 40)

All five participants described instances of feeling betrayed by their substance-abusing sibling, whether this was because the sibling stole from them, lied to them, or used substances while the family believed they were sober. John (14) recalled the many instances of visiting his sister in rehabilitation facilities, at first begrudgingly and then slowly beginning to trust that she would maintain sobriety, only to see her relapse again and again: “The first two weeks weren’t good. Then I started to feel up to it. But now I’m regretting going because now she’s just turned around and back-stabbed me.” Affected siblings anticipate being let down and prepare themselves by maintaining realistic expectations that they cannot count on their sibling; for example, Lucy (21) expected that her brother was never truly sober, as he was always moving between using heroin and alcohol, and Adam (13) found himself questioning whether his sister had been drinking before coming home from school.

*Expecting the worst.* The nature of addiction, with its sobriety-relapse cycle, impresses upon affected siblings a perpetual state of “waiting for the other shoe to drop.” Over time, the mistrust within the sibling dynamic, combined with repeated incidences of betrayal, relapse, being placed on the sidelines by parents, and feeling let down by failed parental intervention, contribute to larger trust issues that begin to permeate non-familial relationships and lead to generalized pessimism. The loss of the sibling relationship notably impacted participants’ other relationships. John (14) reported that, in dealing with his sister’s addiction, “I felt betrayed and was at the point where I didn’t want to, didn’t really want to trust anybody.” Roxy (16) clearly articulated that not having a relationship with her brother “makes it difficult to have relationships with other people because you put all your trust into someone and they betray you. I have major trust issues.” Participants reported expecting the worst or anticipating loss not just in their family dynamic, but in a generalized sense. The experience of never knowing or being hypervigilant

with one's sibling contributed to insecurity in extra-familial relationships because of an inability to trust that good things are sustainable. Sam (14), for example, reported feeling anxious about her place within her friend group: "I feel like my friends are going to stop liking me because I'm so strict about [substance use] because that's a trait that I just can't handle and I feel like they're just going to choose substances over me now and that's kind of hard."

Adult participants in Craig (2010) and Howard et al. (2010) also shared an increased reluctance to being vulnerable and open with others on a larger relational scale, a problem they directly related to the impacts of having a sibling with a substance abuse problem:

My sibling's addiction has impacted my relationships with friends and significant others because I hold things back. (Howard et al., 2010, p. 470)

To this day I'm very unemotional. I don't really have...I don't really like...it takes me a long time to open up to people. And I think people choose to not be in relationships with me because of that. (Craig, 2010, p. 109)

It is possible the relational challenges affected siblings face stem from a combination of mistrust and fears of abandonment. What begins with the patterns of affected siblings being overlooked within the family system and losing a sibling relationship may later manifest as anxiety about potential abandonment by friends or larger fears of being betrayed by others. As adults, the siblings of substance abusers in Craig (2010) and Howard et al. (2010) said they struggled to connect in interpersonal relationships, fearing opening up to others. An association between these early experiences and adult challenges would be worth further exploration in research; if the preliminary findings of this study, which suggest the experiences of betrayal and loss put affected siblings at risk for developing problems establishing or maintaining mutually satisfying interpersonal relationships, are consistent in future studies, the development of additional support and early interventions would be warranted.

*Internalizing the emotional experience.* According to Barnard (2005), all of the affected sibling participants spoke of active non-disclosure to the public regarding their siblings' substance abuse, which, she said, "was entirely understandable given the likelihood of negative reactions from others, but was also related to the sense of shame felt by family members" (p. 22). In the current study, the trust issues and pessimism expressed by participants, the experience of having their needs pushed to the sides within their families, and the social stigma around substance abuse contributed to participants internalizing their emotional experiences around their siblings' substance abuse. Some said they expected others might judge them or their siblings, others said they did not want to feel vulnerable by opening up to others who may not understand. As a result, many participants chose to limit with whom they shared their feelings or chose not to share at all. For example, Sam (14) explained, "I don't talk about it very much. I guess, I just, it's kind of an emotional thing for me, I guess, so I don't usually tell my friends about it." Lucy (21) shared the experience of not being able to open up to her boyfriend about her brother because "it's hard for him to relate, I guess. I just kind of stopped talking about it. I just kind of let it go."

Other reasons for withholding feelings about a substance abusing sibling included avoidance of judgment and protection of the sibling, which was evidenced in the data, from John's (14) desire to keep the issue "a family matter" to Adam's (13) concern that telling people in his community might cause them to regard his sister as a "druggie" and "make fun of her about it." Craig (2010) found that minimizing or ignoring feelings associated with addiction, whether by avoiding the addicted individual or avoiding processing their impact on a non-addicted individual, had negative repercussions because such a response led to internalizing of feelings, a maladaptive coping mechanism that contributes to stress. Failure to adequately manage stress has detrimental effects on mental and physical health (Orford et al., 2010a).



**Normalizing the abnormal experience.** The tendency to internalize their emotional experience, often in following the code of silence, may lead affected siblings to feel alienated from others unfamiliar with the world of addiction. Despite the hesitancy and cautiousness surrounding disclosure of their siblings' problems, most participants said they were comfortable sharing their feelings with select individuals they felt demonstrated understanding and compassion, usually from personal experience. A major complaint of participants in this study was feeling misunderstood or isolated in their communities; all participants shared the value of confiding in someone who made them feel that they were not alone in the experience. These findings were consistent with those of Gregg and Toumbourou (2003) who concluded affected siblings participating in their pilot support group had "an appreciation of being able to talk to others in a similar situation" (p. 316) and benefited from this aspect of the group. Craig (2010) found that having an abnormal experience normalized by others was highly beneficial for affected siblings. Her research found "participants were better equipped to cope with and accept their sibling's addiction and accompanying family dysfunction" (p. 170) when the experience was normalized by individuals in the participants' communities. She went on to say, "Accepting the situation for what it was combated the non-addicted sibling's sense of aloneness, shame, and embarrassment. Normalizing the experience also encouraged participants to seek ongoing support" (p. 170).

***Coping and advice.*** This study's participants described coping with the stressors associated with the impacts of their substance-abusing siblings by talking to others, especially if others had experienced the effects of addiction in their own families. This is consistent with the findings of Orford et al.'s, (2010a) Stress-Strain-Coping-Support (SSCS) model which addressed the negative effect of addiction on affected family members, including siblings; according to

their findings, family members need access to resources that will provide opportunities to learn positive coping skills; one resource that appeared to help families with addicted individuals was finding positive supportive relationships.

*Not alone.* Ultimately, what the majority of participants of this study said was most helpful in their coping process was talking to people familiar with their experience. All but one participant said they enjoyed talking to people who understood the situation, whether this was a friend, family friend, neighbor, counselor, or other trusted adult. In fact, when asked, most participants said feeling like they were “not alone” or “not the only one” experiencing substance abuse in their family was very important; this may be because the high stigma that surrounds substance abuse in families causes members to feel silenced, which leads to isolation and internalizing their experience. For example, Sam (14) said, “It’s kind of hard to find someone who really understands where you’re coming from;” for Sam, having a friend who also has a substance abusing sibling was very helpful because, as she explained, “It’s kind of a relief that I’m not the only person feeling this way.” Roxy (16) confided in her Young Life leader, an experience she described as “very emotional,” adding,

But it was emotional in a good way and I was getting my feelings out. And [Young Life leader] struggled with some of the same things that I struggled with when she was younger, so that was very cool that I got to meet her and she helped me with it a lot.

Adam (13) told the interviewer he had two friends going through similar difficulties with their siblings and “we just kind of tell stories and I think we just kind of reassure each other that, ‘Hey, you’re not the only one.’”

*Support groups.* Siblings were asked about their experience seeking support and whether this ever included attending support groups. Most had not attended, but many had opinions on whether a group setting would be a beneficial place to discuss being the sibling of a substance

abuser. Lucy (21) had been to Alateen (an Al-Anon support group for adolescents), which she said was positive; however, she explained, “It almost felt like I didn't have anything to say in my stories that were as significant as other people's, because they were all talking about their parents.” Alateen is open to all individuals impacted by a loved one's substance abuse problem, yet the majority of attendees are children of substance abusers. When asked how a group for siblings might have been different, Lucy said, “I would have felt like I actually had a reason to be there a little bit more. I would have been able to relate to people a lot, and get a little bit more advice.”

The question of the value in a group for just siblings was asked of other participants as well. Sam (14) said,

It would probably help me with stability with the situation because, like I said earlier with my friend, it's better to know that there's more people that are going through the same thing. And then, how the different people deal with it might help you find a way to deal with it better.

Sam's assertion is similar to that of one participant in Gregg and Toumbourou's (2003) pilot support group, who suggested the program might be enhanced by including the stories of others who had found ways to manage the challenges of having a brother or sister with a substance abuse problem. In the present study, Adam (13) echoed this sentiment, by stating a support group for siblings “would be kind of cool, because, like, maybe if I saw what people said, I could feel like, ‘Hey, this is actually kind of like what I'm going through.’” Adam's school had intended to set up an Alateen-type support group, but it never came to fruition. Adam said he had hoped to go because, “It's nice knowing that there's other people my age who care and I'm not the only one going through this.” Interestingly, when Adam went to visit his sister at a rehabilitation center, he said he briefly participated in one family therapy group session, but was not informed of any

groups for siblings. He recounted waiting in the lobby for his mother, while she participated in a support group for parents.

The lack of support options for affected siblings was articulated by health care and social workers in Barnard's (2007) interviews, who admitted to a problematic pattern of overlooking the siblings of the identified patients (substance abusing individuals). This is especially surprising because support groups and programs exist for siblings of individuals with other health issues, such as eating disorders and pediatric cancer (see: Honey & Halse, 2006; Nolbris et al., 2010). Siblings in the present study noted the dearth of support options and readily pointed this out to the interviewer. Roxy, who had actively sought out resources in her community, explained:

There's not much advice or help. Like if you have parents who are abusive and crazy, there's all kinds of hotlines for that, but if your older brother is like emotionally abusive or abusing drugs, there's, like, nothing out there for that. It's, like, either your parents or yourself, like your siblings aren't involved, but really they are.

John (14) suggested intervention that focused on psychoeducation would be of great value:

I wish there was support out there that would be, like, for right when you find out, that you could go and get support and get prepared for what could happen, instead of it just being, like, a guessing game.

*Advice from affected siblings.* Participants readily shared ideas of ways a support group of other affected siblings might be beneficial to them, such as providing a space to feel less alone and hearing advice on how to manage the emotional and relational impacts; however, participants also provided their opinions and suggestions of what might be helpful for other affected siblings dealing with the same stressors. These are included here to be made accessible to other affected siblings and because they provide a valuable contribution to the fields of mental health and chemical dependency treatment in the development of support services for affected siblings.

Many participants focused their advice on the importance of affected siblings not blaming themselves and not feeling guilty for telling (“snitching”) on a sibling, especially if their safety is at risk. Other advice included the importance of separation and individuation to avoid a preoccupation with their sibling or the fallout of their problems. Lucy (21) said, “Try to, in a way, distance yourself a little bit, especially if you’re younger, because it’s not going to help you being right there all the time and seeing everything.” John (14) recommended not dwelling on the problems associated with a sibling’s addiction and urged affected siblings to “enjoy the little things. Just try to stop focusing on [a sibling’s addiction]. Focus on friends and stuff like that.” Adam (13) suggested affected siblings, “just keep living life,” and added the importance of letting those with more power and control manage the substance abusing sibling: “If you have a parent that’s doing things about your sibling, then just let them do it.”

Finally, participants suggested affected siblings talk more about the ways they feel impacted by their siblings’ addiction. Sam (14) recommended affected siblings talk to their substance abusing brothers or sisters: “I would have wanted my brother to know how it was affecting me way earlier on in his addiction so that maybe he would have tried to stop sooner.” Talking, however, can be difficult when anger and resentment have formed. For Adam (14), trying to stop a sibling’s addiction by becoming angry or mean did not prove beneficial:

I definitely was not helping when I would be telling my sister, “You’re an addict,” or “You’re doing this and that,” because I was mad. It’s still hard even for me. I’m still kind of in denial and want to do something and I’m trying to talk to her, but I mean, really you can’t do anything.

Outside of the family unit, participants repeatedly endorsed the value of talking about the experience with people who would listen to their perspectives.

## Implications

The findings of this study may be a valuable step toward correcting the fallacy that addiction only impacts the addicted individual. In fact, this study has demonstrated that the definition of “affected family member,” which, often only includes parents and spouses, should be expanded to include siblings. The results of this study revealed the siblings of substance abusers experience negative impacts that are both personally and interpersonally damaging, can be better addressed and managed within the family system, and are worthy of attention from the mental health field. Future research might further explore the experience of affected siblings by expanding on this study’s limitations and by producing additional data relevant to initiating greater representation in the mental health field.

**Applications.** The results of this study can be applied toward supporting affected siblings of substance abusers and their families, as well as broadening the scope of treatment for affected family members within the mental health field. Data collected in this study, as well as data represented in the literature review, indicated affected siblings struggle with a number of emotional challenges as a direct result of living with a substance-abusing brother or sister (see: Craig 2010, Barnard 2005, 2007; Howard et al., 2010). Among these emotional impacts are stress, sadness, anger, grief, loss, and trauma. Because of these vast challenges, affected siblings would benefit from support that allows them to feel less alone, as well as interventions aimed at reducing emotional distress, shifting problematic family dynamics, increasing psychoeducation around addiction, and addressing problematic personal narratives that decrease self-esteem and contribute to unhealthy interpersonal relationships.

***Reducing distress, increasing support.*** Based on the data gathered in this research, individuals of siblings with substance abuse problems experience a great amount of emotional

distress, but internalize much of these emotions because they find it difficult to relate to others who do not understand their experience. In addition, the stigma of addiction and the pressure to keep family matters private only increases isolation. Notably, nearly all of the participants described finding relief from the emotional impacts of a sibling's substance abuse through activities that help them realize they are not alone. At various points in the interview, the majority of the participants either directly stated or alluded to the value of feeling validated through being seen and understood by someone else who shared their experience.

Many participants agreed that attending a support group for siblings would enable them to feel less alone as well as help them to gain perspective and advice from peers on how to better manage their emotions. At the time of the interviews, no participants were aware of existing support groups for siblings. Adam (13) said he sat in the waiting room at his sister's rehabilitation center while his mother attended a support group for parents, but was not told of any options for siblings. Treatment centers, especially those with rehabilitation services, have access to affected siblings and could expand their support groups to include one for siblings of substance abusers.

In reading the findings of this research, parents of substance abusing children may gain a greater awareness of the ways their non-addicted children can be affected by life in a family with a substance abusing sibling. Parents may find that expressing curiosity and learning about how their non-addicted child experiences the phenomenon opens up channels of communication and validation. Furthermore, increasing intentional time spent with affected siblings strengthens the parent-child relationship and decreases feelings of familial alienation. Mental health professionals, especially those working with families where one child has a substance abuse problem, may also gain valuable insights about how the other non-addicted siblings are affected.

Rehabilitation facilities providing treatment to substance abusers might benefit from the findings of this research. They may begin to incorporate psychoeducation to parents that includes the ways in which all members of the family are impacted. Ensuring that parents receive treatment on how to engage both their well- and addicted children may even improve post-treatment outcomes, as it may decrease resentment on the part of affected siblings and increase feelings of familial harmony and togetherness in the home.

Most of the affected sibling participants in this study described feeling distress associated with their family system and how the family, especially parents, respond to the substance-abusing sibling. Participants reported feeling distance between members of their family and especially their parents. Some said they felt frustrated with their parents' preoccupation with their substance-abusing sibling. Others said they felt their parents did not do enough to stop the cycle of addiction or were enabling of the substance-abusing sibling. They, as well as sibling participants in other studies cited in this research, identified feeling overlooked by their parents, often having to take a back seat while parents attended to their sibling. Affected siblings also felt pressured to be a good child and minimize any problems so as to spare their parents additional hardship. All of these behaviors suggest problematic patterns within the family system that can be further researched and addressed by family therapists and in treatment centers.

The emotional hardships experienced by affected siblings may be a point of interest to mental health professionals. Affected siblings are a highly underserved population of individuals who appear to be greatly impacted by the experience of growing up with a substance-abusing sibling. The participants in this study described feeling stressed, depressed, and angry. They evidenced experiencing traumatic events associated with their sibling's substance abuse, often more than once. Many of the symptoms they described were strikingly similar to those



associated with traumatic stress. They also reported prolonged periods of grief and loss. Notably, affected siblings said they often chose not to talk about their feelings with others, but acknowledged that talking to good listeners who were familiar with addiction was extremely helpful. Psychotherapists may find this research will support them in providing better services to this population.

Many of the relational challenges affected siblings reported, especially around trust, were consistent with descriptions of the adult affected siblings in studies by Craig (2010) and Howard et al. (2010). Should these issues continue into adulthood, they may impact friendships and intimate partnerships, as the participants of the aforementioned studies described. Mental health professionals might consider the value of intervening in adolescence before these interpersonal challenges become destructive in adulthood. Those mental health professionals currently seeing clients of any age with a substance-abusing sibling, may gain insight into the unique experience of being an affected sibling, including how the adverse impacts may translate into problematic relational patterns in adulthood.

Psychoeducation may help affected siblings gain insight into the nature of addiction and the likelihood of relapse. John (14) said he would be interested in receiving support “to get prepared for what could happen, instead of it just being, like, a guessing game.” Many participants said they wanted help and resources to find out what to do about their sibling’s problems. In reading this research, mental health professionals might see an opportunity to help affected siblings learn about addiction and how to practice self-care, including learning the importance of developing healthy boundaries with addicted individuals and within the family system.

Finally, affected siblings may benefit from reading this research, as it may provide the supportive element of feeling that they are not alone. The participants in the present study responded very positively to the prospect of their voices speaking directly to other affected siblings. Adam (13) said he hoped his story would be useful “for people who are just going through this, for them to understand what's coming and not be scared.” He went on to explain:

Because, you know there's tons of research on kids that are using, or just, all these things that you can look at, but now that there's research for this, I think people that are going through what I'm going through can definitely have a way easier time. I'm happy that I got to help with this.

Reading the voices of the participants, including the selected quotes from additional research studies, and the findings taken from the data, may provide affected siblings with the much deserved validation and acknowledgement that what they experienced was exceptionally difficult, often damaging, and that their experience is worthy of further investigation by the mental health field. As John (14), said of participating in the research, “I hope it helps to figure out ways to help siblings, because there are not really many treatments for it and I would like there to be for people out there because it's hard on siblings.”

By pointing out the greater need in the mental health field to acknowledge, validate, and normalize the experiences of siblings of substance abusers, it is possible to not only help affected siblings, but simultaneously work towards undoing the problematic larger enactment affected siblings have been experiencing in the world. When affected siblings are overlooked in the research and in the treatment of affected family members, they are being given the same message they received in their family systems: “You’re not impacted by this; you’re doing fine, right?” This research has demonstrated that affected siblings are not always “doing fine” and, in fact, such invalidation may put them at greater risk of developing serious adverse mental health consequences as a result of growing up with a substance-abusing sibling.

**Suggestions for future research.** Because the topic of this study has been so underrepresented in the literature, the method by which investigation took place was largely exploratory using Interpretative Phenomenological Analysis (IPA). While the qualitative aspect of IPA allowed for individual voices to tell their stories, it also included several limitations; future studies may contribute to this burgeoning area of research by expanding on these limitations. It is the researcher's hope that future research will lend itself to the development of trainings, interventions, and treatment approaches in the mental health field. Finally, future research may also address any unanswered questions or questions that will arise when this data is made available.

***Increase existing data.*** A greater amount of data is needed on the topic of siblings of substance abusers. Additional studies using interviews may help identify additional themes or may bolster the themes identified in this study. Furthermore, additional research interviewing affected siblings continues the goal of recognizing and validating the experiences of participants by using their voices. Eventually, themes may be turned into questionnaires, which may be useful for screening affected siblings in health care settings to identify those who may benefit from additional treatment.

***Lifelong challenges?*** This research incorporated the existing studies on siblings of substance abusers, primarily those of Craig (2010), Howard et al. (2010), and Barnard (2005, 2007), which found that some of the challenges faced by adult affected siblings, such as problems trusting and opening up in friendships, intimacy problems in relationships, estrangement from family, and other mental and physical health issues were directly related to the adverse impacts of having a substance abusing brother or sister, specifically the early experiences of betrayal, loss, and invalidation experienced as adolescent affected siblings. Future

research may be able to investigate whether these early experiences, also cited by this study's participants, endure and directly contribute to problems in adulthood. A longitudinal study may be most appropriate for evaluating this query.

*Engagement.* All participants said they enjoyed the opportunity to share their stories, and most reported they had either never been asked about their experience or had not thought about the topic on a personal level to such a degree. No participants had sought out support specifically to address the impacts of having a sibling with a substance abuse problem. In fact, Craig (2010) and Barnard (2007) found that it took many affected siblings several years before they were able to fully appreciate and understand the extent to which their early experiences of a sibling's substance abuse had impacted them; therefore, the question of whether adolescent affected siblings would seek out or engage in forms of treatment such as therapy or a support group remains. Future research may also investigate the limited information that exists on adolescents receiving treatment that addresses their experience as a sibling of a substance abuser. Do adolescents seek out such supports and is it beneficial? Does early identification and intervention decrease potential future challenges that result from the early impacts?

*Limitations.* A few limitations have been identified for this study. It should be noted that some of these limitations (e.g., small sample size, homogeneity of sample) are typical or expected elements of qualitative research, particularly phenomenological design and Interpretative Phenomenological Analysis.

*Pool.* All participants were younger siblings of substance abusers. It is unclear as to why this occurred, as the call for participants was open to both older and younger siblings. Participants who had additional siblings older than their substance abusing brothers or sisters described these elder siblings as having limited family involvement with responses to the

phenomenon as distanced or detached. Aside from these secondary descriptions, the perspectives described in this study are unanimously those of younger siblings of substance abusers.

*Size.* While a small sample size poses limitations in terms of generalizability, this phenomenological research did not seek to test a hypothesis or establish a universal “truth,” rather, it sought to explore a phenomenon among a group of individuals who have experienced a shared phenomenon, learn about their experiences, and determine whether there were any commonalities between their experiences.

## **Summary**

The purpose of this study was to learn about the lived experience of being an adolescent sibling of a substance abuser. Consistent with the limited data from existing literature, all five participants in the present study experienced profound impacts in the areas of personal development, family dynamics, and social relationships. The affected sibling participants were able to both identify and articulate specific ways in which they had been personally and interpersonally impacted by their sibling’s substance abuse; participants reported increased emotional impacts of stress, anxiety, sadness, and anger as a result of the trauma, betrayal, and grief associated with growing up with a sibling who has a substance abuse problem. Furthermore, participants acknowledged their family dynamics and relationships were greatly altered as the family system oriented itself around a sibling’s addiction. Finally, participants saw their social experiences adversely affected them within their communities, whether this was through negative associations with their sibling, or interpersonally, through increased isolation and limited feelings of connectedness with others. The limited data in the existing literature and the data gathered in the present study suggest that the negative impacts experienced by some siblings of substance abusers may surface as larger problems in adulthood.

Based on the data gathered herein, greater attention from the mental health and chemical dependency treatment fields should be allocated toward the siblings of substance abusers.

Focusing special attention toward early intervention is warranted, as many problematic intra- and interpersonal patterns described by adult siblings of substance abusers were attributed to the negative impacts experienced during adolescence. Participants in this study suggested a number of options that may help manage the profound impacts in the areas of personal development, family dynamics, and social relationships, including validation from individuals outside the family system, support groups, psychoeducation, and greater recognition within the family unit.

A broader understanding of how addiction affects the siblings of substance abusers, and the expansion of treatment and support options focused on validation, investigation, and relief would be an important step in the mental health field. By continuing to ignore the affected siblings of substance abusers, the mental health and chemical dependency treatment fields play into the erroneous message that the siblings of substance abusers are “doing fine”; this study, and the research from the existing literature herein, has demonstrated that affected siblings are not “doing fine” and are in need of far more attention and support within their families and communities, as well as greater representation among scientific research and the mental health field.

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## Appendix A

### Demographics Checklist

## Appendix A: Demographics Checklist

### PARTICIPANT DEMOGRAPHICS

Please note: you are not required to answer these questions; however, any information will be helpful for our interview and for the research project.

#### STUDY: ADOLESCENT SIBLINGS OF SUBSTANCE ABUSERS

**CHOSEN ALIAS (This name will be used to conceal your true identity):**

\_\_\_\_\_

Date: \_\_\_\_\_

Gender Identity:      F      M

Age: \_\_\_\_\_

Grade Level: \_\_\_\_\_

Race/Ethnicity: (Which do you most closely identify with? Check all that apply)

\_\_\_\_\_ First Nations/Native American

(Tribe[s]: \_\_\_\_\_)

\_\_\_\_\_ Asian

\_\_\_\_\_ Black or African American

\_\_\_\_\_ Native Hawaiian or Other Pacific Islander

(please specify) \_\_\_\_\_

\_\_\_\_\_ Caucasian (European descent)

\_\_\_\_\_ Hispanic/Latino

\_\_\_\_\_ Middle Eastern (please specify) \_\_\_\_\_

\_\_\_\_\_ More Than One (please check all that apply)

\_\_\_\_\_ Other: \_\_\_\_\_

(Non-Native) Please list your family's countries of origin (if known):

---

Birth Order:

I am the        OLDEST        MIDDLE        YOUNGEST    of \_\_\_\_\_ children

OR: I am number \_\_\_\_\_ of \_\_\_\_\_ children

OR: \_\_\_\_\_ I am an only child

Are you any of the following:

\_\_\_\_\_ First Generation American (you and your parent(s) were born in another country  
and moved to the United States)

\_\_\_\_\_ Second Generation American (you were born in the United States, but your  
parent(s) are/were from other countries)

Does your family identify with any religion(s)?        Y        N

If YES, which religion(s)?

---

Do you identify with any religion(s)?

NO                SAME AS FAMILY                DIFFERENT

(describe) \_\_\_\_\_

---

(Optional) Do you identify with any sexual minority (LGBTQ) groups:

Y        N

\_\_\_\_\_ Lesbian                \_\_\_\_\_ Transgender ( FtM or MtF )

\_\_\_\_\_ Queer                \_\_\_\_\_ Gay

\_\_\_\_\_ Bisexual                \_\_\_\_\_ Other (please specify: \_\_\_\_\_)

## Appendix B

### Interview Schedule

## Appendix B: Interview Schedule

- 1) How long have you known about your sibling's substance abuse problems?
  - Pr. Did your parents know before you? [did they tell you/you tell them?]
  - Pr. How did you find out? [single scenario/gradual recognition?]
  - Pr. How have you responded to it over time? [more reactive/distanced?]
  
- 2) Tell me what it is like for you to be the sibling of a substance user (or: What has it been like to have a sibling with a substance abuse problem?)
  - Pr. In what ways do you feel your life has been affected by your sibling's substance abuse?
  
- 3) Do you think being a sibling of a substance user has affected you personally? (Or: Has being a sibling of a substance user affected you personally?)
 

[Tell me how you have experienced those affects]

Interpersonal Relationships

  - Pr. Do you think it's had any effect on the way you are or how you feel when you're with your family? [parents/caretakers or other family members?]
    - From your perspective, are your parents aware of these effects?
    - What would you want your parents to know about your experiences in your relationships resulting from your sibling's addiction?
    - Do your parents include you in discussions about your sib? [How do you feel about that?]
  - Pr. Do you think it's had any effect on the way you are or how you feel when you're with your friends? [peers/sig. others]

Social/Community

  - Pr. Do you think it's had any effect on the way you are or how you feel when you're at school?
  - Pr. Do you think it's had any effect on the way you are or how you feel when you're at work?
  - Pr. Do you think it's had any effect on the way you are or how you feel when you go places in your neighborhood? [avoid places/leaving?]
  - Pr. Do you think it's had any effect on the way you are or how you feel when you're doing things in your community? [stigma/avoidance]
  
- 4) Tell me about your current relationship with your sib.
  - Pr. What was it like before?
  - Pr. How has it changed?
  - Pr. [If they are gone] Do you ever miss them/ [If they are in the home] Do you ever want them to be living somewhere else?
  - Pr. What do you see for your sib's future? [what part do you think you'll play in that future?]
  - Pr. If you had one wish for your sib, what would it be?
  
- 5) Describe your current relationship with your parent(s)/family.

- Pr. Was it different before? [how so?]
- Pr. How has it changed?
- Pr. What do you see for your family's future? [what part do you think you'll play in that future?]
- Pr. If you had one wish for your parent(s)/family, what would it be?

6) What kinds of things have helped you get through this experience so far?

[What personal strengths have helped you manage your experience? stress or emotions]

- Pr. What kinds of things do you do to deal with it? [coping strategies]
- Pr. Does it ever get to be too much? [what is that like?]
- Pr. Have you found ways to successfully deal with it? [what do you do?]
- Pr. Have you ever talked to anyone about what it's like? [who/has it helped?]  
-Friend -Family -Teacher/Coach -Religious -Counselor
- Is there any service or type of support that you can think of that you would like to access or could help you?

6) What would you recommend or think would help another teen who is going through a similar situation with their own sibling?

7) What has this interview been like for you?

8) Is there anything else you want to say about your experience?

9) Do you have any questions for me before we finish?

## Appendix C

### Participant Recruitment Flyer



## Appendix C: Participant Recruitment Flyer



School of Applied Psychology,  
Counseling and Family Therapy

### Seeking Participants

I am a doctoral student at Antioch University Seattle, researching the impact of substance use on the family system, specifically from the perspective of the siblings of substance abusers.

I am looking to interview adolescents ages 12 to 21 who:

- **Are the sibling of a person who regularly abuses drugs and/or alcohol**
- **Lived with this sibling while they were using for at least 6 months**
- **Can speak openly about their experience\***
- **If under 18, can get parent/guardian permission to participate**
- **Reside on the West Coast/Pacific Coast**

\*Participants will remain anonymous in the research.  
Their sibling's identity is NOT requested.

Interviews will be face to face, audio-recorded, and will take approximately 45 to 90 minutes; a short follow-up meeting will be held approximately one month after the interview to ensure accurate transcription and representation of the individual's experience.

#### Compensation:

- ✓ Up to \$20
- ✓ Option of three (free) brief counseling sessions at [FACILITY] in [CITY], WA
- ✓ Direct contribution to the health field's understanding of how addiction affects siblings

#### **If you are interested please contact:**

Researcher: Cynthia Clarfield

Email: XXXXXXXX@XXXX.XXX

Call/Text: (XXX) XXX-XXXX